



MUTUAL TRUSTSM
LIFE INSURANCE COMPANY

A Pan-American Life Insurance Group Stock Company

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OAK BROOK, ILLINOIS 60523-2269
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ANNUITY WITHDRAWAL REQUEST

NOTICE TO POLICYOWNER : You should consult your tax advisor and/or legal counsel before using this form. Annuity withdrawals are often subject to income tax, and if taxable, are subject to a 10% penalty tax unless you are disabled or at least age 59½. Please also read your policy for any applicable withdrawal charges.

Policy No. _____ Please process the following withdrawal (minimum is \$500) and deduct any applicable withdrawal charge. I am not involved in any bankruptcy proceedings and I have not assigned this

- policy. Process a Partial Surrender for \$ _____
 Process a Partial Surrender to pay the current premium due on Policy No. _____
 Process a Total Surrender

Please check one of the boxes below. If withholding is elected, the payment received will be less than the withdrawal amount shown above. (Withholding of 10% for Federal Income Tax will automatically be deducted from this withdrawal if you fail to select one of the options below).

- Withhold** 10% for Federal Income Taxes.
 Withhold a specific dollar amount \$ _____ for Federal Income Taxes or a specific percentage _____ % (must be greater than 10%).
 I DO NOT want any federal income tax withheld from my withdrawal.

IMPORTANT - WITHHOLDING TAX INFORMATION

Your withdrawal is subject to federal income tax withholding on the taxable amount of the withdrawal unless you elect not to have withholdings apply. (Residents of California, Maine, Massachusetts, Oregon and Vermont are also subject to state income tax withholding.) Withholding will only apply to the portion of your withdrawal that is included in your income for tax purposes. Although you may elect not to have any withholding, you will still be responsible for paying any tax on the taxable portion of the withdrawal. Withholding is merely a method of paying taxes and does not change your tax liability. If you elect not to have withholding, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your estimated tax payments are not sufficient.

OWNER'S TAX IDENTIFICATION NUMBER CERTIFICATION

Tax Identification No. _____ **Policyowner's Date Of Birth** _____

- Individual Social Security No.** **Corporation** **Partnership** **Trustee**

Under penalties of perjury, I certify that;

- The number shown on this form is my correct Tax Identification number (or I am waiting for a number to be issued to me), and**
- I am not subject to backup withholding because; (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (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 no longer subject to backup withholding, and**
- I am a U.S. citizen or other U.S person as defined as an individual who is a U.S citizen or U.S. resident alien; or a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; or an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).**

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to

Date

Policyowner's Signature

Witness

Policyowner's Name (please print)

Policyowner's Address

Please Mail check to (if different than Policyowner's Address) :

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code