



Annuities Request for Systematic Withdrawal Form

INSURER: **Fidelity & Guaranty Life Insurance Company**
Fidelity & Guaranty Life Insurance Company of New York
Overnight: 777 Research Drive, Lincoln, NE 68521
Standard: P.O. Box 81497, Lincoln, NE 68501-1497
Phone: 888.513.8797 Fax: 402.328.2266

Policy Number:	Owner:	Owner Taxpayer Identification Number (SSN, EIN, ITIN):
	Joint Owner:	Joint Owner Taxpayer Identification Number (SSN, EIN, ITIN):

Non-qualified only: If single owner, payment requests will be mailed to the owner at the address we have on file, unless a change of address is requested. If jointly owned, a check will be made payable to both owners and will be mailed to the first owner's address that we have on file, unless a change of address is requested.

Section 1 – Systematic Withdrawal Complete all applicable sections

CHECK ONE: (NOTE: Payments must be at least \$100 per modal period)

- ☐ **INTEREST ONLY** (Not available for Confidence Builder) – The payments with this option may vary depending on the number of days in the modal period and/or the interest crediting method (s) available for the specific annuity owned.
- ☐ **SPECIFIC DOLLAR AMOUNT** – I hereby request payments of a specific amount. If payment exceeds the free withdrawal amount specified in my policy, the withdrawal will be subject to Surrender Charges and any applicable Market Value Adjustment. **Specific Amount Requested:** \$ _____
- ☐ Maximum available without application of surrender charge and any applicable market value adjustment.

Please select one box: (If left blank, the GROSS amount will be processed)

- ☐ I request the **GROSS** amount to be paid. (Applicable deductions will be taken from the surrender amount requested.)
- ☐ I request the **NET** amount to be paid. (Applicable deductions will be taken from the remaining policy value to pay the entire surrender amount requested.)

PAYMENT FREQUENCY* *Not all policies are eligible for systematic withdrawals.*

Please select one box: ☐ Monthly ☐ Quarterly ☐ Semiannual ☐ Annual

Payment start date: ☐ Immediately ☐ Specified date: _____

Note: First payment must be at least one payment mode after policy issue date.

Payments may not:

- (a) begin prior to one modal period from the issue date,
- (b) conflict with the anniversary day of the contract, or
- (c) be sent monthly on the 29th, 30th or 31st.

If restricted dates are requested, the next available day after the day requested will become the payment date.

End Date: I elect to have my payments end on the date specified. If not elected, payments will continue until you notify us that you wish payments to stop. Specified End Date: _____

NOTE: If the address entered on the attached W-4 form is different than the address of record, this will be entered as an address change to your record. **The surrender of your policy will be processed 10 business days after address change.**



Annuities Request for Systematic Withdrawal Form

INSURER: **Fidelity & Guaranty Life Insurance Company**
Fidelity & Guaranty Life Insurance Company of New York
Overnight: 777 Research Drive, Lincoln, NE 68521
Standard: P.O. Box 81497, Lincoln, NE 68501-1497
Phone: 888.513.8797 Fax: 402.328.2266

Method of distribution:

- ☐ Check
- ☐ Electronic Funds Transfer (EFT) – If electronic funds transfer is selected, indicate account information below.
Select type of account and include routing and account number.
- ☐ Checking Account (include voided check with this form)
- ☐ Savings Account (include deposit slip with this form)

Routing number: _____ Account Number: _____

Section 2 – Notice of Tax and Withholding Election (must be completed)

The taxable portion of payments you receive from the Company may be subject to federal and/or state tax withholding, unless you elect not to have tax withheld and are eligible to do so. A distribution taken before age 59½ may be subject to a 10% federal tax penalty in the case of a qualified contract. Eligible rollover distributions (e.g., a distribution from a tax deferred annuity) are subject to a mandatory 20% federal withholding.

Federal Tax Withholding

If you are a US person residing in the US, then based on the Certification information below, you may elect not to have federal tax withheld from the payment. If you fail to make a valid, timely election, we will withhold at the default rate of 10% (20% in the case of an eligible rollover distribution). To make this election, or to request a different withholding amount, you must complete the attached **IRS Form W-4R** and return it to us before the payment is made to which the Form is intended to apply.

Your withholding choice will generally apply to any future payment from the same contract. Submit a new IRS Form W-4R if you want to change your choice.

If you are not a US person, or a US person residing outside the US, we will withhold as required by law. In the case of a non-US person, we will withhold federal tax at the rate of 30%, unless you provide us with the appropriate IRS Form W-8 (e.g., Form W-8BEN or Form W-8BEN-E) demonstrating your entitlement to a different or zero withholding rate.

