



National Life Insurance Company®
 Life Insurance Company of the Southwest®

**Request for Annuity Benefits
Under the Special Enhanced Life Income (S.E.L.I.)**

All Qualified Plans including TSA 403(b)/457 Annuities require your Plan Administrator's signature on this form prior to sending to Home Office.

A. Policy Information

Annuitant's Name: *(please print)* _____ Policy or Certificate No.: _____ Social Security No.: _____

Owner's Name: *(please print)* _____ Social Security No.: _____

Joint Owner Name: *(if applicable)* _____ Social Security No.: _____

Name of Person making request on behalf of Annuitant: _____

Mailing Address: *(Street, City, State & Zip Code)* _____ New Address?

Telephone No: () _____ Date of Birth: _____

B. Payment Options

If I qualify, I hereby request Life Income annuity payments from my LSW annuity under the Special Enhanced Life Income:

Payments are to start: *(mm/dd/yyyy)* _____ *The earliest available date will be selected, if a start date is not provided.*

Annuitization Instructions:

Please fully annuitize my annuity value. Please partially annuitize \$ _____ of my annuity value.

Annuity Payment Option:

This is a Life Income option, which allows for the following. Please select one:

Life Only; Life with 30 months; Life with 60 months; Life with 120 months.

Please provide a copy of your birth certificate, driver's license, military record or passport. The Start Date (Commencement Date) is the date We approve all proofs required.

Payment Frequency: Please select ONE payment frequency. Monthly Quarterly Semiannual Annual

C. Payout Instructions

- Direct Deposit to my Bank. *(Direct Deposit form required. Please allow 3 business days from the date selected for the direct deposit to be available.)*
- Directly to me as Owner. *(Please allow 10 business days for the check to be received from the date that the check is mailed.)*

D. Eligibility Requirements and Activities of Daily Living

The Policy must in force at least five (5) years from the issue date of the Policy.

The Eligibility Requirements for the Annuitant are as follows:

1. Annuitant must be a U.S. Resident.
2. The Annuitant must be at least fifty-five (55) years old and no more than ninety (90) years old on the Commencement Date, which is the date We approve all proofs required; if this date is on the 29th, 30th, or 31st of a month, the Commencement Date is the next business date on or following the subsequent 1st of the month.
3. We must received proof satisfactory to Us that the Annuitant is unable to perform, without Substantial Assistance from another individual, at least two (2) of the six (6) Activities of Daily Living (ADLs) defined below in this section. This inability to perform the ADLs must be due to a permanent loss of functional capacity, and should We choose to use an independent health care professional that person must agree and document that the loss is expected to be permanent.

In order to determine whether You are eligible:

1. We have the right to have the Annuitant examined by an independent health care professional contracted by Us to provide such services at Our expense, and We have the right to conduct an on-site assessment.
2. The Annuitant and/or the Annuitant's legally-qualified representative must cooperate with Us so that the independent health care professional can obtain satisfactory proof from the Annuitant, the Annuitant's physician(s), the Annuitant's care-giver(s), and/or persons familiar with the Annuitant's condition.

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3. We may require and We must be given access to the Annuitant's medical and/or care-giver records to obtain information about the Annuitant's condition.

After We have received all information We deem necessary, including information We request from You and all information We request or seek in the above three (3) instances, We will approve or deny Your request for Special Enhanced Life Income as soon as reasonably possible. Within ten (10) days of having received all necessary information, We will send You written notice of Our decisions or of Our need for additional time and the reason for that need. At the end of every subsequent forty-five (45) days, until We approve or deny Your request for Special Enhanced Life Income, We will send You notice of Our need for additional time and the reason for that need.

Activities of Daily Living (please check all boxes that apply):

- Bathing:** washing oneself by sponge bath or in either a tub or shower, including the tasks of getting into or out of the showers;
- Dressing:** putting on and taking off all items of clothing and any required braces, fasteners, or artificial limbs;
- Transferring:** moving into and out of a bed, chair or wheelchair;
- Toileting:** getting to and from the toilet, getting on and off the toilet, and performing related personal hygiene;
- Continence:** ability to maintain control of bowel and bladder function or, when not able to maintain control of bowel or bladder function, ability to perform related personal hygiene (including caring for catheter or colostomy bag);
- Eating:** feeding oneself by getting food into the body from a receptacle (such as a cup, plate or table) or by feeding tube or intravenously.

Without Substantial Assistance (please check all boxes that apply):

- Without the physical assistance of another person, the Annuitant would be unable to perform the Activity of Daily Living;
- The presence of another person within arm's reach of the Annuitant is necessary to prevent, by physical intervention, injury to the Annuitant which the Annuitant performs the Activity of Daily Living.

E. Withholding Instructions

Notice of withholding on distributions or withdrawals from your annuity: The distributions or withdrawals you receive from your annuity may be subject to federal income tax withholding. If any part of this distribution is taxable, we are required to withhold and report to the Internal Revenue Service. Withholding will only apply to the portion of your distribution or withdrawal that is includable as income on your tax return. Federal withholding of 20% of this distribution is required on annuities as part of a qualified plan and 10% for IRAs unless your distribution is (a) rolled over to another eligible qualified plan; (b) a trustee to trustee transfer; (c) a minimum required distribution. Only an IRA accountholder may elect not to have federal withholdings but if so elected, the IRA accountholder may be responsible for payment of estimated tax and may incur penalties under the estimated tax rules if the withholding and estimated tax payments are not sufficient.

