Wichita National Life Insurance Company
Phone 800.522.1625
Fax 888.453.2290
Email WNL@wnlic.com

Request for Withdrawal

Contract Number	Annuitant	Owner (if other than Annuitant)

A withdrawal charge may be incurred if you choose to make a withdrawal. Withdrawal charges are subject to the conditions of your contract. Please refer to your contract for specifics. As with most financial transactions, withdrawals may have tax implications. We advise that you seek tax advice prior to any withdrawal.

If making a full or partial withdrawal from your annuity, for the purpose of a 1035 Exchange, Transfer, or Rollover, please contact your agent for additional forms and documentation.

Please choose from the following options:

☐ I request a Full Surrender of my annuity contract, subject to possible withdrawal charges as stated in the contract.

☐ I request the gross amount of $_____ to be withdrawn from my annuity contract, subject to possible withdrawal charges as stated in the contract.

☐ I request an amount to be withdrawn from my annuity contract, which, after possible withdrawal charges as stated in the contract, generates a net withdrawal in the amount of $_____.

☐ I request the maximum free withdrawal amount for the current contract year, per contract provisions.

☐ I request a recurring maximum free withdrawal amount for each contract year, per contract provisions, starting _____and occurring ☐Monthly ☐Quarterly ☐Semi-Annually ☐Annually.

☐ I request a recurring withdrawal of $_____ ☐Net ☐Gross, starting _____ and occurring ☐Monthly ☐Quarterly ☐Semi-Annually ☐Annually.

☐ I request a withdrawal of all interest earned to date.

☐ I request a recurring interest only * withdrawals starting _____ and occurring ☐Monthly ☐Quarterly ☐Semi-Annually ☐Annually.

*Please note that if this option is elected, the first withdrawal will include all interest earned to date.

Pay via (select one): ☐Check (mailed to Owner address of record) ☐EFT (complete the attached EFT form)

Tax Withholding

You must indicate if Federal/State income taxes should be withheld from your payment. State taxes will be withheld only if required by your state. Even if you elect not to have Federal/State income taxes withheld, you are liable for Federal/State income taxes on the taxable portion of your benefits. You may also be subject to tax penalties under the Estimated Tax Payment rules if your payments of estimated tax and withholding, if any, are not adequate. If no election is made, 10% Federal income tax will be withheld. Please consult your tax advisor for the proper withholding that applies to your situation.

Withhold Federal Taxes (select one): ☐No ☐Yes_____%

Withhold State Taxes (select one): ☐No ☐Yes_____%

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Signature

***Signature of Owner** **Date**

***Signature of Joint Owner (if applicable)** **Date**

***If trust, custodial, corporate, or partnership owned, must include a title after the signature (e.g., Trustee, Custodian, etc.). If signing pursuant to a power of attorney, must indicate this after signature (e.g., POA, Attorney-in-Fact, etc.).**

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Electronic Funds Transfer (EFT) Deposit Authorization

Contract Number	Annuitant	Owner (if other than Annuitant)

Accountholder Name
Account Type ☐ **Checking Account** ☐ **Savings Account**
Bank Name
Account Number
Routing Number (the 9-digit number at the bottom of your check)

To ensure accuracy, submit a voided check.

AUTHORIZATION

I authorize Wichita National Life Insurance Company to deposit any funds payable to me via electronic funds transfer.

***Signature of Owner** **Date**

***Signature of Joint Owner (if applicable)** **Date**

***If trust, custodial, corporate, or partnership owned, must include a title after the signature (e.g., Trustee, Custodian, etc.). If signing pursuant to a power of attorney, must indicate this after signature (e.g., POA, Attorney-in-Fact, etc.**