



FINANCIAL ORGANIZATION INFORMATION

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

SECTION A: 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)
- Normal distribution, age 59½ or older
- Disability, under age 59½
- External Partial 1035 Exchange: \$ _____

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, or D. elect only ONE.

- A. One-time partial withdrawal:** Indicate amount: \$ _____
- B. Systematic Withdrawal:**

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

NOTE: Written notification is required to cancel Systematic Withdrawals.

- C. Cancel current Systematic Withdrawal.**
- D. Other (specify):**

SECTION D: FUND DISBURSEMENT

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

- A. Direct Deposit**
Complete "Section E: Bank Information".
- B. External institution**
- C. Mail to Owner**
Disbursement made payable only to the Owner. Payment(s) mailed to the Owner's last known address of record at COF.

Provide disbursement information for the "External Institution" below.

| | |
|---|---------------------------|
| Name of External Institution | EIN (if known) |
| 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.

**** 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 for Partial 1035 Exchanges. 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.

| | |
|---|---|
| <input type="checkbox"/> A. Do <u>not</u> 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. | <input type="checkbox"/> 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. |
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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 may rely on it.

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 |
|------------|-----------------|------|

NOTARY PUBLIC ENDORSEMENT

State of _____ County of _____
 On the _____ day of _____, 20____,
 came before me _____
 whose signature(s) appears on this document.

NOTARY PUBLIC STAMP

Printed Notary Public Name

Notary Public Signature