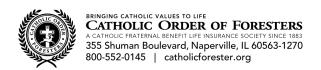


REQUEST WITHDRAWAL FROM A QUALIFIED ACCOUNT

Account type:								
☐ TRADITIONAL ☐ ROTH ☐ SEP [□ TSA □ SIM	PLE						
INSURANCE COMPANY INFOR	RMATION							
INSURANCE COMPANY NAME CATHOLIC ORDER OF FORESTERS	PHONE 630-983-4900							
MAILING ADDRESS 355 SHUMAN BOULEVARD, NAPERVILLE, ILLINOIS 60563-1270								
IRA OWNER INFORMATION								
OWNER NAME		SOCIAL SECURITY NUMBER		DATE OF BIRTH				
MAILING ADDRESS								
HOME PHONE WITH AREA CODE DAYTIME PHONE		WITH AREA CODE POLICY NUM		/IBER				
DISTRIBUTION WITHDRAWAL REASON								
Read the following choices and select only one.								
\square Premature distribution, under age 59½ — no known exception (check if no other reason applies)								
\square 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. C Under age 59½? □ Yes □ No 	ontribution occurr	red: current year prior y	ear					
If contribution occurred during current year, was it for prior tax year? ☐ Yes ☐ No								
□ Excess contribution after tax-filing deadline, under age 59½? □ Yes □ No								
Is Annuitant currently confined to a nursing home? Yes No If yes, provide documentation for possible withdrawal charge waiver.								
WITHDRAWAL INSTRUCTIONS								
Choose A, B, C, D, or E								
☐ A. One-time partial withdrawal \$ (Indicate amount desired)								
☐ B. Current year's required IRA minimum distribution, based on <i>Uniform Lifetime Distribution Table</i>								
☐ C. Systematic withdrawal								
☐ \$fixed	□ \$ fixed amount Withdrawal frequency:							
☐ Interest only		☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually						
☐ Required minimum distribution		Request Payment Start Date						
NOTE: Written notification is required to cancel systematic withdrawals.								
\square D. Cancel current systematic withdrawal								
☐ E. Other (specify):								



REQUEST WITHDRAWAL FROM A QUALIFIED ACCOUNT

FUND DISBURSEMENT							
Choose ONE							
☐ Direct deposit (requires complete direct deposit form with a voided check)							
☐ Internal Transfer to policy number							
 Mail to Owner Note: COF will mail payments (payable only to Owner) to the owner's last known address of record. 							
OWNER'S FULL LEGAL NAME							
OWNER'S MAILING ADDRESS							
CHARITY NAME	CHARITY EIN						
CHARITY MAILING ADDRESS							
WITHING DING ELECTION							
WITHHOLDING ELECTION							
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.							
$\ \square$ A. Do <u>not</u> withhold federal income tax from my distrib	☐ B. Do withhold federal income tax.						
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.		ng 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?							
□ YES		□NO					
If yes, COF may withdraw additional funds from your IRA to pay applicable withholding or withdrawal charges.		If no, COF will take any applicable withholding taxes or withdrawal charges from your requested distribution.					
You will receive the exact amount requested.	Your distribution will be less than requested.						
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 by executing this form I authorize the transfer accordance with the above instructions and process the liqu		liquidation of my existing	g policy and I author	rize the parties to proceed in			
I understand this withdrawal may be subject to withdraw	wal charges	, taxes, and/or penaltie	es.				
COF has not provided me with any legal or tax advice, and adverse consequences that, may result from this transaction		responsibility for this wi	thdrawal. I will not h	old COF liable for any			
OWNER NAME O		IATURE		DATE			