



Account Type: Traditional Roth SEP TSA SIMPLE

INSURANCE COMPANY INFORMATION

| | | |
|--|---|------------------------------|
| Insurance Company Name CATHOLIC ORDER OF FORESTERS | Mailing Address 355 Shuman Blvd., Naperville, IL 60563-1270 | Phone 630-983-4900 |
|--|---|------------------------------|

SECTION A: IRA OWNER INFORMATION

| | | |
|--|------------------------|---------------|
| Owner Name | Social Security Number | Date of birth |
| Mailing Address (Street, City, State, ZIP) | | |
| Phone (with Area Code) | Email Address | Policy Number |

SECTION B: DISTRIBUTION WITHDRAWAL REASON

Read the following choices and select only one.

Premature distribution, under age 59½ — no known exception (check if no other reason applies)

Premature distribution, under age 59½ — no known exception (from SIMPLE IRA in first 2 years)

Normal distribution, age 59½ or older

Disability, under age 59½

Internal Trustee Transfer to IRA: \$ _____ partial transfer full transfer

Direct TSA Rollover to IRA, must submit *Letter of Acceptance*

Excess contribution by tax-filing deadline. Contribution occurred: current year prior year
 Under age 59½? Yes No
 If this contribution occurred during the current year, was it for the prior tax year? Yes No

Excess contribution after tax-filing deadline. Under age 59½? Yes No

External Partial Trustee Transfer to IRA: \$ _____

Is Annuitant currently confined to a nursing home? Yes No
 If "Yes", provide copies of documentation for withdrawal charge waiver consideration.

SECTION C: WITHDRAWAL INSTRUCTIONS

Choose A, B, C, D, or E.

A. One-time partial withdrawal: Indicate amount: \$ _____

B. Current year's required IRA minimum distribution, based on the *Uniform Lifetime Distribution Table*.

C. Systematic Withdrawal:

| | |
|---|--|
| <input type="checkbox"/> \$ _____ fixed amount | Withdrawal frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually Request payment start date: _____ |
| <input type="checkbox"/> Interest only | |
| <input type="checkbox"/> Required minimum distribution amount | |

NOTE: Written notification is required to cancel Systematic Withdrawals.

D. Cancel current Systematic Withdrawal.

E. Other (specify):



SECTION D: FUND DISBURSEMENT

Choose A, B, C, D, or E. Select only ONE.

- A. Direct Deposit** (Complete "Bank Information" section below.)
- B. Internal transfer** to policy number: _____
- C. Charity**

- D. Mail to Owner.** Disbursement made payable only to the Owner. Payment(s) mailed to the Owner's last known address of *record at COF*.
- E. External institution**

Provide disbursement information for the above-named charity or external institution below.

| | |
|---|---------------------------|
| Name of Charity/External Institution | EIN (for Charity) |
| Disbursement Mailing Address (Street, City, State, ZIP) | Phone (include Area Code) |

SECTION E: BANK INFORMATION

- Provide information for one bank account type below.
- A legible copy of a voided check or bank savings deposit slip is required.
- Both authorized account holder names must be provided for joint accounts.

COF Policy Number

**** THE REQUESTED BANK MUST BE A PART OF THE U.S. FEDERAL RESERVE. NO EXCEPTIONS ****

| | |
|--------------------|--------------------------------|
| Bank Name / Branch | Bank Phone (include Area Code) |
|--------------------|--------------------------------|

Bank Address (Street, City, State, ZIP)

| | |
|--------------------------------|--|
| Authorized Account Holder Name | Authorized Joint Account Holder Name (if applicable) |
|--------------------------------|--|

Bank Account Type:
 CHECKING: I am including a voided check copy. **OR** **SAVINGS:** I am including a Savings Deposit slip copy.

| | |
|-------------------------------|-----------------|
| Routing Number: (9 digits) | Account Number: |
|-------------------------------|-----------------|

I/We acknowledge by signing this form, all future funds payable to me/us, as noted above, will also be transferred via direct deposit unless I/we cancel the direct deposit in writing.

| | | | |
|-----------------------------|------|-----------------------------------|------|
| Account Holder Signature | Date | Joint Account Holder Signature | Date |
|-----------------------------|------|-----------------------------------|------|

Check box if the Joint Account Holder is deceased, acknowledging the deceased's signature is not attainable.

SECTION F: WITHHOLDING ELECTION

This section is not applicable if you are selecting an "External Partial Trustee Transfer to an IRA". Proceed to Section G: Endorsement.

If you do not check box A or B below, COF will withhold 10% of the total taxable distribution for federal income tax. If you elect, however, to withhold federal income tax, you may specify a percentage other than 10% (See option B). Electing to not withhold federal income tax from your distribution does not release you from federal income tax liability on your distribution's taxable portion.

A. Do not withhold federal income tax from my distribution.
 I understand I may be responsible for an estimated tax payment and may incur penalties under estimated tax rules if my withholding and estimated tax payments are not sufficient.

B. Do withhold federal income tax from my distribution.
 I understand the withholding will be 10% of the total taxable distribution unless I specify a different withholding percentage.
 I elect to change my withholding percentage to _____ %.
 I also understand the amount withheld may be subject to an additional 10% early withdrawal penalty.



| Do you want your distribution to be the exact amount requested after federal withholding tax and/or applicable withdrawal charges? | |
|--|--|
| <input type="checkbox"/> YES If "Yes", COF may withdraw additional funds from your IRA to pay applicable withholding or withdrawal charges. You will receive the exact amount requested. | <input type="checkbox"/> NO If "No", COF will take any applicable withholding taxes or withdrawal charges from your requested distribution. Your distribution will be less than requested. |

SECTION G: ENDORSEMENT

I certify that, to the best of my knowledge, the information this form provides is true and correct and Catholic Order of Foresters (COF) may rely on it.

I understand by executing this form, I authorize the transfer or full/partial liquidation of my existing policy and I authorize the parties to proceed in accordance with the above instructions and process the liquidation.

I understand this withdrawal may be subject to withdrawal charges, taxes, and/or penalties if applicable.

COF has not provided me with any legal or tax advice, and I assume full responsibility for this withdrawal. I will not hold COF liable for any adverse consequences that, may result from this transaction.

| | | |
|------------|-----------------|------|
| Owner Name | Owner Signature | Date |
| | | |

| | |
|---|----------------------------|
| <p>NOTARY PUBLIC ENDORSEMENT</p> <p>State of _____ County of _____</p> <p>On the _____ day of _____, 20____,</p> <p>came before me _____</p> <p>whose signature(s) appears on this document.</p> | <p>NOTARY PUBLIC STAMP</p> |
| | |

| | |
|----------------------------|-------------------------|
| Printed Notary Public Name | Notary Public Signature |
|----------------------------|-------------------------|