



HERMANN SONS LIFE

Annuity Contribution/Withdrawal Request Form

Date _____ Annuity No. _____

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone No. _____ Social Security No. _____

Please check one: Contribution (see Section 1) Withdrawal (see Section 2)

SECTION 1 - CONTRIBUTION REQUEST

Contribution amount: \$ _____ For prior year?* Yes No

* Prior year contributions only apply to IRA accounts and will only be accepted if received before the year's tax filing deadline (generally April 15).

Signature of Annuitant _____

SECTION 2 - WITHDRAWAL REQUEST

As of the current date, I elect **not** to have Federal income tax withheld. I understand I am still liable for any and all taxes and penalties incurred regarding these withdrawals.

Withhold Federal income tax at a rate of _____% (not less than 10% per IRS). I understand I am liable for any additional tax or penalty if I do not withhold enough.

PLEASE NOTE: If you do not elect to waive withholding or specify a percentage to be withheld, or if your election is not clear, we are required to withhold 10% from your request for Federal income tax.

Net Withdrawal Amount: \$ _____

I understand any Federal withholding requested above, as well as any applicable surrender charges from Hermann Sons Life as defined in my annuity contract, will be taken out of my account in addition to the requested Net Withdrawal Amount above. I also understand that any Federal withholding election above will be assessed on the total Net Withdrawal Amount requested regardless of how much of said withdrawal is subject to Federal income taxation.

Signature of Annuitant _____

Mail completed form to: Hermann Sons Life, P.O. Box 1941, San Antonio, TX 78297-1941.
Home Office Phone: 800-234-4124 or 210-226-9261 • Website: hermannsonslife.org