

F&G Annuities & Life Loan Request

Fidelity & Guaranty Life Insurance Company and Fidelity & Guaranty Life Insurance Company of New York

INSTRUCTIONS

USE THIS FORM TO REQUEST A LOAN

All pages must be submitted for processing.

- Make sure to fill out all relevant sections on both pages of the form as incomplete forms will be sent back. This includes the tax withholding section on page 3.

- **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 that 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.

RETURN COMPLETED FORM TO:

Fidelity & Guaranty Life
Insurance Company
Service Center,
P.O. Box 81497
Lincoln, NE
68501-1497



Fidelity & Guaranty Life
Insurance Company
Service Center,
777 Research Drive
Lincoln, NE
68521



New York Residents:
Fidelity & Guaranty Life
Insurance Company of
New York Service Center,
P.O. Box 81337
Lincoln, NE
68501-1337



Customer
Service:
888-513-8797



Life Insurance:
800-281-5777



If your address has changed please fill out our Change of Name or Mailing Address form that can be found at www.home.fglife.com. Please reference form ADMIN 5743.

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OWNER

Policy Number	Taxpayer Identification Number (SSN, EIN, ITIN)*	
Name: First / Middle / Last		
Phone Number	Email Address	
Owner's Legal Address		
City	State	Zip

☐ Check if new address (Loan request will be processed 10 days after address change). *Pending legal approval.

* Taxpayer Identification Number is required.

Method of Mailing (select one)

Payment will be mailed to the owner. If jointly owned, a check will be made payable to both owners but will be mailed to the first owner's address.

- If your check is to be mailed overnight select "Overnight Mailing" and fill in the carrier and provide an account number to charge the overnight fee to.

☐ Standard Mailing ☐ Overnight Mailing: Carrier _____ Account Number _____

LOAN AMOUNT REQUEST

Please retain policy, do not send back with Loan Request form.

(select one)

☐ Maximum Loan ☐ Specific Loan amount of \$ _____

LOAN TYPE

(If you select a Variable Loan and your policy does not have variable loans, we will process a fixed interest loan)

☐ Fixed Interest Loan ☐ Variable Loan

Please read the following notice and sign below:

This loan is to be in accordance with and subject to the loan and interest provisions of the policy and said policy is hereby assigned to the Company as sole security for this loan. Interest and principal are payable at the Home Office of the Company, Des Moines, Iowa, or such other office as may be designated by the Company.

Upon maturity, by death or otherwise, the amount payable under said policy shall be reduced by the unpaid loan balance in accordance with the policy provisions.

(Section continued on next page)

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LOAN TYPE (continued)

Upon default in the payment of any premium on the policy, the Company shall deduct the unpaid loan balance to the Company under said policy from the cash value thereof. Any cash value in excess of said deduction shall be applied in accordance with the policy provisions. If the policy contains reduced paid-up or extended term options, any unpaid loan balance will reduce the amount of any paid-up insurance and the amount and term of any extended insurance. It is understood and agreed to by the undersigned that the loan described above and evidenced by this agreement shall be a first and prior lien against said policy. This agreement is to be construed, interpreted and enforced according to the laws of the State of Iowa.

The undersigned hereby warrant that there has been no assignment, tax lien, bankruptcy, receivership, incompetency proceeding, divorce or separate maintenance action, attachment, garnishment, execution, or any other legal process under which any other person is claiming the policy or rights thereunder.

TAX NOTICE AND WITHHOLDING

- The Company will withhold, as required by law, Federal Income Tax from the taxable portion of your withdrawal, exchange or loan unless you elect not to have any withholding.
- Federal Income Tax withholding is generally at a 10% rate, but you may elect not to withhold any taxes.
- The election to have no withholding is available only to individuals who are U.S. citizens or residents 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.
- If you are not a U.S. citizen or resident, the Federal Income Tax withholding rate is 30% or such lower rate as may be specified in an applicable treaty. A valid, accurate and complete W-8 form must be submitted in order to claim treaty exemption and must include a Taxpayer Identification Number along with your date of birth.
- If you elect not to have Federal or State Income Tax withheld, you may still be liable for payment of Federal Income Tax and, if applicable, state income tax on the taxable portion of the distribution.
- You may be subject to tax penalties under the Estimated Tax Payment Rules if any payments of estimated tax and withholding are insufficient (IRS Publication 505 explains federal estimated tax requirements and penalties).
- The Company will withhold, as required by law, **Federal Income Tax** from the taxable portion of your withdrawal, exchange or The Internal Revenue Service may impose tax penalties for distributions prior to age 59^{1/2}.
- **State Income Tax** will be withheld in states where it is mandatory. You are responsible for providing us with any state forms required to avoid withholding.
- In states where State Income Tax is not required or is voluntary for the Company, we DO NOT withhold state income taxes.
- **You may revoke your Federal withholding election at any time by filing IRS Form W-4P. Your election will remain in effect until revoked.**

FEDERAL (select one)

- ☐ **DO NOT withhold Federal Income Tax**
- ☐ **Withhold Federal Income Tax** at 10%, or specify a larger amount of tax. (The maximum amount may not exceed the taxable amount) \$ _____. You are required to furnish your state's withholding form where applicable. Please contact your tax advisor or your state's taxing authority for questions.

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SIGNATURE AND CERTIFICATION

Please make sure to sign the form. If the contract is jointly-owned, both owners must sign.

1. I have read and understand all sections of this form that are applicable to my request.
2. I understand that the distributions will be taken proportionately from all interest crediting options.
3. All information and certifications provided by me are true and complete to the best of my knowledge and belief. I am aware that there may be tax consequences associated with this transaction.
4. I am aware that Fidelity & Guaranty Life Insurance Company and Fidelity & Guaranty Life Insurance Company of New York, affiliates and representatives cannot give tax advice and I have been advised to consult an independent tax advisor.
5. By not furnishing the correct Taxpayer Identification Number, I may be subject to additional penalties imposed by the Internal Revenue Service.

☐ (check box if applies) I am not a U.S. citizen or resident. Please submit the applicable Form W-8 (BEN, ECI, EXP, IMY, or BENE). In most instances, Form W-8BEN will be the appropriate form.

OWNER'S TAX CERTIFICATION

Under penalties of perjury, I certify that the taxpayer identification number (TIN) I have listed on this form is my correct TIN. I further certify that:

- I am a U.S. citizen or resident.
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the 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 not subject to backup withholding.
- I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

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

* Taxpayer Identification Number is required



Owner Signature (please do not print)		Date
Title (if applicable)	Taxpayer Identification Number (SSN, EIN, ITIN)*	
Joint Owner Signature (Taxpayer) (if applicable) (please do not print)		Date
Title (if applicable)	Taxpayer Identification Number (SSN, EIN, ITIN)*	
Other Required Signature (if applicable) (please do not print)		Date
Title (if applicable)		