

NON-QUALIFIED ANNUITIES - Request for Disbursement/Systematic Withdrawal Form

INSURER: FIDELITY & GUARANTY LIFE INSURANCE COMPANY

Policy Number:	Owner / Annuitant:	Phone Number:
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If single owner, payment requests will be mailed to the owner at the address we have on file, unless a change of address is requested. If jointly owned, a check will be made payable to both owners and will be mailed to the first owner's address that we have on file, unless a change of address is requested.

CHECK ONE:

- PARTIAL SURRENDER Complete Sections 1, 5, 6, 7
- FULL SURRENDER Complete Sections 2, 4, 5, 6, 7
- SYSTEMATIC WITHDRAWAL REQUEST Complete Sections 3, 5, 6, 7

SECTION 1 - PARTIAL SURRENDER - When this section is complete, please proceed to Section 5.

Do not return policy with this request form. This partial surrender is to be in accordance with and is subject to the provisions of the policy.

CHECK ONE:

- Partial surrender of \$_____ (Must be at least \$500)
- Maximum available without application of surrender charge and any applicable market value adjustment

CHECK ONE: (If left blank, the GROSS amount will be processed)

- I request the **GROSS** amount of the selection above. (Amount paid will be decreased by any applicable deductions)
- I request the **NET** amount of the selection above. (Amount withdrawn will be increased by any applicable deductions)

SECTION 2 - FULL SURRENDER - When this section is complete, please proceed to Section 4.

Please return policy with this request form. If policy is lost, please complete Section 4 of this form, and then complete Section 5.

- I hereby request the present cash surrender value of my policy listed above. I understand that Surrender Charges and any applicable Market Value Adjustment may apply.

SECTION 3 - SYSTEMATIC WITHDRAWAL When this section is complete, please proceed to Section 5.

CHECK ONE: NOTE: Payments must be at least \$100 per modal period

- INTEREST ONLY – The payments with this option may vary depending on the number of days in the modal period and/or the interest crediting method (s) available for the specific annuity owned.
- SPECIFIC DOLLAR AMOUNT – I hereby request payments of a specific amount. If payment exceeds the free withdrawal amount specified in my policy, the withdrawal will be subject to Surrender Charges and any applicable Market Value Adjustment.. \$_____.

PAYMENT FREQUENCY* *Not all policies are eligible for systematic withdrawals.*

Please select one box: Monthly Quarterly Semiannual Annual

Payment Start Date: Immediately Other: _____

Note: First payment must be at least one payment mode after policy issue date.

Payments may not: (a) begin prior to one modal period from the issue date, (b) conflict with the Buy Date on FIAs (1st, 8th, 15th or 22nd), or (c) be sent monthly on the 29th, 30th or 31st. Specified Start Date: _____.

If restricted dates are requested, the next available day after the day requested will become the payment date.

End Date: I elect to have my payments end on the date specified. If not elected, payments will continue until you notify us that you wish payments to stop. Specified End Date: _____.

Note: If not specified, payments will continue until you notify us that you wish payments to stop.

Method of Distribution:

- Check
- Electronic Funds Transfer (EFT) – Please include a voided check with this form for Checking or for Savings, please include a deposit slip and confirm the routing and account numbers here.
- Checking account
- Savings account:

Routing Number: _____ Account Number: _____

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SECTION 4 - When this section is complete, please proceed to Section 5.

LOST POLICY CERTIFICATION

- By checking this box, I hereby represent that the above-referenced policy has been lost, mislaid, or destroyed, as I have been unable to find it after careful search and inquiry. By my signature below, I agree to hold the Company harmless from all loss, expense and liability for which the Company may become liable as a direct or indirect result of accepting this transaction without requiring the return of the policy.

SECTION 5 – NOTICE OF TAX AND WITHHOLDING ELECTION (MUST BE COMPLETED)