Withholding Instructions: Please check one or more of the following boxes, if applicable.

- I elect to have state income tax withheld _____ % or \$ _____
- I do not want to have state income tax withheld unless state law so requires.
- I do not want federal income tax withheld on my IRA.

Important: IRS Form W4P is required for all owners and payees.

F. Tax and Other Potential Consequences of Withdrawals

If your Policy has any benefit riders, any withdrawals from your policy values may impact your benefits; refer to your Policy for details. Your withdrawal could be considered premature distributions, please contact your tax advisor for advice.

Guaranteed Lifetime Income Rider: Withdrawals before election of the benefit will proportionally reduce the Income Base which determines the future annual Guaranteed Withdrawal Payment (GWP). Withdrawals after the GWP has been elected are first applied towards the annual GWP amount. Any amount above the annual GWP is considered an Excess Withdrawal and will cause a proportional reduction in the future GWP. Excess Withdrawals may be subject to the Withdrawal Charges specified in the Policy.

Market Value Adjustment: If your Policy has a Market Value Adjustment (MVA), any withdrawal during the MVA period will have either a negative or positive MVA applied to the withdrawal amount.

Premature Distributions: To the extent a distribution is taxable, it may be subject to an additional 10% IRS premature distribution penalty as defined in IRC Sec.72(t). This penalty is increased to 25% in the case of certain premature distributions from SIMPLE IRA plans in the first 2 years of participation. Roth IRAs may be subject to a penalty in the first 5 years.

G. Limitation and Exclusions

The requirement of the need for Substantial Assistance shall not have been met if that need was:

1. Caused by any war or any act of war (whether declared or undeclared); or
2. Caused by participation in a felony, riot, or insurrections; or
3. Intentionally self-inflicted; or
4. Required as a result of alcoholism or drug addictions (unless the addiction was the result of administration of the drugs as part of a legitimate treatment by a licensed physician).

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If you chose to apply less than the full value of your annuity to provide a Special Enhanced Life Income, the annualized amount of the payments must be at least \$1000.00.

You agree that We must be notified in a timely fashion of the Annuitant's death and that the responsible individuals must return any payments made after the date of the Annuitant's death not guaranteed by the option chosen.

The Annuitant must be available in the United States prior to the Commencement Date and at least once every twelve (12) months following the Commencement Date to prove continued life status. If the annuitant is not available during this period, We will assume the Annuitant is not living and will stop payments after the guaranteed period, if any. If this happens and that Annuitant later proves his or her continued life status in the United States, We will pay any payments that were not made in a lump sum and commence subsequent payments.

By electing this option, you are not eligible to elect your Guaranteed Income Rider at a later date.

H. Signatures

W9: Under penalties of perjury, I hereby certify that: (1) the number shown on this application is my correct taxpayer identification number; (2) the IRS has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such withholding or I am exempt from such withholding; (3) I am a U.S. person (including a U.S. resident alien); and (4) I am exempt from FATCA reporting. *You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.*

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

Owner's Signature:

Date: (mm/dd/yyyy)

Joint Owner's Signature:

Date: (mm/dd/yyyy)

Spouse's Signature*:

Plan Administrator's Signature & Title:

† **To expedite, please obtain a Notary Signature for the Owner.
(Signature guaranteed acceptable)**

Personally appeared before me, _____,
known to me to be the person described in and who executed the forgoing
instrument, who acknowledges to me that he/she executed the same freely
and voluntarily and for the uses and purposes therein mentioned.
Witness my hand and official seal.

Notary Signature:

Date: (mm/dd/yyyy)

My commission expires _____, 20_____.

† *Notarized signatures are optional.*

* Your spouse's signature is required on any 403(b) policy covered by ERISA; and on all requests in the following states: AZ, CA, ID, LA, NM, NV, TX, WA, WI. If you have a change in marital status, you must provide a certified copy of the legal document (i.e. name change, divorce decree, death certificate).



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Request for Direct Deposit

Use this form to request direct deposit of annuity payments and withdrawals from your annuity to your checking or savings account on your behalf. If payments will go to a checking account, please attach a blank check on which you write "void". If payments will go to a savings account, please attach a blank withdrawal slip that includes an encoded routing number.

Note: Deposit slips are not acceptable for deposits to checking or savings accounts.

It takes 3 business days from the payment date for the direct deposit to be processed by the banking institution.

Annuity Payments:

1. It takes approximately 30 days to open, change, or discontinue a direct-deposit agreement. Therefore, the initial payment, or payment following a change may be made with a physical check.
2. If at some point in the future you change your mind or want the payments to go to a different institution, simply complete another request and send it to us.

Policy No.:

Policyowner:

Name of Institution:

Routing No.:

Address: *(Street, City, State & Zip Code)*

Checking account No.:

Saving account No.:

PLACE PREPRINTED VOIDED CHECK
OR
PREPRINTED SAVINGS WITHDRAWAL SLIP HERE
(PLEASE DO NOT USE STAPLES)

I authorize Life Insurance Company of the Southwest/National Life Insurance Company to deposit annuity payments or withdrawals directly into the above account and to debit my account for any deposit they have made in error.

Sign below exactly as your signature appears on the records of the Institution named above.

Policy Owner's Signature:

Date: *(mm/dd/yyyy)*

Please print your name:

Joint Owner Signature: *(if applicable)*

Date: *(mm/dd/yyyy)*

For Home Office Use Only:

Processed by:

Verified by:

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