



CATHOLIC ORDER OF FORESTERS

A FRATERNAL BENEFIT LIFE INSURANCE SOCIETY SINCE 1883

355 Shuman Boulevard, PO Box 3012, Naperville, IL 60566-7012

Toll-free 800-552-0145 • TTY 800-617-4176 • www.CatholicForester.org

**REQUEST WITHDRAWAL FROM
A NON-QUALIFIED ACCOUNT**

Financial Organization: Catholic Order of Foresters

OWNER INFORMATION

Name Social Security Number Birth date (mm/dd/yyyy)

Address, City, State, Zip

Home phone with area code Daytime phone with area code Policy number

DISTRIBUTION WITHDRAWAL REASON—Choose 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

Is Annuitant currently confined to a nursing home? Yes No

If yes, provide documentation for possible withdrawal charge waiver

WITHDRAWAL INSTRUCTIONS—Choose A, B, or C

A. One-time partial withdrawal \$_____ (Indicate amount desired)

B. Systematic withdrawal

\$_____ fixed amount (Indicate amount desired)

Interest only

Required minimum distribution

Withdrawal frequency:

Monthly

Quarterly

Semi-annually

Annually

Request payment start date _____
mm/dd/yyyy

C. Other _____

Note: *Written notification required to cancel systematic withdrawals.*



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FUND DISBURSEMENT – Choose one

Mail to: Owner Direct deposit, requires completed direct deposit form

Mailing address: _____
Full legal name

Address, City, State, Zip

Note: COF will mail payments (payable only to owner) to the owner’s last know address of record.

WITHHOLDING ELECTION

If you do not check box A or B below, COF will withhold 10 percent 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 percent (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 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. I understand the withholding will be 10 percent of the total taxable distribution unless I specify a different withholding percentage. I elect to change my withholding percentage to _____ percent. I also understand the amount withheld may be subject to an additional 10 percent early withdrawal penalty.

Do you want your distribution to be the net amount after federal withholding tax and/or applicable withdrawal charges?

- Yes** If yes, COF may withdraw additional funds from your non-qualified annuity to pay applicable withholding or withdrawal charges. You will receive the exact amount requested.

- No** If no, COF will take any applicable withholding taxes or withdrawal charges from your requested distribution. Your distribution will be less than requested.

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**. 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’s signature

 Date (mm/dd/yyyy)