- The Company will withhold **Federal Income Taxes** from the taxable portion of your distribution unless you elect not to have any withholding. By not making an election the Company will withhold as required by Law.
- **Election** - The election to have no withholding is available only to individuals who are U.S. Citizens or resident aliens and have a mailing address in the United States. If the distribution is being delivered outside the United States, or in care of a person in the U.S., additional withholding requirements apply.
- **Signature** – You must sign in the certificate section of this form in order for the withholding elections you make to be effective. Otherwise the Company will withhold as required by Law.
- **Tax Advisor** – Please consult a tax advisor regarding your specific situation and then make your election.
- **Tax** – If you do not have enough Federal Income Tax withheld from your payments, you may be responsible for the payment of estimated taxes. You may incur tax penalties if you elect not to have withholding apply and do not pay sufficient taxes.
- **Withholding Election** – You can make Federal Income Tax withholding elections by filing Form W-4P or by completing the substitute form with the Company as contained in the form. This form should only be used for IRA payments which are payable on demand.
- **Revoking the Exemption from Withholding** – If you want to revoke your previously filed exemption from withholding, file a Form W-4P with the Company and check the appropriate box on the form.
- **State income tax withholding** – Some states allow us to follow your federal income tax withholding instructions, but others require us to withhold. In states where withholding is not required or voluntary we do not withhold State Income taxes. will be withheld in states where it is mandatory, unless you elect not to have withholding.
- **Federal Income Tax and State Income Tax – Make elections by selecting from the options below.**

Distributions are generally subject to 10% federal income tax withholding unless you elect to not withhold.

- DO NOT** withhold **Federal Income Tax**

I elect to have federal and state income tax withheld from the taxable portion of my payment made, as indicated below:

- Federal: \$ _____ or _____ %
 State: \$ _____ or _____ %

SECTION 6 – TAX IDENTIFICATION CERTIFICATION (SUBSTITUTE W-9)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
2. 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 U.S. citizen or other U.S. person (as defined in IRS Form W-9 instructions), and,
4. The FATCA code(s) (as defined in IRS Form W-9 instructions) entered on this form (if any) indicating that the Owner(s) is exempt from FATCA reporting is correct. Exemption from ATCA reporting code, (if any).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. If you are not a U.S. citizen or other U.S. person for tax purposes, please cross out certifications 3 and 4 and complete and return to us the appropriate IRS documentation.

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The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Owner Signature (Please do not print): _____ Date: _____

Title, if applicable: _____

Taxpayer Identification Number (SSN, EIN, ITIN): _____

Joint Owner (Taxpayer) (if applicable): _____ Date: _____

Title, if applicable: _____

Taxpayer Identification Number (SSN, EIN, ITIN): _____

Other Required Signature (if applicable): _____ Date: _____

Title, if applicable: _____

*Taxpayer Identification Number is required

Signature Instructions

Attorney-in-Fact	The attorney-in-fact must sign in capacity as "attorney-in-fact"; provide a copy of the entire power of attorney document, if not previously submitted.
Corporation, LLC	Two Officers of the company or managing member of the LLC must sign with title and provide either a corporate or board of director's resolution, a copy of the Articles of Incorporation or operating agreement for the LLC. Officer 2, sign in Other Required Signature section.
Guardian	The guardian must sign in capacity and provide a copy of the current guardianship document (e.g. John Doe, guardian
Irrevocable Beneficiary	The irrevocable beneficiary must sign in the Other Required Signature section.
Partnership	All partners must sign with title, or the general or managing partner must sign with title. Two signatures required. Partner 2 sign in "Other Required Signature" section.
Trust	All trustee(s) must sign with title "trustee" according to the terms of the Trust Agreement,
SPOUSE -	See SECTION 7 for Community Property State Signature Requirements

SECTION 7 - COMMUNITY PROPERTY STATES – AK, AZ CA, ID, LA, NM, NV, TX, WA, WI

If you RESIDE in one of the states listed above, please complete the additional information below:

CHECK ONE:

- I have never been married or I was divorced, or widowed prior to the issue date of this annuity Please acknowledge by Signing below
- I am currently married (*your spouse must consent to the transaction by signing below*)
- My spouse is deceased, attach copy of Death Certificate. Date of Death: _____.
- I was divorced after the issue date of this annuity. Date of Divorce: _____.

(A) and the policy was mentioned in the Divorce Decree or Property Settlement (*attach a copy of the court documents. If unable to provide, ex-spouse must consent by signing below*); or

(B) the policy was not mentioned directly or indirectly in the Decree or Property Settlement Agreement, (*Ex-spouse must consent by signing below*).

Spouse Consent: _____ Date: _____

Ex-Spouse Consent: _____ Date: _____

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that no such interest exists and assumes no responsibility for inquiry. The insured and/or policy owner signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

NO AGENT IS AUTHORIZED TO ALTER THE TERMS OF THE CONTRACT OR BIND THE COMPANY.