

## Annuity Withdrawal Service Form

Owner's Name_			Owner's Date of	Birth
Contract # Social Security #		5		3874-3507 1 110
Phone # ( )		2000 Opt.		
Address				
	Street	City	5	State Zip
	ompleted pages 1 & 2 to AAA I lace with your important Annu			essing. After reading
Surrender charg charge period.	es may apply if more than 10%	is withdrawn p	er contract year dui	ring the surrender
Reason for With	hdrawal – Choose One:			
	al Distribution, age 59 15 or olde			
	Distribution, under age 59 1/2 (pc	ssible tax cons	equences)	
	ility, under age 59 ½			
	bution due to death			
☐ Distri	bution from a Rollover IRA to a	qualified plan		
Withdrawal Ins	tructions - Choose One:			
□ I requ	est 10% of the Accumulation Va	due be withdray	vn from my Annuity	f.
	est that interest only be withdraw			
	est that the amount of S my Annuity	or	% be withd	rawin
Additional Info	rmation Needed for Systematic	Withdrawals	ONLY	
	requency of Payment - Choose			
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□ Begin	ning Date and Month of Paymen			
□ I woul	d like to receive funds on or abo	ut the	(date)	
	note that we are unable to guas e do not control.	rantee an absol	ute date due to circi	amstances
Full Surrender				
Surrende applicab	er the above contract for the Acci le:	amulation Valu	e minus the appropri	iate surrender charge if
	all funds to the owner (above) at			
	fer all funds to a new Annuity w			
	fer Sto a new	Annuity with A	AAA Life Insurance	Company
and s	end the balance to me			

# **Aaa Auto Insurance Declaration Page**

**Kathleen Armour** 

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