

**PLEASE USE ONE FORM PER POLICY NUMBER. THIS FORM IS TO BE USED FOR ALL ANNUITY WITHDRAWALS AND SURRENDERS.**

POLICY NO.	SOC. SEC. NO.	DATE OF REQUEST
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Please check one of the following transactions:

- I wish to withdraw \$ \_\_\_\_\_ from my Annuity Account.
- I wish to surrender the **Annuity** portion of my policy **only**. (Attach original policy.)
- I wish to surrender my **entire** policy, Life & Annuity. (Attach original policy.)

**Note: Withdrawals and surrenders may be subject to administrative fees.**

NAME OF OWNER (PLEASE PRINT)			
ADDRESS (No. & Street)	(City)	(State)	(Zip Code)

I hereby certify with my signature that I am the Owner of this policy.

Before signing this form, make certain that you have considered other alternatives available through Golden State Mutual Life whereby the benefits contained in your policy can be utilized to your advantage. Your Servicing Agent is best qualified to advise you on these alternatives.

*The undersigned warrants that no insolvency or bankruptcy proceedings, tax liens, or other actions or causes of action are now pending against the owner or party claiming interest in this policy and that this policy is not now assigned, transferred or otherwise encumbered, except as noted below.*

**INCOME TAX WITHHOLDING NOTICE AND ELECTION**

In 1982, Congress passed the Tax Equity and Fiscal Responsibility Act (TEFRA). This law requires that a tax of 10% be withheld from the taxable portion of certain life insurance payments you receive unless you decide not to have tax withheld. Withholding applies only to the taxable portion of the payment you receive and not to the entire payment. The taxable portion, which is subject to withholding, is, in general, equal to the excess of the amount you receive over the total net amount which is considered to be your cost basis or such amount. In many instances, when a life insurance policy is surrendered for its cash value, there is no such excess.

Elect withholding or no withholding, by checking the appropriate box below. Please complete this section of this form by signing it and filling in your Social Security Number. **If you do not make a choice, we will withhold 10% for Federal income taxes from any taxable portion of your payment.**

Even if you decide not to have Federal income tax withheld, you are still liable for payment of Federal income tax on the taxable portion of this payment. You may be subject to tax penalties under the Estimated Tax Payment Rules if your payments of estimated tax and withholding, if any, are not sufficient.

**PLEASE CHECK ONE BLOCK.**

- I have read the above notice and elect to **have no income tax withheld.**
- I have read the above notice and elect to **have income tax withheld.**

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER\***  
 \*If not completed properly we may be required to withhold 20% from any taxable portion of your payment.

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
OWNER'S NAME (PRINT OR TYPE)

\_\_\_\_\_  
OWNER'S SIGNATURE

\_\_\_\_\_  
2ND OWNER'S SIGNATURE OR SPOUSE

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
WITNESS

CHECK HERE IF CHANGE OF ADDRESS

HOME OFFICE USE ONLY				
CLERK	KIND	DEBIT NO.	CHECK NO.	DATE