

Foresters Life Insurance and Annuity Company Annuity Systematic Withdrawal Request Form



INFORCE SERVICES DEPARTMENT . Raritan Plaza I, P.O. Box 7836 . Edison, New Jersey 08818-7836 . 1-800-832-7783 . www.forestersfinancial.com

Contract Number: _____
 Name Owner: _____
 Name of Annuitant: _____ (Phone#): _____
 Owner's Current Address: _____

Date Received at the
 Administrative
 office:

A. Please check one of the options below:

- I want to withdraw: \$ _____ **GROSS (Amount before withholding taxes)**
- I want to withdraw: \$ _____ **NET (Amount after withholding taxes)**
- I want to set up the RMD on a systematic basis.
- I want to establish Substantially Equal Periodic Payments (SEPP's) based on the **attached** 72T/72Q calculations.

Please note the minimum amount to set up a systematic withdrawal is \$100.00

B. Select the option that applies to your request:

- New request Additional systematic withdrawal Change to the existing systematic withdrawal

C. Select the frequency and date of the withdrawals:

- Monthly Quarterly Semi-Annually Annually

Beginning date: Month: _____ Day: _____ Year: _____

D. Check one of the options for delivery:

- To the address of record. To Foresters Financial Services Account #: _____
- Via Electronic Funds Transfer (EFT). **Please complete section E.**

E. Please complete this section if you wish the payment to be sent via EFT. (Attach a pre-printed voided check to this form) I /We hereby authorize Foresters Life Insurance and Annuity Company to electronically transfer funds via ACH to the bank account listed below. I/We understand that my/our instructions will become effective upon the bank's acceptance and verification of the electronic transmission.

Note: Ten business days are required to establish EFT privileges. A check will be mailed to the address of record if a distribution is scheduled before the EFT privilege is established.

Bank Information: Account Type: Checking Savings

Bank Account Owner(s) _____
 Bank Name _____
 Bank Phone # _____
 Bank Account # _____
 Bank Routing # (Confirm this information with a bank representative) _____
 Bank Street Address _____
 Bank City, State, Zip Code _____

Attach a pre-printed voided check, bank statement or deposit slip here.

ASW-IS (09/15)

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F. Authorization & Signature(s):

I understand and agree that systematic withdrawals will reduce the death benefit and may have tax consequences. I also understand that there are penalties for not paying enough tax during the year, through insufficient withholding or estimated tax payments. If I am under age 59 ½ I realize that my systematic withdrawals may be subject to a 10% tax penalty imposed by the Federal Government.

Check One:

- Do not withhold federal income tax on any taxable portion of payments.
- Withhold 15% federal income tax on any taxable portion of payments.
- Withhold \$_____ federal income tax from any taxable portion.

Under penalty of perjury, I certify (1) The number(s) listed below is the correct Social Security Number (SS#)/ Taxpayer Identification Number (TIN) and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or (c) the IRS has notified me that I am no longer subject to backup withholding. You must strike out (2) above if you are subject to backup withholding.



Signature of Owner #1

SS#

Date



Signature of Owner #2 (if any)

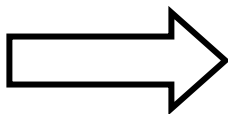
SS#

Date

*****Original signature (ink only) must be submitted. Copies and/or faxes are not acceptable*****

A Medallion Signature Guarantee and/or a Manager Signature Guarantee is required if the proceeds are being paid via EFT.

Affix Medallion Signature Guarantee here.
Stamps qualified for a specific date and/or individual or altered in any manner, may not be accepted.



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For FFS Reps Only: I certify that all signatures that require a signature guarantee in this form are genuine.

Reg. Rep #	Registered Representative's Name (print)	Registered Representative's Signature	Date
Reg. Rep #	Principal's Name (print)	Principal's Signature	Date