



ADMINISTRATIVE OFFICE
PO BOX 11864
WINSTON-SALEM, NC 27116

OFFICE: 1-833-508-0404 (TOLL-FREE)
FAX: 1-336-759-3141

ANNUITY-REPETITIVE PAY OPTION FORM

Annuity Contract No. _____ **Annuitant/Participant** _____

Married Single Widowed Divorced –Please specify – Date _____ State _____

In accordance with the terms of the Annuity Contract, I hereby elect to withdraw:

<input type="checkbox"/> Specified Amount \$ _____ of my Accumulated Value.	<i>* Quarterly frequency must be chosen prior to 3/31. Semi Annual frequency must be chosen prior to 6/30</i>
Initial Distribution Date: _____/_____/_____	
Distribution Frequency: (Check one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annual <input type="checkbox"/> Annual <input type="checkbox"/> One Time	

<input type="checkbox"/> The Required Minimum Distribution (RMD).	<i>* Quarterly frequency must be chosen prior to 3/31. Semi Annual frequency must be chosen prior to 6/30</i>
Initial Distribution Date: _____/_____/_____	
Distribution Frequency: (Check one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annual <input type="checkbox"/> Annual <input type="checkbox"/> One Time	

A selection of either of the above options is considered a **Partial Withdrawal/Periodic Payment** of the Accumulated Value and you waive all benefits under the Annuity Contract applicable to the amount withdrawn.

Direct Deposit (ACH) to a Bank <small>Please allow 3-5 business days from the processing date to receive the funds in your bank account.</small> Note: Payments made via EFT/ACH to a party other than the owner are not permitted.
Bank Name _____
Bank account number _____
ABA routing number (To ensure accuracy, verify with your bank.) _____
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name of depositor on bank records (first, middle initial, last name) _____
<small>Upon signed receipt of this form and as a precaution, we will deposit a nominal (less than \$1.00) amount into the account above. Please monitor your account in the next 3-5 days and call the customer service number at the top of this form for verification of this nominal amount. Once verification is complete, all future payments will be sent via direct deposit.</small>
Please note: If no verification of this nominal amount is confirmed, the direct deposit will <u>NOT</u> be completed.

NOTICE OF WITHHOLDING OF WITHDRAWAL FROM TAX DEFERRED ANNUITIES

The withdrawal you receive from State Mutual Insurance Company may be subject to Federal Income Tax Withholding. Withholding will only apply to the portion of your withdrawal that can be includible as income and subject to Federal Income Tax.

You may be subject to penalties under the estimated tax payment rules if you elect not to have tax withheld and payments of estimated tax and other withholdings are not adequate to satisfy tax liability.

I elect:

- Not to have Federal income taxes withheld.
- To have 10% Federal income taxes withheld on the taxable portion of my distribution.
- To have more than 10% Federal income taxes withheld on the taxable portion of my distribution, as indicated below:
Other amount _____%

NOTE: IF NO SELECTION IS MADE ABOVE, A RATE OF 10% WILL BE WITHHELD FOR FEDERAL INCOME TAXES ON QUALIFIED/NON-QUALIFIED PLANS. FOR TSA PLANS, 20% WILL AUTOMATICALLY BE WITHHELD.

SPOUSAL CONSENT (If residing in a Community Property State – AZ, CA, GU, ID, LA, NV, NM, TX, WA, or WI:

- Not married

I, _____, Spouse Former Spouse of the owner of the above-reference policy, relinquish all of my rights to any interest which I may have in the policy, now or in the future, by virtue of the

Community Property Laws of the State or territory of _____

Signature of Owner's Spouse or Former Spouse

Spouse or Former Spouse's Name Printed

I have carefully read the request and agree that it is properly and fully completed. I understand that this request is subject to the provisions and conditions of the policy and that State Mutual Insurance Company may require additional information or requirements.

I certify that the policy is not pledged or assigned to any other person or corporation, and that no proceedings of bankruptcy or insolvency have been filed and are now pending against the undersigned.

Signature of Annuitant Participant and/or Owner

Date Signed

Address

Social Security No. (Required)