



Insurance for all of us.™

Physicians Life Insurance Company
Annuity Customer Service
PO Box 2316
Omaha, NE 68172-4081
1.800.720.2891

Request for Partial Withdrawal or Surrender
for VISTA Index Annuity Contracts

Please mark the appropriate box for each change or service you are requesting. Please print the requested information. All partial withdrawal and surrender proceeds will be made payable to the Owner of record and mailed to the address of record (1035 exchanges and transfers excluded).

Note: If the Owner is not an individual, additional documentation as to who can sign on behalf of the Owner may be required.

Owner/Annuitant Information

Owner's Name \_\_\_\_\_

Joint Owner's Name (If applicable) \_\_\_\_\_

Contract Number \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Annuitant's Name (If different from Owner) \_\_\_\_\_

Joint Annuitant's Name (If applicable) \_\_\_\_\_

Withdrawal/Surrender Request

- I request a one-time withdrawal from my annuity in the amount of \$\_\_\_\_\_ (minimum \$500).
I request a one-time withdrawal from my annuity in the amount of \$\_\_\_\_\_ (minimum \$500) be directly transferred/rolled over/1035 exchanged to \_\_\_\_\_.

Note: Any partial withdrawal from a Non-Qualified annuity contract will be processed as a distribution and subject to taxation.

- I request my annuity be terminated and paid to me. (Return contract with request. If lost, please indicate in Lost Contract Section below.)
I request my annuity be terminated and directly transferred/rolled over/1035 exchanged to \_\_\_\_\_. I understand additional transfer paperwork may be required to facilitate this request. (Return policy with request. If lost, please indicate in Lost Contract Section below.)

Lost Contract

- I, the undersigned, certify the original contract, specified above, has been lost, stolen or destroyed. Said policy has not been pledged or assigned, I am the unconditional Owner thereof, and to the best of my knowledge and belief, the original is not being held in the possession of any other person. If at any time, the original is found, I will immediately return it to the Company.

Income Tax Withholding Notice and Election

The taxable portion of this distribution will be subject to 10% federal tax withholding unless you elect not to withhold. If you do not check Box 1 under Election of Federal Tax Withholding, 10% federal income tax will be withheld from the taxable portion of your distribution.

Your distribution may also be subject to state income tax withholding requirements. If you would like to have state income tax withheld, please indicate on the Election of State Tax Withholding section. Even if you do not elect state withholding, your state may require us to withhold state income tax from your distribution when federal income tax is withheld. If your state does not have income tax, state withholding will not be withheld from your distribution.

If you elect not to withhold, or if you do not have enough federal or state income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Annuity Owners who receive a distribution prior to age 59 1/2 may be subject to a 10% additional tax which is imposed by the Internal Revenue Service. Physicians Life Insurance Company does not provide tax advice. We recommend you contact your tax advisor for this distribution.

**Election of Federal Tax Withholding** (Please check only one box.)

- 1.  I do not want federal income tax withheld from my distribution.
- 2.  Please withhold federal income tax of \$\_\_\_\_\_ **in addition** to the 10% required to be withheld from the taxable portion of my distribution.
- 3.  Please withhold federal income tax of \_\_\_\_\_% **in addition** to the 10% required to be withheld from the taxable portion of my distribution.

**Election of State Tax Withholding** (Please check only one box.)

- 1.  I do not want state income tax withheld from my distribution.
- 2.  Please withhold state income tax of \$\_\_\_\_\_ from the taxable portion of my distribution.
- 3.  Please withhold state income tax of \_\_\_\_\_% from the taxable portion of my distribution.

**Delivery Option**

- Please mail my distribution using an overnight mail carrier. I understand the overnight delivery charge\* will be deducted from my net annuity distribution.  
\*Please contact our Annuity Customer Service Department for approximate delivery charges.
- Please mail my distribution 1<sup>st</sup> Class mail, United States Postal Service.

**Note: If a delivery option is not selected, your distribution will be mailed via 1<sup>st</sup> Class mail, United States Postal Service.**

**Signatures and Acknowledgment**

I certify the information I have provided on this form is complete and accurate. I understand this request will not become effective until approved by the Company in accordance with the terms of the contract. I understand my request for a withdrawal, once made, is irrevocable and will be acknowledged in writing.

|   |               |
|---|---------------|
| <b>X</b><br>_____<br>Owner's Signature                                | _____<br>Date |
| <b>X</b><br>_____<br>Joint Owner's Signature (If applicable)          | _____<br>Date |
| <b>X</b><br>_____<br>Spouse's Signature (If community property state) | _____<br>Date |