



# Request for Annuitization

This form is to be used with annuitization of deferred annuities only.  
For other annuity contract changes, complete an annuity application.

17900 N. Laurel Park Dr.  
Livonia, MI 48152  
(800) 624-1662  
Fax (866) 494-3254

OWNER INFORMATION		
Owner Full Legal Name (First, Middle, Last)		<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number	Date of Birth	Phone
JOINT OWNER INFORMATION		
Joint Owner Full Legal Name (First, Middle, Last)		<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number	Date of Birth	Phone
ANNUITANT INFORMATION (if different than Owner)		
Annuitant Full Legal Name (First, Middle, Last)		<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number	Date of Birth	Phone
JOINT ANNUITANT INFORMATION (if different than Joint Owner)		
Joint Annuitant Full Legal Name (First, Middle, Last)		<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number	Date of Birth	Phone
ANNUITY INFORMATION		
Existing Deferred Annuity Contract Number	Type of Annuity ( <i>Select One</i> ): <input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified	
Payout Option ( <i>Select One</i> )		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>1. <input type="checkbox"/> Fixed Payout \$ _____</p> <p>2. <input type="checkbox"/> Period Certain: Number of Years _____</p> <p>3. <input type="checkbox"/> Life Income Option</p> <p style="margin-left: 20px;">If selected, indicate the payout guarantee period:</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Life Only  <input type="checkbox"/> 5 years certain  <input type="checkbox"/> 10 years certain  <input type="checkbox"/> 15 years certain  <input type="checkbox"/> 20 years certain  <input type="checkbox"/> 25 years certain  <input type="checkbox"/> 30 years certain           </p> </div> <div style="width: 48%;"> <p>4. <input type="checkbox"/> Joint Life Income Option</p> <p style="margin-left: 20px;">If selected, indicate percentage to survivor after either annuitant's death:</p> <p style="margin-left: 40px;"> <input type="checkbox"/> 100%    <input type="checkbox"/> 66%    <input type="checkbox"/> 50%           </p> <p style="margin-left: 20px;">If selected, indicate the payout guarantee period:</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Life Only  <input type="checkbox"/> 5 years certain  <input type="checkbox"/> 10 years certain  <input type="checkbox"/> 15 years certain  <input type="checkbox"/> 20 years certain  <input type="checkbox"/> 25 years certain  <input type="checkbox"/> 30 years certain           </p> </div> </div>		
Payment Information		
Frequency ( <i>Select One</i> ): <i>Payment must be at least \$100</i> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	Annuitization ( <i>Select One</i> ): <input type="checkbox"/> Annuitize the entire existing annuity contract <input type="checkbox"/> Annuitize a portion of the existing annuity contract. Amount to annuitize: \$ _____ or _____ %	
Provide Payment To ( <i>Select One</i> )		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>1. <input type="checkbox"/> Direct deposit payments to my:</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Checking Account <b>or</b>  <input type="checkbox"/> Savings Account           </p> <p style="margin-left: 20px;"><i>(Attach a savings deposit slip or check marked "void")</i></p> <p>Account Holder Name: _____</p> <p>Routing Number: _____</p> <p>Account Number: _____</p> </div> <div style="width: 48%;"> <p>2. <input type="checkbox"/> Mail payments to the <b>OWNER'S</b> address: <i>(Please provide the address below for verification purposes.)</i></p> <p>Street Address: _____</p> <p>City: _____</p> <p>State: _____ Zip Code: _____</p> </div> </div>		



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## TAX WITHHOLDING INFORMATION

**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 gross amount of a lump sum distribution. Where no box is checked with respect to a periodic payment, withholding shall be determined by treating you as a married individual claiming 3 withholding exemptions.

- I elect **NOT** to have federal income taxes withheld
- I want AAA Life to withhold federal income taxes at the rate of \_\_\_\_\_% (*Specify a whole number*)

**STATE TAX WITHHOLDING:** 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. Some states do not allow state tax withholding.

- I elect **NOT** to have state income taxes withheld
- I want AAA Life to withhold state income taxes at the rate of \_\_\_\_\_% (*Specify a whole number*)

## SIGNATURES

I certify that I am the proper person to receive annuitization payments from this deferred annuity and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by AAA Life Insurance Company or any of its representatives. All decisions regarding this annuitization are my own. I understand that I have thirty (30) days from the time I receive the single premium annuity contract to cancel or revise my payments. If I cancel payments within thirty (30) days, the single premium annuity contract will be void and my annuity will revert to deferred status.

I understand that the single premium annuity contract is inflexible. I cannot change the annuitant since the payments were calculated based on the annuitant's personal information. In accordance with this contract, AAA Life is obligated to provide me with payments as reflected on the Schedule Page of the contract.

**Other than within the first thirty (30) days, the single premium annuity contract that AAA Life issues to me to satisfy my annuitization request cannot be cancelled or surrendered for cash value. Further, payments cannot be accelerated, nor can I change the frequency or amount of payments.**

Signature of Owner		Date	Signature of Joint Owner		Date
Printed Agent Name (if applicable)	Split %	Agent Number	Printed Agent Name (if applicable)	Split %	Agent Number