GAINBRIDGE
Issued by Gainbridge Life Insurance Company

www.gainbridge.io

Authorization for Annuity Withdrawal

1 Contract Information

Contract Number: _____ **Contract Owner Name:** _____

2 Payment Information

(Choose only one)

☐ **1st-year Free Withdrawal**
- The free withdrawal amount in year 1 is calculated based on your premium

☐ **Free Withdrawal**
- The free withdrawal amount is calculated based on the contract year:

☐ **Specific Amount $** _____ *Not to exceed the 10% penalty-free amount

☐ **Interest Earned**
- The payment amount will equal the interest credited to your contract between the payment frequencies.
- The payment will vary based on the number of days in the payment period.
- Initial payment will equal all interest accrued from the later of the contract anniversary or last withdrawal.

☐ **Full Account Value at End of Guaranteed Period**
- Available at the end of the contract term only

☐ **Required Minimum Distribution**

3 Tax Withholding

IMPORTANT TAXPAYER INFORMATION
I understand that if there is a reportable distribution due to the withdrawal, it will be reported to the Internal Revenue Service (IRS) for the calendar year the withdrawal is made. For tax-related questions, please consult with your tax advisor.

If no election is made below, applicable tax minimums will be withheld:

Federal Income Tax Withholding
Would you like federal income tax withheld from your withdrawal?
☐ Yes, withhold $_____or _____% of the taxable amount.
☐ No, do not withhold federal income tax.

If no election is made below, applicable tax minimums will be withheld:

State Income Tax Withholding
Would you like state income tax withheld from your withdrawal?
☐ Yes, withhold $_____or _____% of the taxable amount.
☐ No, do not withhold state income tax.

- In some states, state income tax withholding is mandatory when federal income taxes have been withheld. If you elect a specific state withholding amount or percentage, we will process according to your instructions.

4 Direct Deposit Instructions

Please use the direct deposit/ACH banking information on file, bank account ending in _____, to process this request. **Do not list your bank routing number.**

*I hereby authorize credit entries to the account in the depository institution referenced above, and I authorize this depository institution to accept entries to the account. If funds to which I am not entitled are deposited into this account, I authorize you to direct the bank to return said funds.

5 Signatures

The following statement is required by the IRS: Under penalty of perjury, I certify that the number shown on this form is my correct social security number (SSN) or taxpayer ID number and I am not subject to backup withholding. I certify that I am not under guardianship, nor have I made an assignment, pledge, or execute any document affecting ownership or right to any monies due or to become due under this contract, and further that no proceedings in bankruptcy are pending to which I am a party.

This form dated at_____on the_____day of_____, 20____.
City/State

_____ _____ _____
Signature of Owner | Account Owner's Taxpayer ID Number | Owner's Telephone Number

Release of Interest: Required if the owner lives in a community property state (AZ, CA, ID, LA, NM, TX, WA, and WI)

I, _____, spouse of the above-mentioned owner, release all rights, title, and interest which I may have in this policy now or in the future, by virtue of the Community Property Laws of the State of _____.

_____ _____
Signature of Spouse | Date