

Vantis Life Insurance Company

200 Day Hill Road, Windsor, CT 06095

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www.VantisLife.com

PERIODIC DISTRIBUTION REQUEST FORM

⇒ NON-QUALIFIED CONTRACT

⇒ QUALIFIED CONTRACT OTHER THAN RMD'S

♦ **GENERAL INFORMATION**

(PLEASE PRINT)

Owner Name: _____ Contract Number: _____
 Annuitant Name: _____ Phone Number: _____
 Annuitizing Contract As: Annuitant Beneficiary (Please complete New Beneficiary Election)

♦ **NEW 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:

Fixed Period of _____ years Fixed Amount (Gross) \$ _____ Life Only Income

Life Income - 10 Years Guaranteed Life Income - 15 Years Guaranteed Life Income - 20 Years Guaranteed

Joint and Survivor Life Income Joint Life Income - 2/3 to the Survivor Joint Life Income - 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

Mail Check: To the address on file Alternate Address Direct Deposit

Alternate Mailing Addressee: _____

Financial Institute Name: _____

Financial Institute Address: _____

Transit Routing Number: |: _____ |: Please contact your financial institution for correct information.

Account Number: _____ Type of Account: Checking Statement Savings

