

Qualified Annuities Request for Disbursement

INSURER: FIDELITY & GUARANTY LIFE INSURANCE COMPANY OF NEW YORK

Policy Number	Owner / Annuitant	Phone Number	
Owner's Legal Address--Street	City	State	Zip

Payment requests will be mailed to the owner unless alternative instructions are shown below.

Alternate Payee Name and Address:

(Directing annuity payments to another payee does not constitute a reduction in reportable income or tax liability to the owner)

Standard Shipping Overnight (not available for Systematic Withdrawals) Carrier _____ Account Number _____

If you have questions regarding this form, please call the Service Center.

What would you like to do?	<input type="checkbox"/> SYSTEMATIC WITHDRAWAL REQUEST Complete Sections 3, 5, 6 and 7	<input type="checkbox"/> PARTIAL SURRENDER Complete Sections 1, 5, 6 and 7	<input type="checkbox"/> FULL SURRENDER Complete Sections 2, 4, 5, 6 and 7
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SECTION 1 - PARTIAL SURRENDER *When this section is complete, please proceed to Section 5.*

Please select one box:

- Maximum partial surrender (Payment will equal the surrender value minus the amount contractually required to keep the policy in force.)
- Partial surrender of \$_____ (Must be at least \$500)
- Maximum available "surrender charge free" (if applicable)

Please select one box: (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 (Amount withdrawn will be increased by any applicable deductions)

This partial surrender is to be in accordance with and is subject to the provisions of the policy.

SECTION 2 - FULL SURRENDER *When this section is complete, please proceed to Section 5.*

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

I hereby request the present cash surrender value of my policy listed above. I understand that surrender charges may be applicable.

Except for payment of the surrender value less any indebtedness to the Company under this policy, the Company is hereby released from all liability under this policy.

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

Payment Amount – please select one box:

- 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 \$_____.
If payment exceeds the free withdrawal amount specified in your policy, the withdrawal will be subject to applicable surrender charges. Payments must be at least \$100 per modal period

Please select one box: (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)

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.

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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.

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

Payment End Date (optional): _____

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

Method of Distribution:

- Check
- Electronic Funds Transfer – If electronic funds transfer is selected, indicate account information below:
- Checking account (please include voided check with this form)
 - Savings account (please include deposit slip and confirm the routing and account numbers here:

Routing Number: _____ Account Number: _____

SECTION 4 - LOST POLICY CERTIFICATION *When this section is complete, please proceed to Section 5.*

- 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. If the policy or any interest thereon has at any time been assigned, transferred or pledged to any person, company or corporation, the undersigned hereby attaches a copy of the assignment or states that the date thereof is _____, that the assignment is _____ (absolute or collateral) and that the full particulars are as follows: _____

Assignee's Signature: _____

SECTION 5 - NOTICE OF WITHHOLDING (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 certification section of this form in order for the withholding elections you make to be effective. Otherwise the Company will withhold as required by Law.
- **Before 591/2** - The Internal Revenue Service may impose tax penalties for distributions prior to age 59 ½.
- **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 on the form. This form should only be used for IRA payments which are payable on demand.
- **Roth IRA** – A Roth IRA is not subject to withholding, but you may request withholding if you wish.
- **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**.
- **State Form** - You are required to furnish your states withholding form where applicable, please contact your tax advisor or your state's taxing authority for questions and forms. AZ, AR, CA, CT, IN, IA, KY, ME, MD, MA, NY, NC, OH, WV, MS

IRA Distributions are generally subject to 10% Federal Income Tax withholding, unless you check **do not** withhold

Make Elections – Federal Income Tax and State Income Tax

<input type="checkbox"/> Do Not withhold Federal Income Tax				
<input type="checkbox"/> Withhold Federal Income Tax - (The maximum amount may not exceed the taxable amount) \$				
<input type="checkbox"/> DO NOT withhold State Income Tax				
<input type="checkbox"/> Withhold State Income Tax – minimum required - Certain States allow you to specify the amount if applicable please specify desired amount.	%	Or	\$	

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FOR CALIFORNIA RESIDENTS ONLY - In addition to the above for partial withdrawals and/or surrenders, the undersigned expressly waives all protection under California Civil Code §1542. It is the undersigned's intention to fully, finally, and forever settle and release the Company for all matters relating to the transaction(s) herein described. In furtherance of this intention, the release herein given shall be and remain in effect as full and complete notwithstanding the discovery or existence of any additional or different claims or facts.

SECTION 6 - CERTIFICATION (Must be Completed)

1. I have read and understand all sections of this form that are applicable to my request.
2. These statements are true and complete to the best of my knowledge and belief.
3. I am aware that there may be tax consequences associated with this transaction.
4. I understand and acknowledge that **Effective 1/1/2015** a one-rollover-per-year limitation applies in any 12-month period regardless of the number of IRAs I own. The limit will apply by aggregating all of my IRAs, including SEP and SIMPLE IRAs as well as traditional and Roth IRAs, effectively treating them as one IRA for purposes of the limit. I understand that I am responsible for any tax consequences that may arise by taking distributions that do not comply with this limitation.
5. I am aware that Fidelity & Guaranty Life Insurance Company, affiliates and representatives cannot give tax advice and have been advised to consult an independent tax advisor.
6. I certify under penalties of perjury that my Social Security/Taxpayer identification number on this form is correct, that I am a U.S. person (U.S. citizen or resident alien).
7. I certify that I am not subject to backup withholding due to failure to report interest or dividend income.
8. I am exempt from FATCA reporting
9. By not furnishing the correct taxpayer identification number I may be subject to additional penalties imposed by the Internal Revenue Service.

Notice to Non-US Persons:

I am **NOT** a U.S. Citizen or other U.S. person (Submit Valid completed W-8BEN form).

A valid completed W-8BEN form must be submitted. Mandatory withholding of 30% of the taxable portion of the payment will apply if this is not received.

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

X

Owner (Please do not print)

X

Date

Taxpayer Identification Number (SSN, EIN, ITIN)

X

Joint Owner (Taxpayer) (if applicable)

X

Date

Taxpayer Identification Number (SSN, EIN, ITIN)

X

Other Required Signature (if applicable)

X

Date

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*

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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.