

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

PERIODIC DISTRIBUTION REQUEST FORM

NON-QUALIFIED CONTRACT/QUALIFIED CONTRACT

OTHER THAN RMD'S

♦ **GENERAL INFORMATION (PLEASE PRINT)**

Owner Name: _____ Contract Number: _____
Annuitant Name: _____ Phone Number: _____
Annuitizing Contract As: Annuitant Beneficiary (Please complete New Beneficiary Election)

♦ **NEW BENEFICIARY ELECTION**

All Beneficiaries in one class will share equally, unless otherwise stated. Please complete all Beneficiary(ies) information listed below:

Name: _____	Address: _____			
Relationship to Annuitant: _____	Date of Birth: _____	Social Security No.: _____		
Beneficiary Class: (Check One)	<input type="checkbox"/> Primary	or	<input type="checkbox"/> Contingent	Split Percentage: _____
Name: _____	Address: _____			
Relationship to Annuitant: _____	Date of Birth: _____	Social Security No.: _____		
Beneficiary Class: (Check One)	<input type="checkbox"/> Primary	or	<input type="checkbox"/> Contingent	Split Percentage: _____
Name: _____	Address: _____			
Relationship to Annuitant: _____	Date of Birth: _____	Social Security No.: _____		
Beneficiary Class: (Check One)	<input type="checkbox"/> Primary	or	<input type="checkbox"/> Contingent	Split Percentage: _____

♦ **ANNUITY OPTION ELECTION**

Please choose only One option below:

- Fixed Period of _____ years Fixed Amount (Gross) \$ _____ Life Only Income
 Life Income - 10 Years Guaranteed Life Income - 15 Years Guaranteed Life Income - 20 Years Guaranteed
 Joint and Survivor Life Income Joint Life Income - 2/3 to the Survivor Joint Life Income - 1/2 to the Survivor

♦ **PAYMENT INFORMATION**

Payment Frequency: Monthly Quarterly Semi-Annual Annual
(Payments will be made monthly unless otherwise stated.)

Payment to Commence: _____
Month Day Year

Mail Check: To the address on file Alternate Address 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: Checking Statement Savings

♦ **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 Status (check one): Single Married Married, but withhold at a higher single rate.

Deduction Allowances: _____ I would like an additional amount withheld 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 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 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 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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Signature of Annuitant	Signature of Joint Annuitant (if applicable)	Date

Signature of Owner

Signature of Other Authorized Individual*

- *As: Power of Attorney ** Conservator**
 Assignee Irrevocable Beneficiary
 Beneficiary

**Certified Copy of Appointment and Photo I.D. are required.

NAME OF AGENCY/BANK	INTERNAL USE ONLY	PRODUCER #	BRANCH #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>