



AUTHORIZATION FOR MONTHLY DISTRIBUTION OF INTEREST

Contract Number: _____ Telephone Number: _____

Contract Owner: _____ Email Address: _____
(if available)

_____ **I authorize the payment of monthly interest** as earned, to be paid by check.

_____ **I authorize the payment of monthly interest** as earned, to be paid by direct deposit.

(Please attach a voided check or a photocopy of a voided check.)

I hereby authorize credit entries to the account in the Depository Institution named below, and I authorize this depository institution to accept entries to the account. If funds to which I am not entitled are deposited to this account, I authorize you to direct the bank to return said funds.

Depository Institution _____

Please specify account type _____ Checking Account _____ Savings Account

Name on Account _____

Routing Number _____

Account Number _____

IMPORTANT TAXPAYER INFORMATION

I understand if there is a reportable distribution due to the withdrawal, it will be reported to the Internal Revenue Service (IRS) for the calendar year the withdrawal is made. Unless waived by me, if there is a reportable distribution, it will have income tax withheld at a flat rate of 10%. If I am under age 59 1/2, an IRS Federal Excise Tax may apply to the withdrawal. (Residents of OR or GA – State Taxes will be withheld regardless of election due to State Regulations. Residents of DE, IA, LA, MA, ME, NE, NC, OK or VT – State Income Tax withholding is mandatory if Federal Income Tax is withheld.) I further understand that even if I elect not to have Federal Income Tax withheld, any reportable distribution will be reported to the IRS.

Tax Withholding Election (Please Check)

_____ I do **NOT** elect to have taxes withheld from my payments.

_____ I **DO** elect to have **federal** income taxes withheld in the amount of \$_____ or percentage of _____%.

_____ I **DO** elect to have **state** income taxes withheld in the amount of \$_____ or percentage of _____%.

The following statement is required by the IRS: **UNDER PENALTY OF PERJURY, I CERTIFY THAT THE NUMBER SHOWN ON THIS FORM IS MY CORRECT SOCIAL SECURITY OR TAXPAYER ID NUMBER AND I AM NOT SUBJECT TO BACK-UP WITHHOLDING.**

I certify that I am not under guardianship, nor have I made any assignment, pledge, or executed any document affecting ownership or right to any monies due or to become due under this contract, and further that no proceedings in bankruptcy are pending to which I am a party. This authorization is to remain in full force and effect until written notification is received from me of its termination in such time and manner as to afford the Company a reasonable opportunity to act on it.

This form dated at _____ on the _____ day of _____, 20____
City/State

Signature of Owner (s) (if Joint – both must sign)

Owner's Social Security or Taxpayer ID Number(s)

Signature of Witness*

Telephone Number of Witness

***The Owner's signature(s) must be witnessed by an adult.**