

Annuitant name	Plan type	Account number
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Please indicate the amount per payment

Minimum amount required by law

Maximum amount allowed by law

Specified amount:

GROSS amount per payment \$ _____

NET amount per payment \$ _____

Please indicate the frequency of your payments

Date: the 15th the 30th

Frequency: Monthly Quarterly Semi-annually Annually

State date of payments _____ (MM/YY)

Please indicate where you would like us to send the payments

My financial institution account on record via EFT

My Solium Financial Trading Account

Special withholding tax instructions

I elect the amount of \$ _____ or _____ % (whole numbers only) withholding tax to be deducted per payment

Please indicate if you would like to stop payments

Please stop all payments until further notice

*Subject to the minimum amount required by law

Authorization

By signing below, I the annuitant, confirm and approve the instructions outlined above. I understand that I can change these instructions at any time with the completion of a new form.

X _____
Annuitant signature

Date (MM/DD/YY)

*Please ensure there is sufficient cash available in your account for each payment. If you require a systematic Mutual Fund redemption to cover these payments, please complete our Systematic Withdrawal Form.