



American Century Life Insurance Company of Texas

1333 W. McDermott Dr., Suite 150

Allen, TX 75013

Phone (855) 966-1111

Fax (855) 855-0181

Annuity Withdrawal Form

Policy Information

Annuitant Name: _____ Policy #: _____

Owner Name: _____ Owner SSN: _____

Owner Address: _____ City: _____ State: _____ Zip: _____

(your check will be mailed to this address unless otherwise requested)

Withdrawal Requested

I, the undersigned Owner(s), request a withdrawal under the provisions of the subject contract. I understand the contract provisions regarding early withdrawal charges.

SELECT ONE OPTION ONLY

Partial Withdrawal \$ _____ (gross amount before any charges or withholding, if any)

Complete Cash Surrender. Checks will be mailed to above address.

Monthly Interest Withdrawal

The first payment will be made the month following our receipt of this request. The payment will be made on the same day of the month as the Effective Date of the policy. If you are electing systematic withdrawals, the following should be noted:

1. The monthly interest amount will fluctuate according to the number of days in the month.
2. Your policy must be in force one full month before your interest payments will begin.
3. Minimum monthly payment of \$100.00 is required.

Authorization for Direct Deposit

(Attach a Voided Check)

Account Owner: _____ Account Owner SSN: _____

Bank Name: _____ Account Type: _____ Checking _____ Savings _____

Routing Number: _____ Account Number: _____

Bank Address: _____ City, State, Zip: _____

Branch: _____ Bank Phone #: _____



American Century Life Insurance Company of Texas

1333 W. McDermott Dr., Suite 150

Allen, TX 75013

Phone (855) 966-1111

Fax (855) 855-0181

Withholding

Please answer the following tax withholding questions. Unless you check “No” for federal taxes, we are required to withhold a minimum of 10% of the taxable amount.

Listed below is the required Certification regarding your tax ID number and backup withholding for Federal Income Tax. If you do not complete the Certification, we must withhold 31% of the amount subject to Federal Income Taxes.

I **DO NOT** want Federal Income Tax withheld.

I **DO** want to have Federal Income Tax withheld. Taxes will be withheld at a rate of ten percent (10%), unless a higher percentage is indicated here _____.

You and the Internal Revenue Service will be provided with a 1099-R form after the close of the calendar year. A withdrawal of any type, prior to age 59 ½, may subject you to an IRS Penalty Tax.

Taxpayer ID Number & Certification
(Substitute IRS Form W-9)

This Certification must be completed and signed by the listed Owner of the Annuity identified above. If you do not provide your tax identification number, we are required to withhold 31% of the taxable amount distributed. If you do not complete the Certification or if we are so notified by the Internal Revenue Service, we must withhold 31% of the amount subject to Federal Income Taxes.

1. Taxpayer Identification Number

Enter your taxpayer identification number in the appropriate box. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer tax identification number. If you do not have a number, see IRS form W-9.

SSN: _____ OR Employer Tax ID: _____

2. Certification (Please check those items below that are true)

Under penalties of perjury, I certify that:

a. 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

b. I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or the IRS has notified me that I am no longer subject to backup withholding.

c. The Payee must be a U.S. person.

Certification Instructions – DO NOT check item 2b if you have been notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return.

Note: If requirements on this form are not completed, we will not be able to process your request.

Signatures
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

_____	_____	_____
Owner Name	Owner Signature	Date
_____	_____	_____
Spouse Name	Spouse Signature	Date