



CLC

Life Insurance

700 Taylor Road · Suite 280 · Gahanna, OH 43230-3320
614.944.4743 · 800.845.0494 · Fax: 614.944.4748

Request for Partial Withdrawal from an Annuity Contract

Policy Number		
Annuitant Name		Owner Name
Address		City
State	Zip	Phone

Distribution Direction

- Partial Withdrawal Amount of \$ _____ or _____ %
- RMD Amount provided by CLC or alternate amount \$ _____.
- Scheduled Withdrawal of \$ _____.
Pay Mode: ____ Monthly ____ Quarterly ____ Semiannually ____ Annually
- Interest Paid as Earned
Pay Mode: ____ Monthly ____ Quarterly ____ Semiannually ____ Annually

If applicable, surrender charges will be assessed according to contract provisions.

Federal Tax Withholding (IRS tax laws require withholding taxes for all transactions, unless you indicate otherwise)

- I elect not to have Federal Income Tax withheld
- I want the following amount or percentage withheld from my withdrawal
\$ _____ Or _____ %

Please Note: All withdrawals require an elected choice above. Federal Government mandates CLC automatically withhold 31% if selection above is not made. Withdrawals under age 59 ½ may result in a Federal penalty. Seek advice from a tax professional.

State Tax Withholding

- I elect not to have State Income Tax withheld
- I want the following amount or percentage withheld from my withdrawal
\$ _____ Or _____ %

Please Note: All withdrawals require an elected choice above. State tax will be submitted to the state of residence on file with CLC. The State of Michigan mandates CLC automatically withhold 4.25% if selection above is not made. Opting out may result in balance due on your MI-1040 as well as penalties and interest.

Payment(s): Check(s) will be made to the OWNER identified above and sent to the owner's address of record. Routine payments can also be made via direct deposit by attaching Direct Deposit Authorization Form (only available for amounts over \$50/month)

Form can be returned by mail, fax at the number above, or email society@theclc.org

Authorization

I have completed appropriate sections of this form and represent that all information is true and accurate.

Owner Signature

Date