## **Vantis Life Insurance Company**

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## www.VantisLife.com

## PERIODIC DISTRIBUTION REQUEST FORM

■ Non-Qualified Contract

**■** QUALIFIED CONTRACT OTHER THAN RMD'S

GENERAL INFORMATION  Owner Name:  Annuitant Name:		(PLEASE PRINT)  Contract Number: Phone Number:					
				Annuitizing Contract As: 📮 Annuitan	ıt 🖵 Be	neficiary (Please o	complete New Beneficiary Election)
				5			
New Beneficiary Election							
All Beneficiaries in one class will share equally, unless oth	nerwise stated Pleas	e complete all Reneficiany	(ies) information listed, helow				
Name: Addre		. – .	,				
			Split Percentage:				
Name: Addre							
	of Birth:						
	mary or		Split Percentage:				
Name: Addre	ess:						
	of Birth:	Social Security No.:					
Beneficiary Class: (Check One) ☐ Pri	mary or	☐ Contingent	Split Percentage:				
ANNUITY OPTION ELECTION							
Please choose only <u>One</u> option below:							
☐ Fixed Period of years ☐ Fixed A	mount (Gross) \$		☐ Life Only Income				
			•				
□ Life Income - 10 Years Guaranteed □ Life			Life Income - 20 Years Guarantee				
☐ Joint and Survivor Life Income ☐ Joint Li	Te Income - 2/3 t	o the Survivor 🚨 Jo	oint life income - 1/2 to the Survivor				
PAYMENT INFORMATION							
	•		Annual				
(Payments will be r	made monthly unless	otherwise stated.)					
Month Day	Year						
Mail Check: ☐ To the address on file ☐ Alt	ernate Address	☐ Direct Deposit					
Alternate Mailing Addressee:							
Financial Institute Name:							
Financial Institute Address:							
Transit Routing Number:  :	:	Please contact your fin	ancial institution for correct information.				
Account Number:	Type of	Account:   Checkii	ng 🛚 Statement Savings				

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• Withholding Election (Form W-4P)				
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 to have Federal withholding apply to this Periodic distribution.				
Marital Satus (check one): ☐ Single ☐ Married ☐ Married, but withhold at a higher single rate.				
Deduction Allowances: I would like an <u>additional</u> amount withheld of \$				
State Withholding Election: Resident State <u>State specific forms may be required.</u>				
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 these periodic distributions 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 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. I further certify that no tax advice has been given to me by Vantis Life. I understand Vantis Life is required to report all disbursements to the Internal Revenue Service. I further understand that I should consult with a tax professional regarding any tax questions that I have and possible tax consequences resulting from this transaction.				
I understand that after the Annuity Start Date and once Annuity Payments commence, this contract may not be surrendered for its cash value and the Annuity Payment Option or amount can not be altered.				
If I elected Direct Deposit of my Annuity Payments, 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 priviledge 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 or 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 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				
Signature of Annuitant Signature of Joint Annuitant (if applicable) Date				
X				
Signature of Owner				
*As: Power of Attorney ** Conservator**  Assignee Irrevocable Beneficiary  Beneficiary  **Certified Copy of Appointment and Photo I.D. are required.				
NAME OF PRODUCER # BRANCH # AGENCY/BANK				