



REQUEST WITHDRAWAL FROM A NON-QUALIFIED ACCOUNT

FINANCIAL ORGANIZATION INFORMATION

INSURANCE COMPANY NAME CATHOLIC ORDER OF FORESTERS	PHONE 630-983-4900
MAILING ADDRESS 355 SHUMAN BOULEVARD, NAPERVILLE, ILLINOIS 60563-1270	

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)

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, C or D

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

B. Systematic withdrawal:

<input type="checkbox"/> \$ _____ fixed amount <input type="checkbox"/> Interest only <i>NOTE: Written notification is required to cancel systematic withdrawals.</i>	Withdrawal frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually Request Payment Start Date _____
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C. Cancel current systematic withdrawal

D. Other (specify): _____

FUND DISBURSEMENT

Choose ONE

Direct deposit (requires complete direct deposit form with voided check)

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



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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 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.

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 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
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