

Annuity Withdrawal or Surrender Request Form

Fixed Annuities: IRA, SEP and Non-qualified

MAIL:

United of Omaha Life Insurance Company
Individual Annuity Services
3300 Mutual of Omaha Plaza
Omaha, NE 68175

FAX: 402-997-1906

EMAIL: Annuity.Service@mutualofomaha.com

ANNUITY CONTACT CENTER: 800-646-7592

Policy Number(s) _____

Email _____

Owner Name _____

Daytime Phone Number _____

Address _____

Owner's Birth Date _____

City/State/Zip _____

Owner's Taxpayer ID Number (SSN) _____

Joint Owner (if applicable) _____

In the event we need to contact you regarding this request please indicate your preferred method of communication.

Email Telephone

I am aware of policy surrender charges and wish to waive any conservation period that may apply.

Withdrawal Amount \$ _____

Check amount will be less any applicable
surrender charges and tax withholding

Full Surrender

Surrender the annuity contract for the
cash value and terminate my policy.
(Policy must be attached to request. For lost
policies, complete the Certification of Lost
Policy Statement below.)

Check Amount \$ _____

Applicable surrender charges and any tax
withholding will be added to the check amount

Mail Check To: Current address of record, as shown above

Alternate Address / Payee:

Certification of lost or destroyed policy

I, _____, hereby certify that Policy No. _____, dated _____, and issued on the life of _____ by United of Omaha Life Insurance Company, has been lost or destroyed and the contract is not assigned or pledged in any way whatsoever. I agree that should the original be found or in any way come into my possession, I will return the policy to United of Omaha Life Insurance Company, its successors or assigns. It is distinctly understood and agreed that the original policy shall become null and void.

Witness

Owner(s)

Date

Tax Withholding Notice and Election for Distribution

The Internal Revenue Code provides complex rules relating to the taxation of distributions from annuities. Due to the important tax consequences of annuity distributions, please consult with a professional tax advisor. For example, if you are under 59 ½ and receive a distribution from an annuity (qualified or unqualified), you may be responsible for a 10% penalty tax.

All, or part, of the payment you receive in connection with the surrender or withdrawal, of an annuity contract, may be includable in your gross income for tax purposes. The taxable portion of the distribution is subject to federal (and potentially state) withholding unless you elect not to have withholding apply. You may elect not to have withholding apply by marking the appropriate box below. **If an election is not made, federal income tax will be withheld from the taxable portion at the rate of 10%.** Once the funds are distributed to you, United of Omaha Life Insurance Company will not reverse federal or state withholding.

Complete this section for single sum payments or other non-periodic payments to elect Federal Income Tax withholding.

The amount indicated for Federal Tax withholding will be sent to the IRS (select one)

*If no box is checked
we will withhold 10%

Do not withhold Federal Income Tax from my distribution*

I elect to have _____% Federal Income Tax withheld from my distribution
(must be 10% or greater).

Important State Tax Withholding information: Certain states require us to withhold State Income Tax from your distribution. If you reside in a state that requires withholding we will withhold State Income Tax in accordance with the respective state's rules. Contact your tax advisor or your state tax authority with questions specific to your situation.

Do not withhold any State Income Tax, if an independent election is permitted.

*Note: Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding are not adequate.

Signature Requirements

By my signature, I, the Owner, certify under penalties of perjury that: (1) the number on this form is my correct Taxpayer Identification Number; (2) I am not subject to backup withholding; and (3) I am a U.S. person (including U. S. resident alien). *Strike out any of these statements if incorrect.*

I certify that all the information provided is true, accurate and complete. I have read and understand the information on this form and will assume full responsibility for all tax consequences or penalties which may apply as a result of this transaction.

Signature of Owner: _____ Date: _____

Signature of Joint Owner (if applicable): _____ Date: _____

Signature of Party-In-Interest: _____ Date: _____ If no spouse, please check here: _____
(If a resident of a community property state) AZ, CA, ID, LA, NM, TX, WA, WI

Signature of Party-In-Interest: _____ Date: _____ If no spouse, please check here: _____
(Joint Owner, if a resident of a community property state) AZ, CA, ID, LA, NM, TX, WA, WI

Signature of Assignee, if any (Non-qualified Only): _____ Date: _____

Signature of Irrevocable Beneficiary, if any: _____ Date: _____

If the owner is a corporation this form must be accompanied by a certified copy of the board resolution authorizing the executing officers to sign this form on behalf of the corporation.