



1116 West Riverside Avenue, P.O. Box 1445, Spokane, WA 99210  
509-838-4235 • 800-541-5858 www.nclife.com

## ANNUITY WITHDRAWAL REQUEST

_____ Annuity Holder's Name	_____ Annuity Number
_____ Address	_____ Social Security Number <i>(required)</i>
_____ City or Town, State and ZIP Code	_____ Home Phone

### Amount Requested

- Total Withdrawal       Partial Withdrawal (specify amount) \_\_\_\_\_
- Minimum Life Expectancy Withdrawal Only

### **Withholding Election (Form W-4P)**

Please choose one

- Check here if you do not want any Federal income tax withheld from your pension or annuity withdrawal. You will still be liable for the payment of Federal income tax on the amount received.
- Withhold Federal income tax at a rate of \_\_\_\_\_%. (Not less than 10% of the amount withdrawn - **10% will be taken if no other box is marked**)
- Withhold Federal income tax of \$\_\_\_\_\_.

I certify that I am the proper party to receive payment(s) from this annuity and that all information provided by me is true and accurate. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Trustee or Custodian shall in no way be held responsible.

_____ <i>Signature of Annuitant/Owner</i>	_____ Date
_____ <i>Signature of Spouse-required in Community Property States</i>	_____ Date
_____ <i>Signature of Witness</i>	_____ Date