



THE SAVINGS BANK LIFE INSURANCE COMPANY
 200 DAY HILL ROAD, WINDSOR, CT 06095
 1-800-252-7254 ■ WWW.SBLI4LIFE.COM

PERIODIC DISTRIBUTION REQUEST FORM

- NON-QUALIFIED CONTRACTS
- QUALIFIED CONTRACTS OTHER THAN RMD'S

♦ GENERAL INFORMATION

Name of Annuitant: _____ Social Security #: _____

Name of Owner: _____ Type of Annuity: Qualified
 Non-Qualified

SBLI Annuity Contract Number: _____

Annuitizing Contract As: Annuitant Beneficiary (Please complete Beneficiary Election)

♦ BENEFICIARY ELECTION

All Beneficiaries in one class will share equally, unless otherwise stated. Please complete all Beneficiary(ies) information listed below:

Name: _____	Address: _____		
Relationship to Annuitant: _____	Date of Birth: _____	Social Security No.: _____	
Beneficiary Class: (Check One)	<input type="checkbox"/> Primary	or	<input type="checkbox"/> Contingent
			Split Percentage: _____

Name: _____	Address: _____		
Relationship to Annuitant: _____	Date of Birth: _____	Social Security No.: _____	
Beneficiary Class: (Check One)	<input type="checkbox"/> Primary	or	<input type="checkbox"/> Contingent
			Split Percentage: _____

Name: _____	Address: _____		
Relationship to Annuitant: _____	Date of Birth: _____	Social Security No.: _____	
Beneficiary Class: (Check One)	<input type="checkbox"/> Primary	or	<input type="checkbox"/> Contingent
			Split Percentage: _____

♦ ANNUITY OPTION ELECTION

Please choose only One option below:

<input type="checkbox"/> Fixed Period of _____ years	<input type="checkbox"/> Fixed Amount (Gross) \$ _____
<input type="checkbox"/> Life Income	<input type="checkbox"/> Life Income with 10 Years Guaranteed
<input type="checkbox"/> Life Income with 15 Years Guaranteed	<input type="checkbox"/> Life Income with 20 Years Guaranteed
<input type="checkbox"/> Joint and Survivor Life Income	<input type="checkbox"/> Joint Life Income with 2/3 to the Survivor
<input type="checkbox"/> Joint Life Income with 1/2 to the Survivor	

♦ PAYMENT INFORMATION

Payment Frequency: Monthly Quarterly Semi-Annual Annual
 Payments will be made monthly unless otherwise stated.

Payment to Commence: _____
 Month Day Year

Payment Address Information: Mail check to the address on file
 Mail check to special address below:

Bank Name or Alternate Mailing Addressee: _____

Attn: _____

Address(Street, City, State, Zip): _____

Bank Account Number: _____ Type of Account: Checking Savings

♦ **WITHHOLDING ELECTION (FORM W-4P)**

Federal Withholding Election (Choose One):

- I elect not to have Federal Income Tax withheld.
- I elect to have Federal withholding apply to this Periodic distribution.
Enter number of Deduction Allowances: _____

Marital Status (check one): Single Married Married, but withhold at a higher single rate.

- I would like an additional amount withheld of \$ _____.

Note: You can not enter an amount here without entering the number of allowances.

State Withholding Election:

Resident State _____

Connecticut State Withholding Election (Choose one):

- I elect not to have State Income Tax withheld.
- I elect to have State withholding apply to this non-periodic distribution at the rate of _____%
or \$_____ from the taxable amount withdrawn.

For all other resident states, VantisLife will determine and withhold the required State Income Tax on taxable amount withdrawn.

♦ **DISCLOSURES AND SIGNATURES**

I certify that I am the proper party to receive payment(s) from this Annuity and that all information provided by me is true and accurate. SBLI is required to report all disbursements to the Internal Revenue Service. I have received a copy of the withholding notice information (Form W-4P/OMB No. 1545-0415). I have also been advised to consult with a tax professional regarding any possible tax consequences resulting from this transaction. I further certify that no tax advice has been given to me by the Issuer.

I understand that after the Annuity Start Date and once Annuity Payments commence, this contract may not be surrendered for its cash value and the Annuity Payment Option or amount can not be altered.

Any person who knowingly and with intent to defraud any insurer or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signature of Annuitant

Signature of Joint Annuitant (if applicable)

Date

Signature of Owner

- As**:
- Power of Attorney
 - Conservator
 - Assignee
 - Irrevocable Beneficiary
 - Beneficiary
- **Certified Copy of Appointment and Photo I.D. are required.

Signature of Other Authorized Individual

NAME OF AGENCY/BANK <input style="width: 90%;" type="text"/>	INTERNAL USE ONLY	PRODUCER # <input style="width: 90%;" type="text"/>	BRANCH # <input style="width: 90%;" type="text"/>
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