BRINGING CATHOLIC VALUES TO LIFE
CATHOLIC ORDER OF FORESTERS
A CATHOLIC FRATERNAL BENEFIT LIFE INSURANCE SOCIETY SINCE 1883
355 Shuman Boulevard, Naperville, IL 60563-1270
800-552-0145 | catholicforester.org

Request Withdrawal From A Non-Qualified Account

Financial Organization Information

Do not use this form for 1035 Exchanges or Full Surrenders

Insurance Company Name	Mailing Address	Phone
CATHOLIC ORDER OF FORESTERS	**355 Shuman Blvd., Naperville, IL 60563-1270**	**630-983-4900**

Section A: Policy Owner Information

Policy Owner Name	Social Security Number	Date of Birth

Mailing Address (Street, City, State, ZIP)

Phone (include Area Code)	Email Address	Policy Number

Section B: 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

Does the Annuitant qualify for a possible withdrawal charge waiver? ☐ Yes ☐ No
If "Yes", provide copies of documentation for withdrawal charge waiver consideration.

Section C: Withdrawal Instructions

Choose A, B, C, or D. Select only one.

☐ **A. One-time Partial Withdrawal** *(Select one)* Contact the Home Office or a COF agent for a full withdrawal/surrender.
- ☐ Indicate amount $ _____ ☐ Interest only
- ☐ Total amount, free of withdrawal charges *(This option is only applicable during the surrender period.)*

☐ **B. Systematic Withdrawal**
If no withdrawal frequency or start date is specified, the default is "Annually" and the date the form is processed.

- ☐ $_____ fixed amount
- ☐ Interest only

Withdrawal frequency
☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually
Request payment start date: _____

NOTE: Written notification is required to cancel Systematic Withdrawals.

☐ **C. Cancel current Systematic Withdrawal:** Type: ☐ Fixed amount ☐ Interest only ☐ All

☐ **D. Other** *(specify)*: _____

Section D: Fund Disbursement

Choose A, B, C, or D. Select only ONE.

☐ **A. Direct Deposit** (Complete "Section E: Bank Information")
Once the disbursement is processed, it may take 3 to 5 business days to be received by your financial institution.

☐ **B. Internal Transfer** to policy number: _____

☐ **C. Charity** *Disbursement will be mailed directly to the charity. This does not qualify as a QCD.*

☐ **D. Mail to Policy Owner**
Disbursement made payable only to the Policy Owner. Payment(s) are mailed to the Policy Owner's last known address of record at COF.

If "C. Charity" is selected, provide disbursement information for the above-named charity.

Charity Name	EIN *(if known)*

Mailing Address *(Street, City, State, ZIP)*	Phone *(include Area Code)*

Section E: Bank Information

- Provide information for one bank account type below.
- A legible copy of a voided check or bank savings deposit slip is required.
- Both authorized account holder names must be provided for joint accounts.

*** * THE REQUESTED BANK MUST BE A PART OF THE U.S. FEDERAL RESERVE. NO EXCEPTIONS * ***

Bank Name / Branch	Bank Phone *(include Area Code)*

Bank Address *(Street, City, State, ZIP)*

Authorized Account Holder Name	Authorized Joint Account Holder Name *(if applicable)*

Bank Account Type:

☐ **Checking:** I am including a voided check copy. **OR** ☐ **Savings:** I am including a Savings Deposit slip copy.

Routing Number: *(9 digits)*										Account Number:

☐ I/We acknowledge by signing this form, all future funds from COF payable to me/us, as noted above, will also be transferred via direct deposit unless I/we cancel the direct deposit in writing.

Account Holder Signature	Date	Joint Account Holder Signature	Date

☐ Check box if the Joint Account Holder is deceased, acknowledging the deceased's signature is not attainable.

Section F: Withholding Election

If you do not check box A, B, or C below, COF will withhold 10% of the total taxable distribution for federal income tax, unless you indicate otherwise. If you elect, however, to withhold federal income tax, you may specify a percentage other than 10% (See option C). 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.

☐ **Option A: Do not withhold federal income tax from my distribution.**
I understand that I may be responsible for an estimated tax payment and may incur penalties under estimated tax rules if my withholding and estimated tax payments are not sufficient.

☐ **Option B: Do withhold the default 10% federal income tax from my distribution.**
I understand the withholding will be 10% of the total taxable distribution unless I specify a different withholding percentage. I also understand the amount withheld may be subject to an additional 10% early withdrawal penalty.

☐ **Option C: Do withhold federal income tax at a different rate. The required IRS form is attached.**
The IRS form W-4P can be located at: www.irs.gov/W4P for a Systematic Withdrawal.
The IRS form W-4R can be located at: www.irs.gov/W4R for a One-time Partial Withdrawal.
If the IRS W-4P or W-4R form is not attached, we will process your payment with the default withholding.
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 account 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.

Section G: Endorsement

I certify that, to the best of my knowledge, the information this form provides is true and correct and Catholic Order of Foresters (COF) may rely on it.

I understand by executing this form, I authorize the transfer or partial liquidation of my existing policy, and I authorize the parties to proceed in accordance with the instructions and process the liquidation noted on this form.

I understand this withdrawal may be subject to withdrawal charges, taxes, and/or penalties if applicable.

I understand that if my contract has a 10% free withdrawal provision that I may withdraw up to 10% of the accumulated value as of the immediately preceding contract anniversary without a withdrawal charge in any one contract year. However, this free withdrawal provision only applies to the first two withdrawals within any given contract year.

I understand that I must have this form notarized or signed by a COF Agent when the withdrawal request will be $5,000 or more, with the funds being sent to someone other than the Policy Owner of record.

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.

Policy Owner Name	Policy Owner Signature	Date

This form must be signed by a Notary Public or COF Agent when the withdrawal request will be $5,000 or more, with the funds being sent to someone other than the Policy Owner of record.

Notary Public Endorsement

State of _____ County of _____

On the _____ day of _____, 20_____,

came before me _____

whose signature(s) appear(s) on this document.

Notary Public or COF Agent Signature

Notary Public or COF Agent Name

Notary Public Stamp