



Annuities Request for Disbursement 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.

NOTE: This form may not be used for TSA/403(b) contracts. Please complete the Request for Disbursement Form - Tax Sheltered Annuities 403(b) – ADMIN5589.

Section 1 – Partial Withdrawal Complete this section and sections 3, 4 and 5.

CHECK ONE:

- ☐ Partial withdrawal of \$ _____ (Must be at least \$500) ☐ Immediately ☐ Specified Date: _____
- ☐ Maximum available without application of withdrawal charge and any applicable market value adjustment.

CHECK ONE: (If left blank, the GROSS amount will be processed)

- ☐ I request the **GROSS** amount to be paid. (The amount of withdrawal **BEFORE** taxes and/or penalties, if applicable, are deducted).
- ☐ I request the **NET** amount to be paid. (The amount of the withdrawal **AFTER** taxes and/or penalties, if applicable, are deducted.)

Method of distribution: (Select one of the following options. If no election is indicated a check will be mailed to you.)

- ☐ 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
- ☐ Savings Account

Routing number: _____ Account Number: _____

Section 2 – Full Surrender Complete this section and sections 3, 4 and 5.

- ☐ I hereby request the present cash surrender value of my policy listed above. I understand that Surrender Charges and any applicable Market Value Adjustment may apply. Method of distribution will be by check.

NOTE: If the address provided on the attached IRS Form W-4R form differs from the address of record, this will be entered as an address change to your record. For EFT payment mode, disbursement will be processed immediately. For check payment mode, processing will occur 10 business days after the address change.

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and Fidelity & Guaranty Life Insurance Company of New York



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Section 3 – 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 59 ½ 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-sheltered 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.

Your withholding election will generally remain in effect for subsequent payments of the same type under this contract. To modify your election, please submit a current year version **IRS Form W-4R**.

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.

Check ONE box below. If none of the boxes are checked or a current year IRS Form W-4R is not attached, I acknowledge that F&G will withhold the default rate of 10% (20% in the case of an eligible rollover distribution).

- ☐ **I DO NOT** want to withhold federal income tax.
- ☐ **I WANT TO** have federal income tax withheld at the default rate.
- ☐ **I HAVE** attached a current year **IRS Form W-4R** indicating a different withholding election than the above boxes.

The current year version of IRS Form W-4R can be obtained by visiting the IRS website (www.irs.gov/forms-instructions).

State Tax Withholding. If you reside in the US, your state of residence may require or permit us to withhold state or local taxes. Where permitted by your residence state, you may choose to have no state withholding applied or request a specific withholding amount or percentage.

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. If you reside in a state that has a withholding tax provision, please visit your state's taxing authority website for more information. Links to state websites are available on the following page – <http://www.fglife.com/tax>.

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: _____*

**State tax law and information are 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.

Once the funds are distributed to you, F&G will not accept a change of any federal or state withholding that is made from your payment.



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Section 4 – 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 5 – 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.



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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.

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