



SERVICE CENTER
PO Box 82550 / Lincoln, NE 68501
800-745-1112 / Fax 402-467-7335

**Guaranteed Lifetime Withdrawal Benefit (GLWB) Rider
Change and Withdrawal Request Form**

Policy Number _____ Name of Contact Person _____

Name of Annuitant _____ Phone Number _____

Name of Policyowner _____

SECTION 1: **Activate Accumulation Phase of GLWB Rider** – If this form is received at least five days prior to the contract monthly anniversary date, the activation will be effective and rider charges will begin being deducted upon the next monthly anniversary date. If not received at least 5 days in advance, the activation will be effective upon the following monthly anniversary. To elect this phase you must participate in an approved Investment Level Asset Allocation Model. If you are not currently participating in an approved model, you may make this election in Section 4 of this form.

Please elect one of the following:

- Single Life Option – You must be age 50 or older
- Joint Spousal Option for Non Qualified* – Youngest spouse must be age 50 or older
- Joint Spousal Option for Traditional IRA, Roth IRA, SEP IRA, Simple IRA** – Youngest spouse must be age 50 or older

Name of Spouse - Joint Spousal Option only _____ SS# of Spouse _____ Date of Birth of Spouse _____

I hereby represent to the best of my knowledge and belief that the information and election contained above are full, complete and true.

→

Spouse Signature _____ Date _____

* For Non Qualified: Spouse must be named Joint Annuitant/Owner and both spouses must be named primary beneficiary. Complete a Legal Service Request Form to make changes described, if necessary.

** For Traditional IRA, Roth IRA, SEP IRA, Simple IRA: Spouse must be named Primary Beneficiary. Complete a Legal Service Request Form to make changes described, if necessary.

SECTION 2a: **Activate Withdrawal Phase of GLWB Rider** – To elect this phase you must participate in an approved Investment Level Asset Allocation Model. If you are not currently participating in an approved model you may make this election on the following page.

The first withdrawal must be taken within 60 days of this election.

Please elect one of the following options if you are activating the Withdrawal Phase from the Inactive Phase of the GLWB rider.

(If you are activating the Withdrawal Phase from the Accumulation Phase, your option selection has already been completed.)

- Single Life Option – You must be age 50 or older
- Joint Spousal Option for Non Qualified* – Youngest spouse must be age 50 or older
- Joint Spousal Option for Traditional IRA, Roth IRA, SEP IRA, Simple IRA** – Youngest spouse must be age 50 or older

Name of Spouse - Joint Spousal Option only _____ SS# of Spouse _____ Date of Birth of Spouse _____

I hereby represent to the best of my knowledge and belief that the information and election contained above are full, complete and true.

→

Spouse Signature _____ Date _____

* For Non Qualified: Spouse must be named Joint Annuitant/Owner and both spouses must be named primary beneficiary. Complete a Legal Service Request Form to make changes described, if necessary.

** For Traditional IRA, Roth IRA, SEP IRA, Simple IRA: Spouse must be named Primary Beneficiary. Complete a Legal Service Request Form to make changes described, if necessary.

SECTION 2b: Begin Withdrawals by Electing a Withdrawal Option – (Proceeds will be withdrawn from portfolios on a pro-rata basis)

Lifetime Withdrawal Benefit Amount

- Systematic Withdrawal** (Note: If you request an unscheduled withdrawal, the systematic withdrawal will continue until the Lifetime Withdrawal Benefit Amount for the current contract year is depleted. The systematic withdrawal would then be automatically suspended to prevent an excess withdrawal, which may reduce future guaranteed benefits.)

Check one: Annual Semi-Annual Quarterly Monthly

Withdrawal Date: _____

Please allow 2-3 business days after withdrawal for check to be mailed or EFT to be deposited.

(Note: Withdrawal date cannot be the day of or the day prior to your monthly policy anniversary date and must be between the 1st and 28th of the month.)

- Partial Withdrawal** Withdrawal Amount: _____ (Gross)

Please note: Withdrawals in excess of the Lifetime Withdrawal Benefit Amount may reduce future guaranteed benefits.

SECTION 2c: **Required Minimum Distribution** Qualified Plans and IRAs ONLY Select one of the following options:

- I request the Required Minimum Distribution be made from this contract for this tax year ONLY.
- I request the Required Minimum Distribution be made from this contract in the following frequency:
 Check one: Annual Semi-Annual Quarterly Monthly

Withdrawal Date: _____

(Note: Withdrawal date can not be the day of or the day prior to your monthly anniversary date.)

- If Joint Life Method requested (spouse beneficiary more than 10 years younger), enter Spouse Date of Birth _____
- If your RMD is greater than your Lifetime Withdrawal Benefit Amount (LWBA), any remaining RMD balance for the current year will be distributed after your LWBA is satisfied.

