



# Withdrawal Request

For fixed and fixed index annuities

**Please note:**

- You should talk with your financial and tax advisors and read your contract carefully to understand how this withdrawal will affect your contract values and living benefits.
- Taking withdrawals (including withdrawals to pay advisory fees) can reduce or eliminate your living benefits.
- This form cannot be used to set up Substantially Equal Periodic Payments (SEPP). Please use a SEPP Enrollment form.
- If you are already taking withdrawals under the Substantially Equal Periodic Payments (SEPP) program, any additional withdrawals will cancel your SEPP program and any previous withdrawals taken under the program may be subject to a 10% early withdrawal penalty.
- Withdrawals in excess of the guaranteed withdrawal amount, called “excess withdrawals,” will result in a permanent reduction in future guaranteed withdrawal amounts. If you would like to make an excess withdrawal and are uncertain how an excess withdrawal will reduce your future guaranteed withdrawal amounts, then you may contact us prior to requesting the withdrawal to obtain a personalized, transaction specific calculation showing the effect of the excess withdrawal.
- **Under the Guaranteed Lifetime Withdrawal Benefit (GLWB):** If you have not previously elected your Income Start Date, or if you do not elect an Income Start Date in section 3 of this form, any withdrawals made using this form will be considered “**Early Withdrawals**”. Early withdrawals may reduce values under the GLWB by an amount greater than the amount withdrawn.
- To ensure timely and accurate processing, please return all pages of the form.

For questions or help with this form, call us at **800-374-3714**.

Throughout this form, “the Company” refers to the issuing company.<sup>1</sup>

## 1 Contract Information (please print clearly)

Contract Number			
Owner	SSN/TIN		
Joint Owner (if applicable)	SSN/TIN		
In case we need to contact you about this request	<table border="1"> <tr> <td>Phone Number</td> <td>Email Address</td> </tr> </table>	Phone Number	Email Address
Phone Number	Email Address		



<sup>1</sup> Delaware Life Insurance Company (Zionsville, IN) is authorized to transact business in all states (except New York), the District of Columbia, Puerto Rico and the U.S. Virgin Islands and is a member of Group 1001. [www.delawarelife.com](http://www.delawarelife.com)

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## 2 Withdrawal Amount (select only one option)

Interest only withdrawal (**available for Fixed Annuities only**) Please select only one option:

Interest accrued since the most recent contract anniversary.

- If a contract anniversary has not passed since issue, we will process as all interest accrued above initial contribution.

All interest accrued above the initial contribution.

Full withdrawal – this will close the contract and end all of your benefits under the contract.

Specific amount \$\_\_\_\_\_

(Optional)  Please send me the exact withdrawal amount shown above. I understand that any withdrawal charges, fees, adjustments, tax withholding amounts, and/or delivery costs that result from this withdrawal will be charged to my contract.

Annual free amount balance

Guaranteed Annual Lifetime Income (GALI)

- Guaranteed Annual Lifetime Income (GALI) is only available after Income Start Date has been elected.
- If you would like to elect your Income Start Date with your withdrawal amount selection, please complete section 3.

**Please refer to your contract or call us if you have any questions regarding your free amount, surrender charges, or applicable Market Value Adjustment.**

**When should withdrawal occur?** (Please select only one option)

Immediate withdrawal

Withdrawal upon contract maturity (not to exceed 60 days)

- If you do not complete this section, we will process the withdrawal upon receipt of the withdrawal request in good order.
- If this withdrawal request is associated with an end of term renewal, surrender charges may apply if it occurs more than 30 days prior to maturity.

## 3 Living Benefit Withdrawal Option Election

If you have a TP10 contract issued on or after 11/10/2025 and do not have the enhanced death benefit, you must choose an income strategy below. If you complete this section and it is not applicable to your contract, we will disregard this section.

- If you wish to elect your Income Start Date, please select single-life or joint-life coverage below.
- If you have already elected an Income Start Date, please proceed to section 4.
- If you have already made your election we will disregard the information in this section.
- Income payments cannot begin until after the first contract anniversary

**Income Start Date election:** By completing this section, you elect your Income Start Date to be the date of your first withdrawal. The Lifetime Withdrawal Percentage is based on the age of the GLWB Covered Person.

**Coverage Selection:**

Single-Life Coverage with an individual Owner or Joint Owners.

If you select Single-Life Coverage:

- The Lifetime Withdrawal Percentage will be based on the GLWB Covered Person's age; and
- The GLWB will terminate upon the GLWB Covered Person's death.
- If there is a single Owner, the Annuitant must be the GLWB Covered Person.

Name the owner who will be the covered person:

Owner (First - Middle - Last)



## 5 Tax Withholding

The tax withholding options that you select will remain in effect until revoked in writing. Federal and/or state taxes may apply.

### Federal income tax withholding

Would you like federal income tax withheld from your withdrawal?

If you do not select an option below, **we are required to withhold at least 10% of the taxable amount**

Yes, withhold federal income tax from my withdrawal in the amount of \$ \_\_\_\_\_ or \_\_\_\_\_%.

No, do not withhold federal income tax.

### State income tax withholding

Would you like state income tax withheld from your withdrawal?

Yes, withhold state income tax from my withdrawal in the amount of \$ \_\_\_\_\_ or \_\_\_\_\_%.

No, do not withhold state income tax.

