



**Fixed Annuities: PO Box 5420, Cincinnati OH 45201 / 800-854-3649 / 800-482-8126 Fax**  
**Overnight Address: 10<sup>th</sup> Floor, 301 E Fourth St, Cincinnati OH 45202**

## Living Benefit Rider Election

*for fixed-indexed annuities*

|   |  |          |
|---|--|----------|
| Owner's Name:                                   | Contract Number:   |          |
| Name of Joint Owner (if applicable):            | Owner Social Security Number:  |          |
| Primary Address (include City, State and ZIP):* | Daytime Phone Number:  | (      ) |
| Email Address:                                  | Receive email alerts if available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Your election will only apply to this request. Email notifications will be sent from 'no-reply@gaig.com'. Please be sure to remove this address from your list of blocked senders. |          |

\*If this address differs from what we have on file, we will update our records to reflect what is entered above.

### Benefit Option Selection

Once an option is selected, it will apply to all future payments.

Skip this section for IncomeDuo<sup>SM</sup>, IncomeDuo Select<sup>SM</sup>, or if you've already taken a living benefit payment.

**Single Lifetime Income**  
Please provide proof of your age in the form of a copy of a birth certificate, driver's license, or passport. If your current name does not match this documentation, please provide proof of name change (marriage certificate, divorce decree, etc.).

**Joint Lifetime Income**  
In general, this option is only available to the Owner and his or her spouse. For some states, it may be available to a civil union partner or domestic partner. Please provide proof of age for you and your spouse in the form of a copy of a birth certificate, driver's license, or passport. If either of your current names do not match this documentation, please provide proof of name change (marriage certificate, divorce decree, etc.).

**Note:** This option will only provide a benefit after the death of the Owner if the spouse is a joint owner or named as sole beneficiary of the contract, and the spouse elects to become the successor owner.

Spouse Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Fixed Percentage Income** (only available for the IncomeSustainer Rider)

### Type of Withdrawal

**Automated Withdrawal:** Make payments  Monthly     Quarterly     Semi-Annually     Annually  
 Payments may vary due to required minimum distributions (RMDs) or manual withdrawals. If this is a qualified annuity and you are starting automated withdrawals in a calendar year for which an RMD is due, we may convert to annual payments to satisfy your RMD, UNLESS YOU CERTIFY BELOW:

I certify that I have satisfied my RMD for this annuity for this year from some other source.

**Manual Withdrawal:** A withdrawal for this year's rider benefit

## Benefit Payment Date

Start payments effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Month / Day / Year)

If no date is specified or the specified date does not allow time for processing, the payment date will be the date we process your request. If you are submitting this form with your annuity application, processing will occur after your new annuity contract is issued.

## Payment Information

### Payment to Owner(s)

Send me a check

Deposit my payment to my personal checking or savings account. Available for withdrawals up to \$25,000.

I hereby authorize the GAIG member company and the financial institution identified below to deposit my annuity payments into my account, and to adjust my account for any overpayments.

Financial Institution Name

*Please attach a voided check, account statement copy, or a letter from your financial institution providing the account owner(s) name(s), routing number and account number.*

Type of Account  Checking

Savings

Account Number

Routing Number

Names of all Owners on this Financial Institution Account

### Benefit payment(s) as Direct Rollover/Direct Transfer/Contract Exchange/1035 Exchange

Only permitted for a manual withdrawal. Not permitted for automated withdrawals or for a required minimum distribution. A Letter of Acceptance from the financial institution receiving the payment must be provided.

## Income Tax Withholding

For payments to the owner of a 403(b) TSA, 401 Pension/Profit Sharing/401(k) Plan, or a Governmental 457 Plan, a minimum of 20% federal income tax withholding is required by federal tax law unless your distribution is a required minimum distribution (RMD), a systematic payment, or a direct rollover.

For all other payments, including RMD or systematic payments from the tax-qualified plans listed above, tax withholding is not mandatory. If a withholding election is not indicated, or if you choose to have taxes withheld and do not indicate the percentage, a default of 10% federal income tax withholding will apply.

Withhold the following federal income tax from my payment (or any mandatory amount, if greater):

\$ \_\_\_\_\_ or \_\_\_\_\_ %

Do not withhold federal income tax from my payment, unless mandatory.

**State Withholding** - If federal withholding is elected, state withholding may also apply due to state requirements. State withholding may be elected for other states, if permitted.

Withhold the following state income tax from my payment (or any mandatory amount, if greater):

\$ \_\_\_\_\_ or \_\_\_\_\_ %

Do not withhold state income tax from my payment, unless mandatory.

