



GCU

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Request for Systematic Annuity Withdrawals

New Request Change to Existing Cancel Existing

(Must Be Accompanied by an Authorization for Direct Deposit)

First Name: _____ Certificate Number(s): _____

Last Name: _____

Address: _____ Last 4 Digits of SSN: _____

_____ Phone Number: (____) _____

(Is this a new address? Yes No) Cell Phone: (____) _____

Email Address: _____ Date of Birth: ____/____/____

I hereby authorize the Greek Catholic Union (GCU) to withdraw: (Please indicate either "Interest Only" or write in the stated dollar amount requested per systematic withdrawal)

Interest Only *(When choosing "Interest Only," please be aware the monthly distribution will vary according to the number of days each month. Also, the day of your withdrawal will coincide with the original effective date or your contract.)*

\$_____ Stated Dollar Amount *(When choosing a stated dollar amount for the systemic withdrawal, the GCU processes these requests on or around the 13th day of each month. You can expect to receive your funds electronically on or around the 15th day of the month, depending on holidays and weekends. Please plan for and allow up to 1 week to receive these funds.)*

Frequency of Withdrawals: I choose to have the systematic withdrawals distributed to me:

Monthly Quarterly Semi-Annually Annually

Election to Withhold Taxes:

(Tax section must be completed)

I elect not to have income tax withheld.

I elect to have income tax withheld at a flat amount of \$ _____.

I elect to have income tax withheld equal to _____% of taxable amount.

NOTE: If you do not make one of the selections above, GCU must withhold the mandatory 28% as set forth by Internal Revenue Service regulations.

I understand that this systematic withdrawal authorization will continue until such time as I alert GCU, in writing, to end the withdrawals. Furthermore, I understand that all systematic withdrawals are done via direct deposit only and have attached an Authorization for Direct Deposit Form.

Once a distribution has been made, you may NOT change modes until the next contract year.

Distributions PRIOR to age 59 ½ may be subject to an early distribution penalty imposed by the IRS. Contact your tax advisor for details.

Stated amount withdrawals that exceed the maximum annual surrender charge free provisions of any contract will be subject to a surrender charge.

Owner's Signature: _____ Date: _____

Direct Deposit Form Required