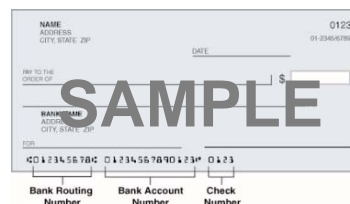


## Deferred Annuity Payment Request

Contract Number/Application ID			
<b>OWNER INFORMATION</b>			
Owner Name	Date of Birth	SSN/TIN	
Joint Owner Name <i>(if any)</i>	Date of Birth	SSN/TIN	
Annuitant(s) Name <i>(if different than owner)</i>			
Owner Street Address			
City	State	ZIP	Owner Phone Number
<b>PAYOR INFORMATION <i>(if different than owner)</i></b>			
Payor Name	Date of Birth	SSN/TIN	
Street Address			
City	State	ZIP	Phone Number
Country of Citizenship <input type="checkbox"/> United States <input type="checkbox"/> Other: _____			
<b>PREMIUM PAYMENT OPTIONS</b>			
Use this section to set up or change the method of premium payment from an owner (or payor) to a AAA Life deferred annuity.			
Premium Amount: _____ If this is a contribution to an IRA, please provide tax year: _____			
Payment Frequency <input type="checkbox"/> Single <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (EFT Only)			
<i>Select only one of the payment options below.</i>			
<input type="checkbox"/> <b>Electronic Funds Transfer (EFT)</b>			
Bank Name _____		Bank Account Number _____	
Bank Telephone Number _____		Bank Routing Number _____	
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
Payor/Account Holder's Name <i>(First Name, Middle Initial, Last Name)</i> _____			
Account Holder's Social Security Number _____			
<b>Attach Voided Check Here</b>			
<i>(Required for EFT)</i>			
Please note that deposit slips for savings accounts may not provide accurate direct deposit routing information and we do not accept starter checks.			
<input type="checkbox"/> <b>Check</b>			
<input type="checkbox"/> <b>Wire Transfer <i>(Only permitted on premium payments of \$75,000 or greater)</i></b>			
Name on Account	AAA Life Insurance Company		
Bank Name	JPMorgan Chase		
Bank Routing Number	021000021		
Bank Account Number	361267304		
For Benefit of:	Owner's Name (Last, First)		
	Annuitant's Name (Last, First)		
	Deposit Amount		
Owner's name (last, first) and annuitant's name (last, first) must be included in the "for benefit of" line visible on the wire transmittal to JPMorgan Chase bank to ensure the funds can be matched to the application.			



**ANNUITY WITHDRAWAL**

Use this section to request a one-time withdrawal, set up systematic withdrawals, or request a full surrender.

**TYPE OF WITHDRAWAL**

Select a reason below for the withdrawal from your annuity. All withdrawals are processed before withholding.

**One-Time Withdrawal** (*choose one*)

- I request that the amount \$ \_\_\_\_\_ or \_\_\_\_\_ % be withdrawn from my annuity
- I request that a Required Minimum Distribution (RMD) \$ \_\_\_\_\_ be withdrawn from my annuity

**Systematic Withdrawal**

Select frequency of payment (*choose one*)

- Monthly    Quarterly    Semi-Annually    Annually
- I request 10% of the accumulation value be withdrawn from my annuity
- I request that interest only be withdrawn from my annuity
- Beginning date and month of withdrawal \_\_\_\_\_

**Full Surrender**

Surrender the above contract for the accumulation value minus the appropriate surrender charge, if applicable.

- Transfer all funds to a new deferred annuity with AAA Life Insurance Company
- Transfer \$ \_\_\_\_\_ to a new deferred annuity with AAA Life Insurance Company and send the balance to the owner using the information above
- Send funds to the owner using the information on this form

**PAYMENT INSTRUCTIONS**

Select only one of the payment options below.

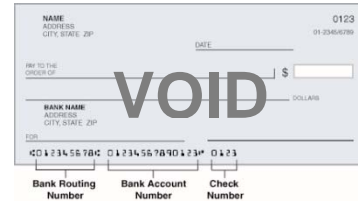
**Direct Deposit**

Bank Name \_\_\_\_\_ Bank Account Number \_\_\_\_\_  
 Bank Telephone Number \_\_\_\_\_ Bank Routing Number \_\_\_\_\_  
 Type of Account    Checking    Savings  
 Account Holder's Name (*First Name, Middle Initial, Last Name*) \_\_\_\_\_

**Attach Voided Check Here**

(*Required for direct deposit requests*)

If a voided check, deposit slip, or written confirmation from the bank is not attached, a check will be sent to the owner's address on record. Please note that deposit slips for savings accounts may not provide accurate direct deposit routing information and we do not accept starter checks.  
**Average transaction processing time is 7 days. Allow an additional 3 to 4 days to have funds deposited into your account.**



**Check**

**TAX WITHHOLDING**

**Federal Tax Withholding**

Check one of the following to indicate whether you wish to have federal income taxes withheld. If no box is checked, AAA Life Insurance Company is required to withhold 10% from the taxable portion of the distribution (excluding Roth IRAs).

- I elect NOT to have federal taxes withheld
- I want AAA Life Insurance Company to withhold federal taxes at the rate of \_\_\_\_\_ %  
(*Specify a whole number percentage between 10 and 99*)

**State Withholding** (*Excluding Michigan residents who must complete form MI W-4P*)

Check one of the following to indicate whether you wish to have state income taxes withheld. State tax withholding may apply even if you do not check a box below. Also, if your state has a minimum tax rate, we will withhold taxes at the greater of the minimum or the amount you specify below. Finally, some states do not allow state tax withholding. Refer to specific information concerning your state.

- I elect NOT to have state income taxes withheld
- I want AAA Life Insurance Company to withhold state taxes at the rate of \_\_\_\_\_ %

**AUTHORIZATION**

*I certify that as the owner of this annuity I am the rightful person to direct where payments are deposited or mailed. All information provided is true and accurate. I assume responsibility for any adverse tax consequences that may arise.*

Signature of Owner	Date
Signature of Joint Owner <i>(if any)</i>	Date
Signature of Payor <i>(if different than owner)</i>	Date