## Annuity Partial Withdrawal Form

First Name:		
Last Name:		
Address:	SSN:	
	Phone Number: ()	
(*Is this a new address? ☐ Yes ☐ No)	Cell Phone: ()	
Email Address:		
*Address changes will result in a delay of processing tin	for member security verification purposes.	
accordance with the provisions in my annuity cert the withdrawal option on my annuity certificate. I from the amount above.  Surrender Charges may be applicable.  Election to Withhold Taxes:	the amount of \$ in inficate. I agree that this withdrawal shall be governed by understand that any tax withholding will be deducted ding, GCU must withhold the mandatory 28% as set	
☐ I elect not to have income tax withheld	l.	
☐ I elect to have income tax withheld at	a flat rate of \$	
☐ I elect to have income tax withheld equ	ual to% of taxable amount.	
Please Process as:  ☐ Paper check		
☐ Direct deposit. (If direct deposit info is	not on file or attached, paper check will be disbursed.)	
Owner's Signature:	Date:	
(W-9 Form must be completed and accompany this		



### **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.				
	2 Business name/disregarded entity name, if different from above				
on page 3.	following seven boxes.  Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
pe.		Exempt payee code (if any)			
Print or type. Specific Instructions on page	LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that	Exemption from FATCA reporting code (if any)			
F iji	is disregarded from the owner should check the appropriate box for the tax classification of its owner.	(A-1)-4-1-10			
bed	Outer (see instructions) F	(Applies to accounts maintained outside the U.S.) and address (optional)			
See S	Viduress (number, street, and upt. of state no.) see institutions.	ia address (optional)			
Ō	6 City, state, and ZIP code				
	7 List account number(s) here (optional)				
Par	t I Taxpayer Identification Number (TIN)				
	your fire in appropriate box. The fire provided materials from and given on the avoid	urity number			
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>					
TIN, later.					
Treter in the decease is in more than one hand, eve the method to the first and the fi		dentification number			
Numb	er To Give the Requester for guidelines on whose number to enter.				
Par	Certification				
Unde	penalties of perjury, I certify that:				
2. I ar Ser	number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issunt not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been now vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) to onger subject to backup withholding; and	otified by the Internal Revenue			
3. I ar	n a U.S. citizen or other U.S. person (defined below); and				
1 The	EATCA code(a) entered on this form (if any) indicating that I am exempt from EATCA reporting in correct				

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid,

other than	1 1 2/	utions to an individual retirement arrangement (IRA), and generally, payments, but you must provide your correct TIN. See the instructions for Part II, later.	
Sign Here	Signature of U.S. person ▶	Date ►	

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN). individual taxpaver identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,

# Authorization for Direct Deposit into a Checking Account

(For transferring funds from your GCU account to your Financial Institution)

☐ New Request ☐ Change to Existing ☐ Cancel Existing			
First Name:	Certificate Number(s):		
Last Name:			
Address:			
	Phone Number: ()		
(Is this a new address? ☐ Yes ☐ No)	Cell Phone: ()		
Email Address:	Date of Birth:/		
Financial Institution's Name:			
Financial Institution's Phone:			
Please complete the following information:			
Desired Frequency of Direct Deposit:			
☐ Monthly ☐ Quarterly	☐ Semi-Annually ☐ Annually		
FOR DIRECT DEPOSITS			
A Voided C	A Voided Check is Required.		
PLEASE ATTACH HERE WITH TAPE.			
and adjustments for any electronic entry in error to m named below, hereinafter called DEPOSITORY, to co to remain in full force and effect until GCU has red	t entries and to initiate, if necessary electronic deposit entries by (our) account indicated below and the financial institution redit and/or debit the same to such account. This authority is ceived written notification from me (or either of us) of its fford GCU and DEPOSITORY a reasonable opportunity to		
Owner's Signature Required	Date		