



Policies are underwritten by Pan-American Life Insurance Company.

1200 Jorie Boulevard
Oak Brook, Illinois 60523-2269
1-800-323-7320

REQUEST FOR RIDER OR UL WITHDRAWAL

Policy Number: _____ Insured: _____

SSN: _____ Owner (If other than Insured): _____

Complete the following information to request a withdrawal from your rider. Please note after the withdrawal is processed your contract will be endorsed to reflect the change in coverage. Please retain the endorsement you receive with your original contract.

Rider Withdrawal:

- Single PUA Rider \$ _____ or Surrender Single PUA Rider
- Annual PUA Rider \$ _____ or Surrender Full annual PUA Rider
- Flexible PUA Rider \$ _____ or Surrender Full Flexible PUA Rider

UL Withdrawal:

- Process a withdrawal from my UL policy in the amount of \$ _____ There is a \$25 fee for UL withdrawals. Fee is pulled from policy.
- Other: _____

All checks will be sent to the owner's address on record. If requesting ACH deposit please attach a voided check or copy of bank statement showing owner of policy is owner of bank account. A copy of driver's license is need if the address on the check does not match the address on the policy.

FEDERAL INCOME TAX WITHHOLDING: All Qualified Annuities except IRAs and SEPs require a mandatory 20% tax withholding. US residents are required to complete and provide a W-9 form and NON-US residents are required to complete and provide a W-8BEN or W-8BENE form as it may apply. NON-US residents, if any portion of this distribution is reportable, it will be subject to a legal mandated 30% tax withholding on the gain, a W-8BEN or W-8BENE form is required.

This section must be completed in order to process a partial withdrawal, if reportable.

US Residents: If any portion of this distribution is reportable, do you wish taxes to be withheld?

- No Yes

If yes, 10% of the gain will be withheld, unless otherwise specified here: Please withhold _____ % or \$ _____

Under penalty of perjury, I certify that:

1. The number shown on this form is my correct tax identification number; and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal revenue service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

CERTIFICATION INSTRUCTIONS: You must cross out item 2 above if you have been notified by the Internal Revenue Service that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return. The Internal Revenue Service does not require our consent to any provision of this document other than the certification required to avoid backup withholding. This request must be signed by the person or persons who have the rights of ownership under the terms of the contract, by an assignee or by any other party who may have an interest in the contract by legal proceeding or statutes. The undersigned hereby indemnifies Pan-American Life Insurance Company and holds it harmless from all claims, demands, and judgments arising out of this request.



Policy Number: _____ Insured: _____

CORPORATION OR TRUST AS OWNER: If the policyowner is a corporation or trust, the authorized corporate representative/trustee must sign and indicate his/her title. By signing, the corporate representative/trustee certifies that he/she is authorized to sign this Form on behalf of the corporation or trust. The corporation or trust agrees to indemnify and hold Pan-American Life Insurance Company harmless from all claims, demands, and judgments arising out of this request. If a trust, the most recent version of the trust must be submitted along with this form. If a corporation, the most recent copy of corporate articles must be submitted, along with documentation listing the current officers.

RESIDENTS OF COMMUNITY PROPERTY STATES: If the policyowner is or was a resident of a community property state, the policyowner's spouse or former spouse may have an interest in this policy. It is the policyowner's responsibility to consult a legal advisor to determine if the policyowner needs a spouse or former spouse's consent to take the requested action on this policy, ensure that any required consent from a spouse or former spouse is secured, and ensure that the spouse or former spouse will be unable to make a claim against any policy values or proceeds. If the policyowner's spouse or former spouse has a community interest in this policy, the policyowner assumes the responsibility of having the spouse or former spouse who retains such interest in the policy sign his or her name on the "Other Required Signature" line below. The policyowner's failure to secure the signature of a spouse or former spouse will serve as a representation to Pan-American Life Insurance Company that the spouse or former spouse's consent and signature is not legally required to make the requested action on this policy. Pan-American Life Insurance Company is accepting and processing this form in reliance upon the representations made by the policyowner within this form. The policyowner agrees to indemnify and hold Pan-American Life Insurance Company harmless for processing this form as directed by the policyowner without requiring Pan-American Life Insurance Company to conduct further inquiry

Other Required Signatures Date

Print Name

NOTE: If you are signing on behalf of the policyowner, please check the appropriate box that applies in which capacity you are signing and attach a copy of the legal document that authorizes you to sign on behalf of the policyowner.

I am the: Power of Attorney Conservator Guardian

Representative's Signature Date

Print Name

The individual signing above affirms that he or she will now and in the future only take such actions for which he or she has the legal authorization to take on this policy.

By signing below, you:

- Acknowledge that this request is subject to the provisions, limitations and conditions of the above listed policy and the Company may request additional information in order for your request to be processed.
- Certify under penalty of perjury that all necessary information is provided on this form and that the information is true, complete and correct to the best of your knowledge and belief.
- Acknowledge that you understand that the release of any policy or rider values may affect the guaranteed elements, non-guaranteed elements, face amount or surrender value of this policy or rider.
- Hereby indemnify Pan-American Life Insurance Company and hold it harmless from all claims, demands, actions, and judgments arising out of the processing of this request.
- Release Pan-American from any and all liability arising out of the processing of this request.

Policyowner's Signature Joint Owner's Signature (if applicable) Date

Irrevocable Beneficiary's Signature (if applicable) Assignee's Signature and Title (if applicable) Date

Print Name (Assignee)