**NOTE:** Withholding will only apply to the taxable portion of your distribution. Whether or not federal and state income tax is withheld, you are liable for payment of all applicable federal and/or state income taxes on the taxable portion of the distribution. You may also be subject to penalties under the estimated tax payment rules if your withholding and estimated tax payments, if any, are not adequate. Any withholding election will remain in effect until revoked. You may revoke any withholding election for payments not yet distributed by notifying the GAIG member company in writing at any time.

## Special Tax Notice Regarding Plan Payments

The Special Tax Notice contains information about rollover rights and tax treatment of eligible rollover distributions from a 403(b) TSA plan, a 401 Pension/Profit Sharing/401(k) plan, or a Governmental 457 plan. It is provided for your information. Please contact our office prior to submitting this form if your contract is under one of these plans and you did not receive the Special Tax Notice.

For eligible rollover distributions from these plans, you have 30 days to consider your options.

**Unless you check the box below, federal tax law requires us to hold your request for this 30-day consideration period.**

I waive my 30-day consideration period.

## For 403(b) TSA Contracts Only

**If you do not have a 403(b) TSA, this section does not apply.** I certify that payment from my 403(b) TSA contract is permitted as a result of (**MUST CHECK ONE**):

**AGE 59½:** I am now age 59½ or older

**SEVERANCE FROM EMPLOYMENT:** I have severed employment with the employer through which 403(b) TSA contributions were made.

Date of severance: \_\_\_\_\_ Name of employer: \_\_\_\_\_

**DISABILITY:** I am unable to engage in customary or comparable substantial gainful activity by reason of medically determinable physical or mental impairment expected to result in death or be of long-continued and indefinite duration. **Attach documentation if no plan administrator.**

**ROLLOVER ACCOUNT:** My contract was solely funded with employer contributions.

**EMPLOYER CONTRIBUTIONS:** Must check one:

My contract was issued on or before 12/31/08.

The payment is permitted based on occurrence of event specified by plan document.

## Owner Certification and Authorization

I agree and certify that the GAIG member company is authorized to process this Living Benefit Rider Election, agree that all payments will be subject to the terms and conditions of the rider, and agree to hold the GAIG company harmless against any and all claims made by reason of compliance with this request.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Owner (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Power of Attorney(s) / Authorized Representative(s) signing on behalf of Owner(s)

\_\_\_\_\_  
Date

### For requests signed by a Power of Attorney (POA):

- We must receive a copy of the POA document.
- The POA Certification (form AAG2816) must also be completed or on file.
- Payment will be made to the contract Owner, not the POA.
- For direct deposit, the contract Owner must be a named owner of the account.

### For contracts owned by a Trust:

- The acting Trustee(s) must sign.
- If there has been a change of Trustee(s) from the Trustee(s) on file, then you must submit a new Trust Certification (form X6017907NW).

Log into **GAIGannuities.com** if you need the POA or Trust Certification form.

**Plan Administrator Certification and Authorization (only applicable to 403(b) TSA, 401 Pension/Profit Sharing/401(k) or 457 tax qualified contracts)**

Plan Administrator to complete this section.

|                       |                            |                                    |
|-----------------------|----------------------------|------------------------------------|
| Name of Employer Plan | Name of Plan Administrator | Plan Administrator Phone<br>(    ) |
|-----------------------|----------------------------|------------------------------------|

The Plan Administrator certifies that the Benefit election is permitted under the employer's plan. The Plan Administrator authorizes the GAIG member company to process the request as indicated above.

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|                              |      |
|------------------------------|------|
| Plan Administrator Signature | Date |
|------------------------------|------|

**Signature Notarization or Signature Guarantee (if applicable)**

Your signature on this Living Benefit Rider Election request must be notarized or signature guaranteed below if you purchased your contract electronically with an electronic signature and you have not previously submitted a notarized or guaranteed signature.

**Option 1: Notarized Signature**

|          |           |
|----------|-----------|
| State of | County of |
|----------|-----------|

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ by  
(name) \_\_\_\_\_

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|                                    |                                    |
|------------------------------------|------------------------------------|
| Signature of Notary Public<br>SEAL | My Commission expires (MM/DD/YYYY) |
|------------------------------------|------------------------------------|

**Option 2: Signature Guarantee**

SIGNATURE GUARANTEED BY: Stamp or Seal of Eligible Guarantor Institution with Authorized Signature

You may have signature guarantee provided by a bank, savings and loan association, trust company, credit union, broker/dealer or any other "eligible guarantor institution" as defined under the rules adopted by the Securities and Exchange Commission. These institutions often participate in signature guarantee medallion programs such as the Securities Transfer Agent Medallion Program (STAMP).