

**FULL, PARTIAL, OR SYSTEMATIC WITHDRAWAL**

American Savings Life Insurance Company

935 E. Main Street, Mesa, Arizona 85203-8849

Phone: (800) 880-2112 • Fax (480) 835-5355

www.AmericanSavingsLife.com

AMERICAN SAVINGS  
LIFE INSURANCE COMPANY

Annuity Contract Number: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Primary Owner SSN: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In accordance with the terms of the Annuity Contract, I hereby elect the following payout:

☐ **FULL SURRENDER**

I hereby cancel this contract and request payment of its Surrender Value as indicated above. Such payment is acknowledged as full settlement of any and all claims now pending and that no liens are outstanding against this account/contract/policy. Such a cancellation shall be effective immediately. I/We further represent that no bankruptcy proceedings filed by or against me/us are now pending and that no liens are outstanding against this contract.

Unless the surrendering company's contract is attached, I affirm that the contract has been lost or destroyed and that a reasonable effort has been made to locate it. To the best of my knowledge, no one else has any right, title or interest in the contract nor has it been assigned, pledged or encumbered.

☐ **ACCUMULATED INTEREST ONLY** (Distribution date will match the issue date)☐ **SPECIFIED AMOUNT \$** \_\_\_\_\_ **OR** \_\_\_\_\_ **%** ☐ **Gross** or ☐ **Net**

Gross is *before* indicated tax withholding & any surrender charge. Net is *after* indicated tax withholding & surrender charge.

**DISTRIBUTION FREQUENCY:** ☐ **Monthly** ☐ **Quarterly** ☐ **Semi-Annual** ☐ **Annual** ☐ **One-Time only**☐ **REQUIRED MINIMUM DISTRIBUTION (RMD)** from your Traditional IRA

Single Distribution Amount: \$ \_\_\_\_\_ (One-time only option)

Contact our ASL Home Office for  
your specific RMD amount.**Is there an American Savings Life surrender charge or penalty incurred with this withdrawal/surrender?**☐ No. ☐ Yes. If yes, the surrender charge/penalty amount deducted will be approximately: \_\_\_\_\_ %, \$ \_\_\_\_\_**PAYMENT PREFERENCE – BY DIRECT DEPOSIT OR BY CHECK**☐ **Check here if you prefer to receive payment by Check to your mailing address.**

Otherwise, American Savings Life will deposit your funds directly in your bank account using Electronic Funds Transfer (EFT). To expedite your request, your first payment may be sent to you by check.

Account Name (as it appears on the account)

Financial Institution Name

Routing Number (9-digits on bottom left of check)

Account Number (bottom center of check)

**If Checking - attach a voided check or documentation. If Savings - attach documentation.**

I hereby authorize American Savings Life Insurance company to initiate automatic deposits to my account at the financial institution named herein. Furthermore, I authorized American Savings Life Insurance Company to make withdrawals from this account in the event that a credit entry is made in error. Furthermore, I agree not to hold American savings Life Insurance Company responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution, or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until American Savings Life Insurance Company receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the company.

## TAX WITHHOLDING

The IRS requires that we withhold 10% Federal Income Tax from your payment unless you advise us otherwise. If you do not want us to withhold 10% of your payment, select one of the options below:

- ☐ **DO NOT** withhold Federal or State income taxes from my payment.
- ☐ Withhold \_\_\_\_\_% or \$\_\_\_\_\_ Federal income tax from my payment.
- ☐ Withhold \_\_\_\_\_% or \$\_\_\_\_\_ State income tax from my payment (not available in all states). State: \_\_\_\_\_

Please consult a tax advisor for more information on withholding requirements for your state.

Note: Whether or not taxes are withheld, you will be liable for payment of all applicable federal and state income taxes and the taxable portion of this distribution. You may also be subject to penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Withdrawals taken prior to age 59-1/2 may incur an additional 10% federal penalty for either Qualified & Non-Qualified annuities. Neither American Savings Life nor its producers/agents give tax or legal advice.

## AUTHORIZATION, CERTIFICATION, AND TAXPAYER IDENTIFICATION

Under penalties of perjury, I certify that:

1. My Social Security Number or taxpayer identification number shown on this form is correct;
2. I am not subject to backup withholding due to failure to report interest or dividend income;
3. I am a U.S. citizen or other U.S. person (as defined in the Internal Revenue Code); and
4. I am not subject to Foreign Account Tax Compliance Act (FATCA) reporting because I am a U.S. person and the account is located within the United States.

Certification Instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. If you are not a U.S. citizen or other U.S. person for tax purposes, please cross out certifications 3 and 4 and complete and return to us the appropriate IRS documentation. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholdings.

THE BELOW SIGNATURE(S) APPLY TO ALL OF THE ABOVE INDICATED APPLICABLE SECTIONS.

Owner Signature	Printed Name	Date
Joint Owner Signature (if applicable)	Printed Name	Date
Spousal Signature (if applicable) *	Printed Name	Date

\* Spousal signature is only applicable if the contract was issued in or the contract holder resides in AZ, CA, ID, LA, NM, NV, TX, WA, or WI. You understand and agree that the company may presume no community property interest exists if you have not obtained your spouse's signature. As a result, you agree to indemnify and hold the company harmless from any consequences as this relates.

## A NOTARY IS REQUIRED FOR ALL WITHDRAWALS OR SURRENDERS THAT ARE MORE THAN \$10,000

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared

\_\_\_\_\_ (name(s) of Owner Signer),  
whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that they signed the above document.

In witness whereof, I acknowledge and apply my official seal.

\_\_\_\_\_  
Notary Public