



REQUEST WITHDRAWAL FROM A QUALIFIED ACCOUNT

Account type:

- TRADITIONAL ROTH SEP TSA SIMPLE

INSURANCE COMPANY INFORMATION

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 NUMBER

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)
- 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. Contribution occurred: current year prior year
 Under age 59½? Yes No
 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 *Uniform Lifetime Distribution Table*
- C. Systematic withdrawal

<input type="checkbox"/> \$_____ fixed amount <input type="checkbox"/> Interest only <input type="checkbox"/> Required minimum distribution	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.

- D. Cancel current systematic withdrawal
- E. Other (specify):



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

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.

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% 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?

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.

NO

If no, COF will take any applicable withholding taxes or withdrawal charges from your requested distribution.

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 or full/partial liquidation of my existing policy and I authorize the parties to proceed in accordance with the above instructions and process the liquidation.

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 NAME

OWNER SIGNATURE

DATE