



Eagle Life Insurance Company®
 P.O. Box 71279
 Des Moines, Iowa 50325-0279
 Telephone: (866) 526-0995
 www.eagle-lifeco.com
 Overnight Address: 6000 Westown Parkway, West Des Moines, IA 50266
 Fax: (515) 457-1911

Partial Withdrawal Request

Contract Number _____ Contract Owner(s) _____

PARTIAL WITHDRAWAL INFORMATION

Please select one of the following:

- 10% Penalty-free Total Accrued Interest
 Maximum Penalty-free Fixed Amount _____ Net Gross

PLEASE NOTE: A surrender charge will be assessed for withdrawals that exceed the penalty-free amount under contract provisions. Distributions prior to age 59½ may also be subject to IRS premature distribution penalties.

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 distributions. 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.

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. FEDERAL _____% STATE _____%
 (The minimum amount of tax withholding is \$10.00) In which state do you file your 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

TAX PAYER IDENTIFICATION NUMBER (MUST BE COMPLETED)

_____ OR _____
 Social Security Number Employer Identification Number

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



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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.

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

COMPLETE THIS SECTION IF YOU WOULD LIKE THIS PAYMENT AUTOMATICALLY DEPOSITED TO YOUR BANK ACCOUNT

Select One:

- I have previously submitted my bank account information to Eagle Life for the purpose of receiving electronic payments. I would like to use the bank account information on file with Eagle Life for this request. **Please Note: If no bank information is on file I understand a paper check will be mailed.**
- Enclosed is Eagle Life form 4062-ELIFE and a voided check or letter from my bank to setup direct deposit. I am aware of the pre-note period which may take up to four business days.

PLEASE SIGN & DATE BELOW

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/Assignee's Signature* Phone Number Date

X _____
Contract Joint-Owner's Signature (if applicable) Phone Number Date

*For corporations, signature must be that of an authorized officer and must include title. If you are signing on behalf of the owner as a fiduciary (e.g. trustee, POA, conservator, etc.) please indicate the capacity in which you are signing.