



10.  PREMIUMS PAID FROM ACCUM VALUE

I request that the specified premiums for the above-numbered policy be paid from that policy's excess cash value (the excess of the Accumulation Value over Guaranteed Cash Value). I understand my excess cash value will be reduced by amounts withdrawn to pay these premiums.

EIL/CENT/ADLIFE	PREMIUM	MODE	NO. OF MONTHS	PREMIUM DUE DATE	AMOUNT COLLECTED IN CASH	ACCUMULATION VALUE TO BE APPLIED

11.  MAIL CHECK TO PAYEE

Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

12.  METHOD OF PAYMENT

The company reserves the right to decline any EFT and will issue a check in lieu of the deposit request. In order to process EFT, the account owner and policy owner must be the same.

Please send payments by Electronic Funds Transfer to:

Checking Account Please attach a voided check.

Savings Account Please attach a letter from the bank, verifying account number and routing transit number.

Name of Bank \_\_\_\_\_ Account No. (Please specify only one account) \_\_\_\_\_

Routing No. \_\_\_\_\_

Signature of Depositor \_\_\_\_\_ Signature of Joint Depositor \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

A signature on this form transmitted by facsimile or electronically shall have the same force and effect as an original signature, once received the faxed document is the controlling document.

13. A taxable distribution may occur as a result of the following action:
- Cash Dividends
  - Dividends to Pay Premiums on Other Policies
  - Partial Cash Surrenders
  - Maturity
  - Cash Surrender
  - Dividends to Pay a Loan on Itself or Other Policy
  - Loans on Modified Endowment Contracts

IF THE REQUEST ON THE REVERSE SIDE IS THE SAME AS ONE OF THE ITEMS LISTED ABOVE, A WITHHOLDING ELECTION SHOULD BE INDICATED BELOW. OTHERWISE, IF THERE IS A TAXABLE AMOUNT AND NO WITHHOLDING IS INDICATED, WE WILL WITHHOLD AT THE STANDARD RATE. **FINANCIAL REPRESENTATIVE** - You can determine if the request is taxable by reviewing the Policy Status, SPIRIT OPTION 33, or Annuity Values, SPIRIT OPTION 36.

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Federal tax law states that the taxable portion of withdrawals is subject to 10% income tax withholding, although you may elect to have it withheld at a different percentage rate or elect no withholding. Unless you request otherwise on the form below, Western & Southern Life Z L O O E H U H T X L U H G W R Z L W K K R O I G you are a resident of AL, AR, CA, DC, DE, GA, HI, IL, IN, IA, KS, MA, MD, ME, NC, NE, OK, OR, VA, VT or Puerto Rico and withhold federal tax, Western & Southern must also withhold state tax at the state's standard rate unless you indicate otherwise. State withholding does not apply in AK, FL, HI, NV, NH, SD, TN, TX, WA or WY. For CT residents, mandatory withholding will apply unless form CT-W4P is submitted to opt out. Opt out is not available for single sum distributions. For MS residents, mandatory withholding will apply for early distributions (before age 59.5) or a return of excess contributions from qualified plans. If you choose not to withhold federal tax, Western & Southern 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. I direct Western & Southern to:

Federal

- 7R ZLWKKROG WKH VWDQGDUG UDWH IRU IHGHUDO LQFRPH WD[HV
- 127 WR ZLWKKROG IHGHUDO LQFRPH WD[HV
- 7R ZLWKKROG WD[HV DV IROOZ  (See IRS Form W-4R and Marginal Rate Table for more information)

State (Certain states require additional information as noted above)

- Withhold based on state's standard rate
- 127 WR ZLWKKROG VWDWH LQFRPH WD[HV
- 7R ZLWKKROG WD[HV DV IROOZ  \_\_\_\_\_ amount

Community Property Consent

If you reside or have resided in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI), and are making a life withdrawal request, your spouse may need to consent to such request. You may obtain such consent by having your spouse sign below. The Company is not liable for any consequences resulting from your failure to obtain proper consent.

Spousal Consent (if applicable)

I have reviewed this request form and, as the spouse of the policy owner, I consent to it and waive any rights I may have to the policy to the extent of the request. This consent supersedes any prior spousal consent regarding the policy.

Sign Here: \_\_\_\_\_

Date: \_\_\_\_\_



14. Tax elections made here supercedes any previous elections made with regard to this contract. Contract owners under age 59½ may be subject to IRS 10% penalty tax on amounts withdrawn. Under penalties of perjury, I certify that the Social Security Number/Tax I.D. Number listed is correct and that I am not subject to Backup Withholding Tax. I certify that said policy is not assigned or involved in bankruptcy proceedings. I agree to the withholding election below, if applicable.

\_\_\_\_\_  
Owner's Signature  
(Printed Signature Unacceptable Unless Reason is given in Special Request)

\_\_\_\_\_  
Date

If your policy was issued in, KY, ME, OR, or WA and you are requesting a cash withdrawal, by signing this form, you are verifying that you have received the information supplied by your agent.

Are Attachments (other than policy) or Special Request Included?  Yes  No

THIS REQUEST MAY RESULT IN A TAXABLE DISTRIBUTION.  
HAS THE INCOME TAX WITHHOLDING INFORMATION BEEN COMPLETED?  Yes  No

15. Required for Virginia Residents Only: Recommendation of Surrender/Withdrawal

*The following questions and related certification are required for Virginia residents only; answers for residents of other states may be disregarded.*

Did an agent recommend that you take a surrender/withdrawal from your annuity contract?  Yes  No

If yes, the agent must complete the Certification of Compliance immediately below.

\$ J H Q W & H U W L ; F D W L R Q R I & R P S O L D Q F H

- In making a recommendation related to this annuity contract, I acted in the best interest of the Consumer.
  - This recommendation is based on my evaluation of the relevant Consumer profile information.
  - I exercised reasonable diligence, care and skill to:
    - Know the Consumer's financial situation, insurance needs, and financial objectives;
    - Understand the available recommendation options after making a reasonable inquiry into the available options that I am licensed and authorized to recommend or sell;
    - Have a reasonable basis to believe the recommended option effectively addresses the Consumer's financial situation, insurance needs, and financial objectives over the life of the product, as evaluated in light of the Consumer profile information; and
    - Communicate the basis for the recommendation to the Consumer.
  - I made reasonable efforts to obtain the Consumer profile information from the Consumer.
  - I have considered all factors generally relevant in making a determination whether the surrender effectively addresses the Consumer's financial situation, insurance needs, and financial objectives, including, but not limited to, Consumer profile information, characteristics of the insurer, and product costs, rates, benefits, and features.
- I have identified and avoided, or reasonably managed and disclosed to the Consumer any material conflicts of interest that may influence the impartiality of the annuity recommendation.
- I have documented, in written format, the basis for this recommendation.
- I have provided the Consumer with the required Producer Relationship Disclosure Form.
- I agree to maintain and make available, upon request, to the insurer or any applicable regulator, records of the information collected, disclosures made, documentation regarding the basis of this recommendation, and any additional analysis forms and other information used in connection with this annuity contract recommendation.
- I understand the insurer may contact the Consumer for additional information.

As evidenced by my signature below, I certify the foregoing is true.

Print Name: \_\_\_\_\_  
(Agent Name)

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

16. SPECIAL REQUEST - SHOULD NOT BE COMPLETED TO RE-STATE INFORMATION THAT IS LISTED ELSEWHERE ON FORM DO-70.

For your protection, California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a  
ORVV LV JXLW\ RI D FULPH DQG PD\ EH VXEMHFW WR ; QHV DQG FRQ ; QHPHQW LQ VWDWH SULVRO