- In some states, state income tax withholding is mandatory when federal income taxes have been withheld. If you elect a specific state withholding amount or percentage we will process according to your instructions. Please consult with your tax advisor to ensure that the amount you have requested is sufficient to satisfy your state's requirements.
  - If you do not otherwise make an election, and you live in a mandatory state that employs a percentage calculation, we will default to your state's default withholding percentage rate.
  - You may contact us at any time to change your tax withholding election.

## 6 Delivery Instructions (optional)

We will mail your check by first class mail to the address we have on file, **unless** you choose one of the options below.

Please select only one option.

**Direct Deposit/EFT to a bank account** (Please select only one direct deposit option.)

I wish to establish and use direct deposit banking information **for this and future EFT withdrawals**.

- If your contract does not permit direct deposit, or if you do not send a voided check or a letter from your bank as indicated below, this request **will not** be processed.
- Payments may not be set up for direct deposit to bank accounts outside the United States or Puerto Rico.
- If you have an automatic payment program on file, these instructions will **override** your existing payment method and **replace** it with direct deposit/EFT to a bank, unless otherwise instructed.

Bank Name

Account Name(s)

Nine-Digit Routing Number

Account Number

**New checking account**

- A voided check is required to be submitted with this form. The check must indicate the name(s) on the account and contain a security feature.
- Starter checks, deposit slips and handwritten information will **not** be accepted.

**New savings account**

- A letter from your bank on bank letterhead is required to be submitted with this form.
- The letter must indicate the name(s) on the account as well as the account number and routing number.
- This letter must be signed by a bank representative and list their full title.

## 6 Delivery Instructions (continued)

### By signing section 7 of this form:

- You authorize the Company to send funds via direct deposit to the bank.
- You also authorize the bank to refund any overpayments made by the Company to this account, during or after your lifetime, by debiting the account for any overpaid amount(s).
- This authorization will be effective until you give the Company notice, in writing, to make a change.

**ATTACH VOIDED CHECK HERE.**

Please use the direct deposit/EFT banking information on file, bank account ending in \_\_\_\_ \_\_\_\_, to process this request.

- **Do not list your Bank Routing number.**
- If you do not have banking information on file, do not provide the last four digits of your bank account above, or we are unable to validate the direct deposit/EFT banking information on file, this withdrawal will not be processed.

**Overnight delivery**

- We cannot deliver overnight to a P.O. Box.
  - If a street address is not provided, we will send your check by first class mail to the address we have on file.
- We will deduct a \$15 fee for this service.

**Send a check for the withdrawal amount to a different address.**

- If you want your check mailed to a payee other than the owner, the payee must be either a charity or financial institution.
- If you want your check mailed to an address other than the address we have on file for the owner, we require **Notarization** of this document. Complete the "Mailing Address" fields below and see section 7.
- We are not able to send a check to the Agent's address of record

Payee

Mailing Address

City

State

Zip Code

## 7 Signature(s)

### All owners must sign this form.

If you are signing this form as a fiduciary (power of attorney, trustee, guardian, custodian, etc.) for the contract owner, you must sign in your fiduciary capacity and not in your individual capacity. We will need your authorizing documents to process this request. If we do not have them on file, please attach them to this form.

We require **Notarization** if any of the following situations applies:

- A withdrawal request to mail checks to an address other than the address we have on file for the owner.
- A withdrawal request when the owner's address has changed within the last 30 days of us receiving the request, and the funds are being sent via check.
- Any withdrawal request on a contract with multiple owners where funds are to be made payable to only one owner.

We **will accept** a Signature Guarantee in place of Notarization.

We require an **Signature Guarantee** stamp with **each** signature, if any one of the following situations applies:

- Any withdrawal requesting \$250,000 or more, unless for a transfer, rollover, or exchange to another financial institution, or when funds are being sent to the address of record.

We **will not accept** Notarization in place of a Signature Guarantee.

You may obtain a **Signature Guarantee** stamp at an FDIC-insured bank; a member firm of the New York, American, Boston, Midwest, Philadelphia, or Pacific Stock Exchange; or any company that is a member of the Securities Transfer Agents Medallion Program (STAMP).

- **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

I agree to use esignature for this transaction and agree and acknowledge that my electronic signature is the legal equivalent to my manual/handwritten signature and I consent to be legally bound to this agreement.

Owner Signature X	Date (mm/dd/yyyy)	Joint Owner Signature (if applicable) X	Date (mm/dd/yyyy)
Please Print Owner Name		Please Print Joint Owner Name (if applicable)	
Signature Guarantee Stamp (if applicable)		Signature Guarantee Stamp (if applicable)	

I hereby certify that I, the above-signed, am the owner of this annuity contract or, if the contract is owned by an entity, that I am an authorized signer thereof, and that I am signing this request in that capacity.

The above-signed hereby agrees, for myself and/or the entity identified above, to indemnify and hold the Company harmless from any and all claims, liabilities, and losses sustained or incurred by its reliance on my instructions herein.

**Notary Signature and Stamp:** The person(s) whose signature(s) appears above have appeared before me, have been sworn, and have attested that the information contained in this document is true.

Notary Signature X	Date (mm/dd/yyyy)
Notary Seal (if applicable)	
My Commission Expires: _____	

## Contact Us

### By mail

Delaware Life  
P.O. Box 80428  
Indianapolis, IN 46280-0428

### By express mail

Delaware Life  
10555 Group 1001 Way  
Zionsville, IN 46077

### By fax

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### By email

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### Online

[delawarelife.com](http://delawarelife.com)

### By phone

Customer Service **800-374-3714** M-F 8:30 a.m.-6:00 p.m., ET