



Sagicor Life Insurance Company
4343 N. Scottsdale Rd., Suite 300
Scottsdale, Arizona 85251
Ph: (888) 724-4267 / Fax: (480) 425-5139

PERIODIC INTEREST WITHDRAWAL AUTHORIZATION

DESCRIPTION:

Use this form to:

- Request the periodic withdrawal of interest credited to your annuity contract.
- Restart periodic interest withdrawals.
- Change the fixed amount of the periodic withdrawal.

INSTRUCTIONS:

- Print clearly using blue or black ink.
- Cross-through, initial, and date any corrections or changes. Do not use correction fluid.
- Please refer to your contract for the specific terms and conditions regarding the changes requested on this form.
- Ensure that this form is completed fully and legibly, and signed by all necessary persons.
 - All Owners must sign this form.
 - If a legal representative is signing on behalf of the Owner, supporting legal documentation is required. The representative's title must be provided in the Acknowledgement section.
 - All trustees must sign this form if the policy is owned by a trust. Each trustee's title must be provided in the Acknowledgement section.
 - If the policy is owned by a corporation or other business entity, the authorized representative(s) must sign this form and a corporate resolution (or similar) must be attached. Each authorized representative's title must be provided in the Acknowledgement section.
 - If the policy is under assignment or has an irrevocable beneficiary, the assignee or irrevocable beneficiary must sign this form.
- Elections made using this form may have tax consequences. Contact your tax or legal advisor to discuss your specific needs.
- Payments will be made via Direct Deposit. Please also complete the Authorization for Direct Deposit Form for all new requests and requests to restart periodic interest withdrawals.
- Forward this form to Sagicor Life Insurance Company (Sagicor). Confirmation of change(s) will be sent to you for your records.



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POLICY INFORMATION			
Owner's Name (First, Middle, Last)			Contract Number
Annuitant's Name (If different from Owner)			Owner's Date of Birth
Owner's Address			Owner's Social Security Number
City	State	Zip	Owner's Preferred Phone Number

AUTHORIZATION

I hereby authorize Sagicor to withdraw and forward to me (the Owner): **(Check one.)**

All interest credited to the contract for the previous payment period (as elected below).

- Must result in payments of \$100.00 or more per payment period.
- Minimum requirements as stated in the contract must be met. Please see your contract for details.

The fixed amount of \$ _____ (minimum of \$100.00) each payment period (as elected below). The fixed amount will be reduced if the amount of interest actually credited falls below the amount selected. In that case, the actual interest credited will be paid. The fixed amount may be changed once each contract year, on the anniversary date, by completing a new Periodic Interest Withdrawal Authorization.

Note: Payments will begin no earlier than one payment period after the Issue Date.

Payment Period: *Select one to indicate the frequency with which interest will be withdrawn and forwarded to the Owner:*

Monthly Quarterly Semi-Annually Annually

Upon choosing this option:

- I understand periodic interest payments will continue until I notify Sagicor in writing to discontinue payments.
- During the Surrender Charge Period, if I choose to exercise the contract's 10% penalty-free withdrawal option (if applicable) the periodic interest payments will stop. Payments may begin again after the next contract anniversary, by completing a new Periodic Interest Withdrawal Authorization.

FEDERAL TAXPAYER IDENTIFICATION NUMBER CERTIFICATION (W-9)

Under penalties of perjury, I certify that:

(1) The tax identification number shown on this form is correct, and

(2) I am not subject to backup withholding either 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 as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

(3) I am a U.S. citizen or other U.S. person (defined in the W-9 instructions), and

(4) I am exempt from FATCA reporting.

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 and dividends on your tax return.


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TAX WITHHOLDING ELECTION

Your withholding election will remain in effect until it is revoked by you. Please consult your tax advisor, if needed, before making a withholding election.

We will withhold federal income taxes at a minimum rate of 10% of the taxable portion of the distribution and forward that amount to the Internal Revenue Service (IRS) on your behalf. Alternatively, you can elect not to have taxes withheld from the distribution. If federal withholding of less than 10% is requested or if no election is made, the distribution will be processed with 10% withholding.

In addition to federal income tax withholding requirements, state income tax, if applicable, will be withheld. Please note, there is no state income tax withholding for the following states: **AK, FL, NV, NH, SD, TN, TX, WA, WY**. In addition, Sagicor does not process state income tax withholding for the state of **NY**. For these states, Sagicor will not withhold state taxes even if you elect to do so. Choosing not to have either federal or state (if state is applicable) income taxes withheld may result in income tax liability when your taxes are filed. Consult your tax advisor for more information.

FEDERAL – If no election is made below, IRS regulations require federal income tax be withheld at the rate of 10% from your distribution. **(Check one.)**

- Option 1: Please **DO NOT** withhold Federal Income Tax from my distribution.
- Option 2: Please withhold Federal Income Tax. **(Check one.)**
 - _____ % (minimum 10%)
 - \$ _____ (dollar amount must be greater than 10% of the taxable amount)

STATE – **(Check one.)**

Please note:

- If state income tax withholding is mandatory based upon your address of record and you do not make an election or if your election is less than the state minimum rate, we will automatically withhold state income tax (if required) at the rate required by your state.
- If state income tax withholding is voluntary based upon your address of record and you do not make an election, we will not withhold state income taxes from your distribution.
- If your request results in a withholding amount that is less than the minimum amount your state will accept, we will not withhold state taxes from your distribution.

- Option 1: Please **DO NOT** withhold State Income Tax from my distribution.
- Option 2: Please withhold State Income Tax in the amount of \$ _____ or at a rate of _____ %.

ACKNOWLEDGEMENT

The following applies to each person signing this Request: The undersigned certify that no person, firm, or corporation other than the undersigned has/have an interest in this contract. There are no insolvency or bankruptcy proceedings that have been instituted or are pending against the undersigned. I hereby acknowledge that I have read and understand this Request in its entirety, and represent and certify that, to the best of my knowledge, the above information is correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature of Owner	Type or Print Name	Title	Date
Signature of Joint Owner <i>(if jointly owned)</i>	Type or Print Name	Title	Date
Signature of Irrevocable Beneficiary <i>(if applicable)</i>	Type or Print Name	Title	Date
Signature of Assignee <i>(if policy is assigned)</i>	Type or Print Name	Title	Date