## *B. WITHHOLDING ELECTION - PLEASE READ CAREFULLY*

***Federal (and some State*) tax laws require that income tax be withheld on the taxable portion of any distribution unless otherwise specified by you. If you DO NOT want tax withheld from your distribution, or you are a resident of Montana and wish to have a specified amount withheld for State taxes, complete the Withholding Election below. Different withholding rules may apply to payments mailed to a foreign address.***

***Even if you elect not to have income tax withheld, you are liable for the payment of income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.***

***If you do not elect a valid withholding election below prior to the distribution of your withdrawal/surrender proceeds, or if you do not provide us with your Social Security or Tax Identification Number, we must withhold Federal and, if applicable, State income tax from your proceeds. Once this distribution has been processed, no refunds of withheld amounts can be made.***

*** For residents of California, Iowa, Massachusetts, Oklahoma, Oregon, Vermont and Virginia**

1. ☐ **Do Not Withhold** Federal or, if applicable, State Income Tax from my loan proceeds
2. ☐ **Withhold** Federal and, if applicable, State Income Tax from my loan proceeds
3. ☐ As a resident of Montana I elect to withhold $ _____ from my loan proceeds for State taxes
   **(You may enter an amount even if you checked the "Do Not Withhold" box).**

## *C. PAYEE The check will be mailed to the owner at the Address of Record unless you complete this section. (NOTE: If you reside in a community property state, and the Payee is someone other than yourself, your spouse, or an account for your benefit, please have your spouse sign below, where indicated.)*

| PAYEE NAME | ADDRESS (Street, Route, P.O. Box, Apt. No.) |
|---|---|
| CITY, STATE, ZIP CODE | |

## *D. AUTHORIZATION*

The undersigned hereby request and direct Aurora National Life Assurance Company to process the transaction indicated above. The undersigned declare that to their knowledge and belief there are no bankruptcy proceedings pending against the Owner. The Owner has read the withholding notice above. The Owner has obtained, on this form, the signature of any Irrevocable Beneficiary or Assignee who has an interest in this policy. Under penalties of perjury, the Owner certifies that the representations made herein are true and accurate, and that the number shown on this form is the Owner's correct taxpayer identification number.

| SIGNATURE OF OWNER | DATE | DAYTIME TELEPHONE NUMBER |
|---|---|---|
| ☐ | | ( mber. |