

Administrative Office: P.O. Box 5363 Cincinnati, Ohio 45201-5363 877.446.6020 nslac.com

Individual Annuity Contract Change Request – Partial Surrender

Please Print					
Contract Number	Annuitant	Owner			
Please complete all sections.					
Section 1 – Partial Surrender Options Please note, there may be limits to the minim for further details.	s num and maximum amounts allowed under you	ur contract. Please refer to your contract			
Please select one: I request a partial withdrawal of \$					
I request a partial withdrawal of the	I request a partial withdrawal of the amount available based on my rider				
I request a partial withdrawal of my	I request a partial withdrawal of my annual free amount available without surrender charges ²				
I request a partial withdrawal of a pe	I request a partial withdrawal of a percentage of my contract value:%				
I request a withdrawal of all premiur	I request a withdrawal of all premiums currently not subject to a surrender penalty				
I request a one-time withdrawal of r	ny Required Minimum Distribution (RMD) \$				
IMPORTANT: 1 Rider withdrawal will be based on the maximum remaining amount allowable under the rider. Please note, if more than one rider exists on this contract, the withdrawal will be based on the lower maximum rider withdrawal amount. 2 Typically, 10% of the contract value on the date of the first withdrawal less any withdrawal taken in that contract year. Please refer to your contract for further details. 3 Percentage will be based on the contract value on the date that the partial withdrawal is processed.					
Section 2 – Taxation Withholding Election Federal Taxation: If you do not select an option below, we are required to withhold at least 10% of the taxable amount. I DO NOT want to have federal income tax withheld from my withdrawal. I DO want to have% federal income tax withheld from my withdrawal (must be less than 100%).					
State Taxation: We will withhold state income tax on the taxable amount if: (1) you specifically request that we do so on this form and we are able to do so for your state; or (2) we are required to do so under state law. If you have questions regarding mandatory state tax withholding, please contact Annuity Product Specialists at 877.446.6020.					
I DO NOT want to have state income tax withheld from my withdrawal.					
I DO want to have% state in	come tax withheld from my withdrawal.				
Other federal or state withholding rules may apply to your withdrawal.					
I understand that I am liable for payment of federal and state income tax on any taxable portion of the requested payment and					

could be subject to tax penalties under the estimated tax payment rules if payments are not adequate.

Section 3 – Pay to: (Please note: If not completed, the check will be sent to the address of record)

Please note, National Security is only able to make distributions payable for the benefit of the contract owner(s). <u>Distributions</u> cannot be made payable to a third party and likewise cannot be sent to a bank account in the name of a third party.

1	L .	Please select one				
		Check (unless otherwise indicated, checks will be sent via regular mail)				
		Wire Transfer (There is a \$25 fee to wire funds, and your financial institution may charge a fee for incoming wire transfers)				
		Electronic Funds Transfer (EFT) - Please complete the below agreement. A voided check or a copy of a voided check must be attached in order for us to process the withdrawal. EFT may not be an option for custodial-owned contracts. There may be maximum distribution limits for EFT; please contact Annuity Product Specialists at 877.446.6020 for more information.				
2	2. Mailing Address for Check. (If selected as the payment method and left blank, the check will be sent to the address of record.)					
Name	e: _					
Addre	ess	:				
City: _		State:	Zip:			
Section 4 – Electronic Funds Transfer (EFT) Agreement for Direct Deposit						
Туре	of a	account: Checking (please attach a voided check)	Savings (please attach a voided pre-encoded deposit slip)			
Name of the Financial Institution:		the Financial Institution:	Account Number:			
ABA/Transit Routing Number:		nsit Routing Number:	Name(s) as it appears on the account [□] :			
Address of the Financial Institution:		of the Financial Institution:	Telephone Number of Financial Institution:			

For credit to my/our account all funds payable by National Security Life and Annuity Company (hereafter referred to as National Security) represent payment from my/our contract referenced above.

I/We authorize the Financial Institution named above to reimburse National Security, from this or any other account I/we may hold in such institution, for any payment received by the Financial Institution to which I/we was/were not entitled due to death prior to the due date of the payment.

I/We understand that National Security is relying on the information that I/we provided on this form, and further understand that National Security will not be liable for any losses or charges due to incorrect, outdated, or incomplete information that has been provided on this form.

Beginning in 2015, an individual may not make more than one non-taxable 60-day rollover from one IRA to another within each twelve month period. This limit applies to all types of IRAs including SEP, SIMPLE and Roth IRAs. By signing this form and instructing National Security to distribute funds as a non-taxable rollover, you are representing that you have not received a distribution from any other IRA in the preceding one-year period that was rolled over into an IRA.

Section 5 – (Optional) Additional Instructions Please use this section to note any additional information or instructions regarding the withdrawal.				
		ude title after signature (e.g. Trustee, Cus ure (e.g. POA, Attorney-in-Fact, etc.)	stodian, etc.). If signing	
Signature of Owner**	Date	Signature of Joint Owner**	Date	
Social Security Number of Contract Owner***		Daytime Phone Number		
Certification:				
partnership owned, that I am an authorized signatory of the trust, if any, our subsidiaries, agents, el Annuity Company, each of its subactions, controversies, charges, e in making the change requested a	authorized signatory thereof custodial account, corporati mployees and directors at all sidiaries, agents, employees xpenses and losses sustained above and release the same	this annuity contract or, if the contract is and that this request is being submitted ion or partnership. The above-signed here times to indemnify and hold harmless The and directors against any and all claims, d or incurred by National Security Life and from any liability arising from the execution.	in my capacity as an eby agrees, for ourselves, and, ne National Security Life and liabilities, damages, demands, d Annuity Company's actions on of this transaction.	
	enue Service that I am subje	ion provided on this form is true, correct, ct to withholding for under-reporting und		
$^\square$ Payment must be made to the α	contract owner(s). National S	Security is unable to pay or direct deposit	to a third-party account.	