

# SERB NATIONAL FEDERATION — Српски Народни Савез

## Request for Partial Withdrawal on Annuity Contract *(please check appropriate boxes)*

Request is for a -  Life Contract-Rider, or  Annuity Contract

Amount of Withdrawal Requested \_\_\_\_\_ Certificate/Policy #(s) \_\_\_\_\_ Lodge # \_\_\_\_\_

### **Member's Full Name & Address:**

First Name/Entity \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Social Security Number/EIN \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail Address \_\_\_\_\_

### **Annuity Partial Withdrawal**

I/We \_\_\_\_\_, hereby make application for a Partial Cash Withdrawal of said contract/rider as provided for in the conditions and provisions of my SNF Annuity Contract/Rider.

If the contract has not been in force for more than six (6) years, withdrawal charges (if applicable) may be deducted in accordance with the contract/rider provisions.

**The SNF MUST be provided with the Social Security Number/EIN Number of the party/person(s) to process this request for a Partial Annuity Withdrawal.**

**PLEASE NOTE:** IRS tax laws require ten percent (10%) withholding taxes for all transactions, unless you indicate otherwise. Income Tax Withholding:

I/We elect NOT to have Income Tax Withheld OR  I/We elect the following percentage withheld from my withdrawal/surrender \_\_\_\_\_ N / A \_\_\_\_\_

### **Important NOTICE:**

1. Federal Government mandates the SNF automatically withhold thirty-one percent (31%) if a social security number is NOT provided; OR if the SNF is so notified by the IRS.
2. All Qualified plans (TSA, Keogh, etc.) distributions require twenty percent (20%) mandatory withholding. To avoid this 20% withholding, you must transfer distribution proceeds directly to another qualified plan OR an IRA.
3. All IRA's (Individual Retirement Accounts) require an elected choice of the above options pertaining to income tax withholding.

**Signatures** - By signing below, I hereby represent that the statements and answers included herein are full, complete, and true, to the best of my knowledge and belief. Additionally, I certify that I have read and agree to the option chosen above. Furthermore, I understand that the SNF does not offer financial, tax, and/or legal advice and realize there may be tax implications as a result of this surrender request.

Signed at: \_\_\_\_\_, \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
City State Date Month Year

Owner/Insured/Annuitant/Authorized Signature

Witness Signature

**If request is for a NON-Natural Person Annuity - Proper Authorization MUST accompany this request for it to be processed.**

### **Home Office Use:**

Date Accepted \_\_\_\_\_ Signature \_\_\_\_\_