

**ANNUITY PARTIAL
WITHDRAWAL FORM**
(FOR RMD USE FORM ET-2512)

EquiTrust Life Insurance Company®

7100 Westown Parkway, Suite 200
West Des Moines, Iowa 50266-2521
(866) 598-3692 Fax: (515) 226-5101

www.EquiTrust.com

Mailing Address: PO Box 14500
Des Moines, Iowa 50306-3500

This form is to request a Partial Withdrawal of less than 100% of the contract value.

1. OWNER INFORMATION – Please print

Contract Number	
Owner	Joint Owner (if any)
Social Security Number	Social Security Number
Contract Owner Telephone No. (REQUIRED)	Contract Joint Owner Telephone No. (REQUIRED)
Email Address	State(s) in Which Taxes are Filed (REQUIRED)

2. PARTIAL WITHDRAWAL REQUEST (Select only one option from this Section)

I understand that if the withdrawal(s) exceed my annual penalty-free amount, the appropriate surrender penalty and/or Market Value Adjustment (MVA) will apply. I further acknowledge that EquiTrust has made no representations that the above distribution will fulfill my specific tax obligations. Refer to the contract for additional information.

Per your contract, we may treat a partial withdrawal that causes your contract value to be less than \$2,000 as a full surrender.

Gross Amount \$ _____

Net Check Amount \$ _____

Penalty Free Amount

If your contract is set up on systematic withdrawals (including RMD or IBR withdrawals), please note by electing a Partial Withdrawal the Systematic Withdrawal will automatically be removed unless specifically requested to remain on the contract.

Please check if you elect your existing periodic distributions to remain active on this contract.

Note: To ensure prompt and accurate delivery, we recommend using Electronic Funds Transfer (EFT) for receipt of your distribution. An Automatic Deposit Authorization Agreement is attached for your convenience.

3. ACCOUNT ELECTION FOR DISTRIBUTIONS (OPTIONAL)

If you are requesting a distribution from an EquiTrust Index Annuity and would like us to take the distribution from a particular account or accounts, complete this section. The distribution will be taken on pro-rata basis from the account(s) selected below. Please note: If you do not complete this section, your partial withdrawal will be taken on a pro-rata basis from all allocated accounts.

Please indicate which account your distribution should be taken from: _____

4. CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), 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 U.S. resident for tax purposes.

NOTE: The IRS does not require your consent to any provision of this document other than the certification above.

5. TAX WITHHOLDING ELECTION (REQUIRED)

Federal Income Tax Withholding Information:

Federal withholding applies to the taxable portion of any payment made from your annuity contract. Your withholding rate is determined by the type of payment you receive.

Nonperiodic Payments:

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate apply by submitting **IRS Form W-4R** (*Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions*) and entering a rate between 1% and 100%. You may also choose to not have federal withholding apply.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by submitting **IRS Form W-4R**, but you may not choose a rate less than 20%.
- Generally, you can't choose federal withholding less than 10% for payments to be delivered outside the United States and its territories.

(select one option only):

- Do not withhold federal income tax from my payment.
- Withhold federal income tax at the applicable default rate of 10% or 20% as defined above.
- Withhold federal income tax based upon the submitted **Form W-4R**.
- Withhold at the rate of _____% or withhold the flat amount of \$_____
- You can access **Form W-4R** (*Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions*) [here](#) and on the IRS website at **IRS.gov**.

NOTE: If you do not make a proper withholding election with your request, we will withhold for federal income tax at the mandatory rate required under law. You may be able to claim a credit for any amounts withheld when you file your tax return with the IRS.

State Income Tax Withholding Information:

If you reside in the US, your state of residence may require or permit us to withhold state income tax. 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 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.

- If your state allows voluntary withholding, you may be able to choose a state withholding rate that differs from the default rate or you may choose not to have state withholding apply.
- No state tax withholding will be taken for states where withholding is not available.
- If your state requires withholding at an amount greater than that indicated below, we will withhold the amount required by your state.
- State specific tax withholding requirements are subject to change at any time. Please consult a tax preparer or your state Department of Revenue for more information.

(select one option only):

- Do not withhold state income tax from my payment (if allowed).
- Withhold state income tax at the default rate applicable for my state.
- Withhold state income tax at _____% (if allowed).
- Withhold state income tax for the flat dollar amount of \$_____ (if allowed)

Additional Withholding Information:

If you elect not to have withholding apply to your distribution, or if you do not have enough tax withheld, you may be responsible for payment of estimated tax. You may also be subject to tax penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Subject to specific exceptions under the Internal Revenue Code, any taxable distribution from an annuity contract prior to age 59½ may be subject to a 10% excise tax.

6. SIGNATURES

I understand that all changes are subject to the terms of my annuity contract and acceptance by the Company and that upon acceptance, changes become part of my annuity contract. I understand that the Company and its representatives cannot give legal, tax, or accounting advice and that I am solely responsible for all tax obligations arising from this transaction and for compliance with all applicable laws and regulations.

**EquiTrust reserves the right to validate client-provided information.
If you are signing on behalf of a policy owner, please include your title when signing.**

Owner Signature		Date
Joint Owner Signature (if any)		Date
Other Required Signature (if applicable)	Title (if applicable)	Date

Spouse signature is required if requesting withdrawals where community property laws are applicable. State jurisdictions with community property laws are Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

Unless EquiTrust has been notified of a community or marital property interest in this Contract, EquiTrust will rely on its good faith belief that no such interest exists and will assume no responsibility for inquiry.

**AUTOMATIC DEPOSIT
AUTHORIZATION AGREEMENT**

EquiTrust Life Insurance Company®

7100 Westown Parkway, Suite 200
West Des Moines, Iowa 50266-2521
(866) 598-3692 Fax: (515) 226-5101
www.EquiTrust.com
Mailing Address: PO Box 14500
Des Moines, Iowa 50306-3500

NOTE: Only one bank account may be on file per client. If automatic deposit is already established, use this form only to revise or update bank account information.

1. OWNER INFORMATION – Please print

Contract/Policy Number	
Owner	Joint Owner (if any)
Owner Social Security Number	Joint Owner Social Security Number
Owner Telephone No. (REQUIRED)	Joint Owner Telephone No. (REQUIRED)
Email Address	State(s) in Which Taxes are Filed (REQUIRED)

AGREEMENT

I hereby authorize EquiTrust to make direct deposits to my account and for the bank named below to accept these deposits. I also authorize EquiTrust to make withdrawals from this account if a credit entry is made in error.

This authority is to remain in force until EquiTrust has written notification from me of its termination in such time and in such manner as to afford EquiTrust a reasonable opportunity to act on it.

2. BANK ACCOUNT INFORMATION

Name of Bank Account Owner (as it appears on the account)		Name of Joint Bank Account Owner (as it appears on the account)	
Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Must be a checking or savings account. Money Market or Brokerage accounts are not accepted.			
Bank Name			
Street Address		City	State
Bank Routing Number (9 digits)		Bank Account Number	
SIGNATURE(S) (REQUIRED)			
Bank Account Owner Signature	Date	Joint Bank Account Owner Signature	Date
EquiTrust Owner Signature		EquiTrust Joint Owner Signature	

IMPORTANT NOTES

- Distributions greater than \$50,000 will be distributed via check.
- The electronic transfer of funds may take 2-3 business days to reach your account once funds are released from our office and is subject to your bank processing time.
- Lump Sum death claim elections are not eligible for automatic deposits.