State Tax Withholding

If you reside in the US, your state of residence may require or permit us to withhold state or local taxes. To the extent permissible by your residence state, you request that no state withholding apply or request a specific amount or percentage of withholding. Please indicate your choice:

- ☐ Do not withhold any state taxes (to the extent permissible)

Applicable state: _____

- ☐ Withhold state taxes at the following rate or amount:

_____ % or \$ _____ (to the extent permissible and subject to any minimums).

Applicable state: _____

Note: Some states may require you to use specific state forms. If you do not use the proper form or otherwise fail to properly communicate your withholding choice to us, we may have to withhold in accordance with state default withholding rules. It is your responsibility to determine any applicable state forms that may be required and to provide them to us. To assist you, please visit www.fglife.com/tax for a listing of where to find your state's taxing authority's website.*



Annuities Request for Systematic Withdrawal Form

INSURER: **Fidelity & Guaranty Life Insurance Company**
Fidelity & Guaranty Life Insurance Company of New York
Overnight: 777 Research Drive, Lincoln, NE 68521
Standard: P.O. Box 81497, Lincoln, NE 68501-1497
Phone: 888.513.8797 Fax: 402.328.2266

**State tax law and information is subject to change and interpretation. F&G cannot guarantee the accuracy or timeliness of state tax information.*

Questions. We recommend that you consult with a tax or financial advisor about federal and state withholding taxes and the options available to you. You may also talk to one of our policyholder service representatives, although they will not be able to provide tax advice.

Section 3 – Community Property States – AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI

If you RESIDE in one of the states listed above, or a community property interest exists otherwise, your spouse must consent to this transaction and sign below.

Spouse Consent:	Date:
Ex-Spouse Consent:	Date:

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that no such interest exists and assumes no responsibility for inquiry. The insured and/or policy owner signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

Section 4 – Tax Identification Certification (Substitute W-9)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding 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 (as defined in IRS Form W-9 instructions), and,
4. The FATCA code(s) (as defined in IRS Form W-9 instructions) entered on this form (if any) indicating that the Owner(s) is exempt from FATCA reporting is correct. Exemption from FATCA reporting code, (if any).

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



Annuities Request for Systematic Withdrawal Form

INSURER: **Fidelity & Guaranty Life Insurance Company**
Fidelity & Guaranty Life Insurance Company of New York
Overnight: 777 Research Drive, Lincoln, NE 68521
Standard: P.O. Box 81497, Lincoln, NE 68501-1497
Phone: 888.513.8797 Fax: 402.328.2266

SIGNATURE HERE (Physical signatures required, electronic signatures will not be accepted)

*Owner Signature (Please do not print):

*Date (MM/DD/YYYY):

Phone Number

*Title, if applicable:

☐ Trustee ☐ Attorney-in-Fact ☐ Conservator/guardian ☐ Other: _____

SIGNATURE HERE (Physical signatures required, electronic signatures will not be accepted)

*Joint Owner Signature (Please do not print):

*Date (MM/DD/YYYY):

Phone Number

*Title, if applicable:

☐ Trustee ☐ Attorney-in-Fact ☐ Conservator/guardian ☐ Other: _____

***Required to be completed (if applicable)**

***Date Signed must be within 60 days of receipt**

Signature Instructions:

Attorney-in-Fact	The attorney-in-fact must sign in capacity as "attorney-in-fact"; provide a copy of the entire power of attorney document, if not previously submitted
Corporation, LLC	Two Officers of the company or managing member of the LLC must sign with title and provide either a corporate or board of director's resolution, a copy of the Articles of Incorporation or operating agreement for the LLC. Officer 2, sign in Other Required Signature section
Guardian	The guardian must sign in capacity and provide a copy of the current guardianship document (e.g. John Doe, guardian)
Irrevocable Beneficiary	The irrevocable beneficiary must sign in the Other Required Signature section.
Partnership	All partners must sign with title, or the general or managing partner must sign with title. Two signatures required. Partner 2 sign in "Other Required Signature" section.
Trust	All trustee(s) must sign with title "trustee" according to the terms of the Trust Agreement
Spouse	See SECTION 4 for Community Property State Signature Requirements

NO AGENT IS AUTHORIZED TO ALTER THE TERMS OF THE CONTRACT OR BIND THE COMPANY.

General Instructions (*continued*)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can’t choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don’t give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate’s employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$65,000 without the payment. Step 1: Because your total income without the payment, \$65,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$85,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$61,000 without the payment. Step 1: Because your total income without the payment, \$61,000, is greater than \$26,925 but less than \$63,475, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$81,000, is

greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. The two rates differ. \$2,475 of the \$20,000 payment is in the lower bracket (\$63,475 less your total income of \$61,000 without the payment), and \$17,525 is in the higher bracket (\$20,000 less the \$2,475 that is in the lower bracket). Multiply \$2,475 by 12% to get \$297. Multiply \$17,525 by 22% to get \$3,856. The sum of these two amounts is \$4,153. This is the estimated tax on your payment. This amount corresponds to 21% of the \$20,000 payment (\$4,153 divided by \$20,000). Enter "21" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.