SECTION 2d: Choose the Payment Method: Check Electronic Fund Transfer (EFT) - Attach voided check or complete the following:

Please Note: Systematic Withdrawals may be deposited into your bank account by EFT deposit with the completion of our Bank Authorization for Deposit form.

Bank Name/Branch _____

Bank Address _____ Bank Phone Number _____

ABA (Routing) Number _____ Account Type: Checking Savings

Name on Account _____ Account Number _____

SECTION 3: Tax Withholding

Elective Tax Withholding For IRA, Non-Qualified Annuity, Roth, SEP, and Simple Policies ONLY

You must indicate if Federal and/or State income tax should be withheld from your annuity payment by completing the election below. Withholding will only apply to the portion of your payment that is taxable.

Even if you elect not to have Federal Income Tax withheld, you are liable for payment of Federal Income Tax on the taxable portion of your annuity. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

(or)

DO DO NOT Withhold federal income tax from your payment Percentage _____%
 (Please indicate a percentage of 10% or greater. 10% will be withheld unless otherwise indicated.)

DO DO NOT Withhold state income tax from your payment Percentage _____%
 (Rates and requirements vary by state.)

Mandatory Withholding For Profit Sharing, Qualified Pension, Tax Sheltered Annuity, and 457 Plans Only

Not applicable to qualified plan distributions eligible for rollover.

- By checking this box, I understand that 20 percent Federal Income Tax will be withheld from my distribution. I understand that I have the right to consider whether or not to elect a direct rollover for 30 days following receipt of the special tax notice. I understand I may waive this right by checking this box, signing, and returning this form prior to the end of the 30 day period.

SECTION 4: Investment Level Asset Allocation Model Selection – Information regarding the funds and allocations for each model are contained in the asset allocation brochures. My signature acknowledges that I have received the brochure. I agree to a quarterly rebalance schedule for the model I have selected.

Please Note: If this request is received prior to close of the New York Stock Exchange (“NYSE”) (usually 3 p.m. Central Time), the transaction will be processed on that date; if later, it will be processed on the next day the NYSE is open.

Choose ONE of the Investment Level Asset Allocation Models below:

- Capital Growth Model
- Balanced Model
- Moderate Model
- Conservative Model

SECTION 5: Investment Advisory Agreement for Model Asset Allocation

In selecting to participate in the Model Asset Allocation program using the Asset Allocation tool, I understand:

- I am giving Ameritas Investment Corp. (“AIC”), an affiliate of Ameritas Life Insurance Corp. (“Ameritas”), discretionary authority to serve as my investment adviser for the program solely for purposes of developing asset allocation models and periodic updates to the models, and to instruct Ameritas to allocate my premiums and policy values pursuant to the model I select and any changes to the model by AIC. I am not retaining AIC as my investment adviser for any other financial planning purposes, unless agreed to expressly in writing. There is no additional charge for selecting the Model Asset Allocation program.
 - I must decide whether to participate in the program and which model is best for me. AIC will not make this decision for me. The Asset Allocation Questionnaire is only a tool to assist me. I may consult my own financial professional to help me.
 - If I ever direct Ameritas to allocate my premiums or policy value to portfolios not included in the models, I will no longer receive updates to the models and this limited advisory agreement will terminate.
 - AIC and Ameritas may be subject to competing interests that have the potential to influence AIC’s decision making with regard to the models, including revenue sharing from portfolios, and additional advisory fees and principal underwriting fees. These potential conflicts are disclosed in the Policy prospectus and AIC’s Form ADV Part II, which I acknowledge having received, and the Policy Statement of Additional Information, which I have the opportunity to obtain.
 - AIC or Ameritas may terminate or change its available asset allocation program(s) at any time.
 - This Agreement is effective upon receipt and approval by Ameritas and AIC of your election to participate.
- ❖ **Note: All Fee Authorization Agreements previously signed are revoked upon activating the rider.**

SECTION 6: Additional Instructions

SECTION 7: **Termination of the GLWB Rider** – I elect to terminate the GLWB rider from my policy. I understand that my election is irrevocable and I will NOT have the option to add the rider at a later date.

SECTION 8: Signatures

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 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.

→ _____ Policyowner Signature	_____ Social Security Number	_____ Date
→ _____ Joint Policyowner Signature	_____ Social Security Number	_____ Date
→ _____ Plan Trustee Signature and Title	_____ Social Security Number	_____ Date
→ _____ Spouse Signature***	_____ Social Security Number	_____ Date
→ _____ Witness Signature	_____ Date

*** Spouse’s signature required in community property states if distributing proceeds (AZ, CA, ID, LA, NV, NM, TX, WA, WI).
The spouse’s signature is required for distributions from TSA and other qualified plans subject to ERISA.