AVIVA LIFE AND ANNUITY COMPANY

WITHDRAWAL/SURRENDER

Single Premium or Flexible Premium Annuity

Policyowner's Name _____ _____
Birthdate

Address _____ ☐ Check if this is a new address and your address of record should be changed.

_____

_____

Policy Number(s) _____ Phone Number_____

Partial Withdrawals - (Check one box only)	**Full Surrender**
Select desired amount ☐ Interest ☐ Penalty Free amount ☐ Net amount of $_____ ☐ _____ % of the Accumulated Value	☐ Cancel Policy and Send Surrender Value. Policy should be returned with request. ☐ I hereby certify that the policy has been lost, destroyed or stolen.

If withdrawal amount requested exceeds the amount available, the maximum amount will be sent. I also understand that this amount is subject to any applicable redemption charges as stated in the policy contract.

WITHHOLDING ELECTION FOR PAYEES OF NON-PERIODIC ANNUITY PAYMENTS

Instructions: check Box A if you do not want any Federal income tax withheld from your distribution. Check Box B if you do want Federal income tax withheld (10% of the taxable amount of your distribution, unless your policy is a TSA - on TSA's, there is a 20% withholding requirement if the distribution does not qualify as a minimum distribution - on TSA's you should also complete a TSA election form - contact our office if you do not have one). Complete, sign and date this election and return it to us at our address shown below.

Even if you elect not to have Federal income tax withheld, you are liable for payment of Federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. An additional excise tax may be imposed for withdrawals made before age 59½.

A ☐ Do not withhold Federal income tax from my distribution.

B ☐ Withhold Federal income tax from my distribution.

If the annuitant is other than the owner, I attest that the annuitant is currently living. I understand this request may cause a taxable event. By signing this form, it is hereby expressly represented that no person, firm or corporation other than the undersigned has any interest in this policy and that no proceedings of insolvency or bankruptcy have been instituted or are pending against the undersigned.

_____ _____ _____
Signature of Owner Social Security Number Signature of Joint Owner (if any)

_____ _____
Date Date

Aviva Life and Annuity Company
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