

SYSTEMATIC WITHDRAWAL REQUEST



Mail, Email or Fax completed form to:
 Pacific Guardian Life Insurance Company
 1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814
 Fax Number: (808) 942-1235 • Email: MYGA@pacificguardian.com

Contact us:
 Policyholder Service: (800) 367-5354
 ClientRelations@pacificguardian.com

Owner: _____

Joint Owner: _____

Owner SSN/Taxpayer ID: _____

Joint Owner SSN/Taxpayer ID: _____

Single Married Widowed Divorced - Please specify - Date: _____ State: _____

In accordance with the terms of the Annuity Contract, I hereby elect to withdraw: (check **ONE** of the following.)

<input type="checkbox"/> ACCUMULATED INTEREST ONLY (available only after free look period)	
Initial Distribution Date: _____	
Distribution Frequency: (Check one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annual <input type="checkbox"/> Annual	
The minimum withdrawal amount is \$100. If withdrawal does not meet the minimum, the frequency of payment will be changed automatically.	
<input type="checkbox"/> SPECIFIED AMOUNT \$ _____ OR _____ % OF MY ACCUMULATED VALUE <small>*Minimum remaining account value after withdrawal must be at least \$1,000.</small>	
Initial Distribution Date: _____	
Distribution Frequency: (Check one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annual <input type="checkbox"/> Annual	
<input type="checkbox"/> REQUIRED MINIMUM DISTRIBUTION (RMD)	
Initial Distribution Date: _____	Prior Year End Account Value*: <small>*For policies in 1st policy year</small>
Distribution Frequency: (Check one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	
How would you like your RMD calculated? Please select	
<input type="checkbox"/> Single life (based on the Uniform Distribution Table)	
<input type="checkbox"/> Joint life (your spouse must be your sole primary beneficiary and must be more than 10 years younger than you)	
Spouse's date of birth: _____	

A selection of any of the above options is considered a **Partial Withdrawal/Periodic Payment** of the Accumulated Value and you waive all benefits under the Annuity Contract applicable to the amount withdrawn

DIRECT DEPOSIT

To provide faster access to your money, Pacific Guardian Life can deposit your funds directly into your bank account using Electronic Funds Transfer (EFT). EFT may be available for all policies. Please provide the following instruction.

Check here if you prefer to receive payment by check to your mailing address. If so, please move on to the next section.

Account Name (as it appears on the account)	Bank Name
Routing Number (bottom left of check)	Account Number (bottom center of check)
Type of account: <input type="checkbox"/> Checking - Please attach a voided check for the listed account. <input type="checkbox"/> Savings To expedite your request, your first payment may be sent to you via check. If EFT is not available for your account, Pacific Guardian Life will continue to pay you by check.	

Please note: For your security we will mail a check for withdrawals greater than \$2,500. We will not allow address changes at time of withdrawal.

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, please select one of the options below.

- Do not withhold Federal or State income taxes from my payment
- Withhold _____% Federal income tax from my payment
- Withhold _____% State income tax from my payment

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.

CERTIFICATION OF 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 and initial 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 and initial 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.

Owner and/or Assignee(s) Signature(s) (required)	Title (if corporation or trust)	Date (mm/dd/yyyy)
Joint Owner and/or Assignee(s) Signature(s)	Date (mm/dd/yyyy)	Policy Number (if known)
All Irrevocable Beneficiaries	Name and Title	Date (mm/dd/yyyy)
Other Required Signatures (if any)	Name and Title	Date (mm/dd/yyyy)

MARITAL STATUS and CONSENT OF SPOUSE

Owner Marital Status (Select One)

- Single
- Married
- Widowed
- Divorced

Consent of spouse must be signed if the following conditions are present:

Community property state: You live in a community property state or jurisdiction (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin, Guam, and Puerto Rico), your spouse is living and your spouse is not the joint owner. Joint owners should both sign the Certification of Taxpayer Identification section.

Name of Spouse (First, Middle, Last)

Signature of Spouse

Date (mm/dd/yyyy)

ADDITIONAL INFORMATION