

Vantis Life Insurance Company
Vantis Life Insurance Company of New York

Administrative Office:

200 Day Hill Road, Windsor, CT 06095

P: 1-866-826-8471 ■ www.VantisLife.com

SYSTEMATIC DISTRIBUTION REQUEST FORM

♦ GENERAL INFORMATION (PLEASE PRINT)

Owner Name: _____	Contract Number: _____
Annuitant Name: _____	Phone Number: _____

♦ PAYMENT INFORMATION

Payment Frequency:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Annual
(Payments will be made monthly unless otherwise stated)				
Payment to Commence: _____				
Month	Year			
(All Payments are processed on the 1st of the Month)				

♦ DISTRIBUTION AMOUNT

<input type="checkbox"/> Current (Modal) Interest Earned.
<input type="checkbox"/> Specified Amount of \$ _____
<input type="checkbox"/> 10% Free Amount (Distributed equally over chosen payment mode)
<i>Note: Your check will be reduced by Federal and/or State Income Tax Withholding in accordance with your election on Page 2 and any applicable surrender charges.</i>

♦ MAILING ADDRESS

Mail Check:	<input type="checkbox"/> To the address on file	<input type="checkbox"/> Alternate Address	<input type="checkbox"/> Direct Deposit
Alternate Mailing Addressee:	_____		
Financial Institute Name:	_____		
Financial Institute Address:	_____		
Transit Routing Number: :	_____	:	Please contact your financial institution for correct information.
Account Number:	_____	Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Statement Savings

♦ TAX DISTRIBUTION TYPE

<input type="checkbox"/> Premature (Contract Owner under age 59 1/2)	<input type="checkbox"/> Normal Distribution (Contract Owner is at least age 59 1/2)	<input type="checkbox"/> Disability (Defined by IRC Section 72(m)(7))
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♦ **WITHHOLDING ELECTION**

YOU MUST COMPLETE THIS SECTION. WE MAY BE REQUIRED TO WITHHOLD TAXES EVEN IF YOU HAVE ELECTED OTHERWISE.

Federal Withholding Election (Choose One):

- I elect not to have Federal Income Tax withheld.
- I elect Federal withholding from this nonperiodic distribution at the rate of _____% (min. 10%) or amount of \$ _____.

State Withholding Election: Resident State _____ State specific forms may be required.

If you reside in IA, MA, ME, NE, OK, or VT - State Income Tax Withholding is required if Federal Tax is withheld.

If you reside in NC, OR - You must make an election or elect out of State Income Tax Withholding.

If you reside in CA, CT, IN, MD, MO, MT, NJ, NM, UT, WI - you may voluntarily elect State Income Tax Withholding.

Note: We do not withhold in states unless required. If you elect State withholding but fail to provide a dollar amount or percentage, we will withhold at a rate of 5.0%

State Withholding Election (Choose one):

- I elect not to have State Income Tax withheld.
- I elect State withholding from this nonperiodic distribution at the rate of _____% or amount of \$ _____.

♦ **DISCLOSURES AND SIGNATURES**

Note: Any person who knowingly and with intent to defraud any insurer or other person files a statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

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. Vantis Life is required to report all disbursements to the Internal Revenue Service. I have also been advised to consult with a tax professional regarding any possible tax consequences resulting from this transaction. I further certify that no tax advice has been given to me by the Issuer.

All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Issuer shall in no way be held responsible.

If I elected Direct Deposit of my distribution, I authorize Vantis Life to initiate credit entries, and if necessary, adjustments for any credit entries made in error to my account as indicated above. The privilege of receiving deposits under this plan may be revoked by Vantis Life if any deposit can not be made into the specified account. The deposits under this election may be discontinued by Vantis Life of the undersigned upon ten (10) days written notice. I understand that Vantis Life is relying on the information that I have provided on this form, and I further understand that Vantis Life will not be liable for any losses or charges due to incorrect, outdated, or incomplete information that has been provided on this form.

X	X	
Signature of Owner	Signature of Joint Owner (if applicable)	Date

X	<p>*As: <input type="checkbox"/> Power of Attorney ** <input type="checkbox"/> Conservator**</p> <p><input type="checkbox"/> Assignee <input type="checkbox"/> Irrevocable Beneficiary</p> <p style="text-align: center;">**Certified Copy of Appointment and Photo I.D. are required.</p>
Signature of Other Authorized Individual*	

	INTERNAL USE ONLY		
NAME OF AGENCY/BANK	PRODUCER #	BRANCH #	