



Eagle Life Insurance Company®
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Application for Settlement Option Benefits

Contract Number: _____ Contract Owner(s): _____

I hereby request, in lieu of all benefits otherwise payable to me, that the proceeds of the above contract be paid in the manner indicated below. Select **one** option only.

Owner(s), as named in the Contract shall receive payments of proceeds, unless otherwise specified.

Option 1. **Period Certain (5-25 years only):**
 Proceeds paid in equal installments for the duration of the Specified Period only. Upon death of the Annuitant, any remaining payments are payable to the Beneficiary for the remainder of the Specified Period Certain.
 _____ years
Please Note: In no event may the period certain exceed the life expectancy for a named beneficiary as determined by the IRS.

Option 2. **Single Life:**
 Life Only: Proceeds paid during the lifetime of the Annuitant.
Payments cease upon death of the Annuitant.
 Life With Period Certain (5 year minimum period certain): proceeds paid during the lifetime of the Annuitant. Upon death of the Annuitant, any remaining payments are payable to the Beneficiary for the rest of the Specified Period Certain. _____ years

Option 3. **Joint Life:**
 Joint and Survivor: Proceeds are paid during the lifetime of both the Payees. Upon death of either Payee, payments continue to the Survivor for either the same amount (100%), two-thirds of amount, or one-half of amount. Payments cease upon death of both payees.
 100% Two-thirds of Amount One-half of Amount
 Joint and Survivor with Period Certain: Proceeds are paid for the lifetime of both the Payees. Upon death of either, payments continue to the Survivor for either the same amount (100%), two-thirds of amount, or one-half of amount. Upon death of both, any remaining payments are payable to the Beneficiary for the rest of the Specified Period Certain. _____ years
 100% Two-thirds of Amount One-half of Amount

Only to be completed with Option 3			
Contingent Payee:	Date of Birth:	SSN:	Relationship to Annuitant:

I wish to begin receiving payments on _____, _____
 Month/year

And paid at the following interval:* Monthly Quarterly Semi-Annually Annually
***Please Note: Date and frequency of payments cannot be changed once payments begin.**

The Contract must be returned before this Settlement Option Benefit can be processed. (Please check one)
 Contract enclosed.
 I have lost, destroyed, or mislaid my Contract specified above and request that the value of said Contract be paid. I hereby agree (on behalf of my heirs, assigns, and legal representatives, or any other person claiming rights through me) to indemnify and protect the Company against any claim which may be asserted against the Company on the basis of such Contract, and to reimburse the Company for any payment it may make, or expense it may incur, with respect to any such claim.

X _____ X _____
 Owner's Initials Joint Owner's Initials

ORIGINAL FORM NOT REQUIRED - FAXED COPIES ARE ACCEPTABLE

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Beneficiary Designation

I hereby revoke all prior designations of Beneficiary and optional modes of settlement.

The new Beneficiary Designation shall be as follows: *(Not applicable if Life Only or Joint Life Only Option is selected)*

Primary Beneficiary:	Date of Birth:	SSN:	Relationship to Annuitant:
Mailing Address:			
Contingent Beneficiary:	Date of Birth:	SSN:	Relationship to Annuitant:
Mailing Address:			

Consent of Spouse

If the contract owner(s) resides in AZ, CA, ID, LA, NV, NM, TX, WA, or WI, spousal consent, or the consent of any individual who is established by law as being a party to a legally recognized domestic relationship according to the laws of the state of the owner's domicile, is required to complete this transaction, acknowledged by signing below. Failure to include the signature may result in a delay or inability to process the requested transaction. Unless otherwise provided on this form the Company shall be entitled to rely on its good faith belief that no community property interest exists and assumes no responsibility for inquiry. All persons signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

X _____
Spouse Signature Date

Federal/State Withholding Instructions (Must Be Completed):

You must indicate if federal/state income tax should be withheld from your payment. Even if you elect not to have federal/state income tax withheld, you are liable for federal/state income tax on the taxable portion of your benefits. You also may be subject to tax penalties under the estimated tax payment rules if your payment of estimated tax and withholding, if any, is not adequate. If you have any questions about your tax liability, please contact your tax advisor. You have the right to revoke this election at any time. This election remains effective until revoked.

Select One:

I **DO NOT** want federal/state income tax withheld from my payment.

I **DO** want federal/state income tax withheld from my payment.
(The minimum amount of tax withholding is \$10.00)

FEDERAL _____% STATE _____%

In which state do you file income taxes? _____

If you are a tax resident in any of the following states/jurisdictions please see state specific instructions below: **ARIZONA, IOWA, KANSAS, MAINE, MASSACHUSETTS, MICHIGAN, NEW YORK, NEBRASKA, or OKLAHOMA**

STATE SPECIFIC INSTRUCTIONS:

ARIZONA residents: If you want to have Arizona state taxes withheld, you must submit form A-4P.

MICHIGAN residents: State taxes will be withheld at the statutory rate unless you submit form MI W-4P.

IOWA, KANSAS, MAINE, MASSACHUSETTS, NEBRASKA, or OKLAHOMA residents: If federal withholding is elected, applicable state withholding will be withheld.

NEW YORK residents: If you want to have New York state taxes withheld, you must submit form IT-2104-P. Withholding is only permitted on payments payable over a period of longer than one year

X _____ X _____
Owner's Initials Joint Owner's Initials

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Tax Payer Identification Number (Must Be Completed)

Social Security Number

OR

Employer Identification Number

Tax Identification Certification (Substitute W-9)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding due to failure to report interest and dividend income; and
3. I am a U.S. Citizen or other U.S. Person (defined in the W-9 instructions).

Certification Instructions: You must strike out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X

Contract Owner's Signature

Phone Number

Date

X

Contract Joint-Owner's Signature (if applicable)

Phone Number

Date

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