

Systematic Withdrawal Request

(Do not use this form to request RMDs. Separate form available.)

CONTRACT INFORMATION	
Annuitant's Name	Contract Number
Owner's Name	Owner's Social Security Number/TIN
Joint Owner's Name (if applicable)	Joint Owner's Social Security Number/TIN (if applicable)
SYSTEMATIC WITHDRAWAL REQUEST OPTIONS (Not available with Roth IRA plans or SmartStep)	
<p>Beginning in the second contract month, the contract owner has the option to withdraw interest earnings free of withdrawal charges. Alternatively, the contract owner may have the option to withdraw up to 10% of the contract value free of withdrawal charges (refer to the annuity contract to determine if a free withdrawal amount is available).</p> <p>For SmartSelect contracts only, market value adjustments (MVA) may apply if withdrawals exceed the annual free amount. I request and authorize Western-Southern Life Assurance Company (Western & Southern Life) to make systematic withdrawals (\$100 minimum amount; \$50 if received through electronic funds transfer) as follows (check only one option):</p> <p><input type="checkbox"/> Interest Earnings</p> <p><input type="checkbox"/> Annual free withdrawal amount, if available.</p> <p><input type="checkbox"/> A set amount of \$_____. Depending on the amount and timing of the withdrawal, I understand that withdrawal charges and MVA may apply.</p> <p><input type="checkbox"/> A percentage of the account value of _____%. (Only available for SmartSelect contracts) The systematic withdrawal is a set percentage of the account value, and the amount withdrawn will fluctuate. Depending on the amount and timing of the withdrawals, withdrawal charges and MVA may apply.</p>	
DISTRIBUTION OPTIONS	
<p>This systematic withdrawal should begin on _____ and taken <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually</p> <p>The withdrawal start date cannot be the 29th, 30th or 31st of any month, and the beginning date will be at least 30 days from the date this request is received. Systematic withdrawals will continue on the same day of the month at the interval specified above from the investment options then invested at the time of each withdrawal, allocated by values in the investment options. Minimum dollar amounts may apply. Refer to the contract for specific information.</p> <p>This authorization applies only to the contract number shown above. A separate authorization must be completed for any additional contracts. Systematic withdrawals will continue as I elected until the earlier of (1) the date the value in the investment options would not support an additional withdrawal, (2) the date Western & Southern Life receives written instructions from me to cancel the withdrawals or (3) the date Western & Southern Life discontinues this withdrawal option.</p>	
AUTHORIZATION FOR DIRECT DEPOSIT	
<p>Please check one account option, and complete the information below:</p> <p><input type="checkbox"/> Checking Account (You MUST attach voided check, or a copy of a voided check)</p> <p><input type="checkbox"/> Savings Account (Complete the information below AND have a Bank Representative verify and sign below, OR attach a signed letter of instruction on the Bank's letterhead with the information requested below.)</p>	
Financial Institution Name	
ABA Routing Number	Account Number
Address	Phone Number
Name of Account Owner	Other Account Number (if applicable)

AUTHORIZATION FOR DIRECT DEPOSIT - Continued

Financial Institution Representative Name (printed)

Financial Institution Representative Signature

 OR make check payable to and mail to contract owner (Western & Southern Life reserves the right to charge a fee for this method)**TAXES AND WITHHOLDING**

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 will be required to withhold 10% federal income tax.** If you are a resident of AR, CA, DC, DE, GA, 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

- To withhold the standard rate for federal income taxes
- NOT to withhold federal income taxes
- To withhold taxes as follows: _____% rate
(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
- NOT to withhold state income taxes
- To withhold taxes as follows: _____% or \$ _____ amount

CERTIFICATION

Under penalties of perjury, I certify that **(1)** the number shown on this form is my correct tax identification number, **(2)** that I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and (3)** I am a US citizen or resident alien.

Note: You must cross out item #2 of certification if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting of interest or dividends on your tax returns.

I understand that amounts withdrawn from a non tax-qualified annuity contract are first treated as taxable income to the extent of any gain and all amounts withdrawn from a tax-qualified annuity contract are treated as taxable income. If I am under age 59½, I understand that I may be subject to a 10% IRS penalty tax on taxable amounts received.

I understand and acknowledge that I should seek professional tax advice about my specific situation and that **Western & Southern Life does not provide tax advice.**

I understand that a withdrawal charge and/or market value adjustment may apply if the amount withdrawn is greater than the free withdrawal amount, if available. All interest rates are declared at an annual effective rate, taking into account daily compounding of interest.

I understand that withdrawals or transfers during the guarantee period will dilute the benefit of daily compounding and thus lower the effective annual interest rates.

I authorize Western & Southern Life to credit my account with any future annuity withdrawals at the above named financial institution. This agreement will remain active until written notification is received and in such time as to afford Western & Southern Life reasonable opportunity to act on my request. I authorize the financial institution to debit my account and to refund any overpayments by Western & Southern Life.

Owner's Signature

Date

Joint Owner's Signature (if applicable)

Date