



Contract Number	Annuitant
Owner	Joint Owner (if applicable)

**DEFER PAYMENTS (complete this section if you elect to defer receiving income payments)**

Defer income payments to (up to annuitant's age 99):                    /                    /

Owner's Signature <b>X</b>	Date /                    /
Joint Owner's Signature (if applicable) <b>X</b>	Date /                    /

**PAYMENT OPTIONS (do not complete this section if you elected to defer income payments to a later date)**

Select an income payment option below. The option you select will apply to the entire contract value and is paid in equal installments to the payee(s) as indicated. Surrender charges may apply for certain options or if contract ownership is less than two years (review your contract for complete details).

**Fixed Period** Payments guaranteed for \_\_\_\_\_ years (must be between 2 to 30 years).

**Fixed Amount** Payments guaranteed for \$ \_\_\_\_\_ (\$50 minimum).

**Life Income** (choose one).

**Life Only.** Payments guaranteed solely for lifetime of annuitant. Payments will not continue to a beneficiary.

**Life with Period Certain.** Payments guaranteed for annuitant's life or for \_\_\_\_\_ years (5 year minimum), whichever is longer.

**Joint and Survivor Life Only.** Payments guaranteed for lifetime of two persons (typically spouses) for as long as either is alive. Payments will not continue to a beneficiary.  
 Joint Annuitant's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_

**Joint and Survivor with Period Certain.** Payments guaranteed for lifetime of two persons (typically spouses) for as long as either is alive or for \_\_\_\_\_ years (5 year minimum), whichever is longer.  
 Joint Annuitant's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_

**Payment Frequency**    Monthly    Quarterly    Semi-annual    Annual

**SUCCESSOR PAYEE/BENEFICIARY (not applicable to Life Only and Joint and Survivor Life Only options)**

Name	Social Security #	Date of Birth /                    /
Name	Social Security #	Date of Birth /                    /
Name	Social Security #	Date of Birth /                    /
Name	Social Security #	Date of Birth /                    /

**INCOME TAX WITHHOLDING**

Federal tax law requires Western-Southern Life to withhold federal income tax from the taxable portion of your annuity unless you elect not to have withholding apply. Withholding will be done on the same basis as wage withholding. Unless you request otherwise below, Western-Southern Life will withhold on the basis that you are married and claiming three exemptions. If you are a resident of CA, IA, KS, MA, ME, NC, OK, OR, VA, VT or Puerto Rico and withhold federal tax, Western-Southern Life must also withhold state tax at the state's standard rate unless you indicate otherwise. State withholding does not apply in AK, FL, ND, NH, NV, SD, TN, TX, WA and WY. If you choose not to withhold federal tax, Western-Southern Life will also not withhold any state income tax unless you indicate otherwise. Even if you elect not to have income tax withheld, you are still liable for the payment of income taxes on your taxable distributions. You may also be subject to tax penalties if your payments of estimated tax and withholding, if any, are inadequate. You direct Western-Southern Life to:

NOT withhold federal income tax (or state income tax, if applicable)

Withhold income tax as follows:

Federal    \_\_\_\_\_ % rate    \$ \_\_\_\_\_   **OR**   Federal and State    Single

State    \_\_\_\_\_ % rate    \$ \_\_\_\_\_    Married with \_\_\_\_\_ withholding allowances

**PAYMENTS**

Deposit Payments to: <input type="checkbox"/> Checking Account (voided check <b>must</b> be attached). <input type="checkbox"/> Savings Account (deposit slip <b>must</b> be attached).		Account Number (required, specify only one)	
Financial Institution		Phone Number	Routing Number (required)
Address		City	State      Zip Code
Signature of Depositor <b>X</b>	Date / /	Signature of Depositor (if joint account, both must sign) <b>X</b>	Date / /
<input type="checkbox"/> Or Make Check Payable to and Mail to:			
Payee's First Name		Middle Initial	Last Name
Joint Payee's First Name		Middle Initial	Last Name
Payee Address (check mailed to this address)		City	State      Zip Code

**AUTHORIZATION**

**Under penalties of perjury, I (we) certify that the Social Security / Tax ID number(s) listed below is correct, and that I (we) are not subject to backup withholding tax. The Internal Revenue Service does not require consent to any provision of this document other than the certifications required to avoid backup withholding.**

Payee's Signature <b>X</b>	Social Security or Tax ID #	Date / /
Joint Payee's Signature (if applicable) <b>X</b>	Social Security or Tax ID #	Date / /
Owner's Signature <b>X</b>	Social Security or Tax ID #	Date / /
Joint Owner's Signature (if applicable) <b>X</b>	Social Security or Tax ID #	Date / /

**Return completed form to:**  
Western-Southern Life Assurance Company  
Attn: Annuity Operations  
PO Box 2918  
Cincinnati, Ohio 45201-2918