

Aurora National Life Assurance Company
P.O. Box 667, Jacksonville, IL 62651 • (800) 265-2652

INSTRUCTIONS: Please place an "x" in the appropriate boxes and provide the necessary information. All distributions are subject to the deduction of appropriate surrender charges. Please print all information and return to Aurora at the above address, ATTN: Client Services, Phone (800) 265-2652.

NAME OF ANNUITANT	CONTRACT NUMBER	
OWNER(S) NAME	OWNER'S DATE OF BIRTH	
SOCIAL SECURITY OR TAX I.D. NUMBER OF OWNER	OWNER'S TELEPHONE NUMBER	
OWNER'S CURRENT ADDRESS (Street, Route, P.O. Box, Apt. No., City, State, Zip)	IS THIS A NEW ADDRESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NOTE: If the check is to be mailed to an address different than above, please complete section F (Payee) on the reverse side.

A. FREE WITHDRAWAL OR PARTIAL/FULL SURRENDER

I hereby request Aurora National Life Assurance Company to remit payment from this annuity as indicated below:

- Penalty-free Withdrawal:** (available for AuroraPlus contracts only)
Withdraw the full amount available without penalty as defined in the contract.
- Partial Surrender:**
Specify withdrawal amount \$ _____.
- Full Surrender:**
Withdraw the full value of the Contract less any applicable surrender charge. If you elect a Full Surrender, you must submit the Contract along with this form. If you do not have the Contract, you must check off the box immediately below indicating non-possession of the Contract.
 The Owner declares that this Contract has been lost, stolen, misplaced or otherwise destroyed. The Owner agrees to return the Contract without claim if it is found.
- Minimum Distribution (for Contract Holders who are age 70 1/2 or older in the current year)**
Withdraw the required minimum distribution based on the life expectancy factor indicated below (refer to IRS Publication 575 for more information). I understand that all life expectancies eligible to be recalculated will be recalculated annually unless I inform Aurora otherwise and that once I choose a method of computing life expectancy, my choice is irrevocable and shall apply to all subsequent years (choose only 1 option).
 a. The life of the Annuitant only.
 b. The lives of the Annuitant and the following Beneficiary (Note: if you name a Beneficiary other than the Beneficiary of Record under your contract, we will not be able to process your request without first receiving an Annuity Service Request form number 1207A, requesting a change of beneficiary).

BENEFICIARY NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH
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IMPORTANT: Any non-periodic distribution under your Contract, other than a Minimum Distribution (Item number 4, above) or a return of amounts that were previously taxed to the annuitant, is eligible for rollover to another "eligible retirement plan" (generally, an IRA or another employer plan). If the eligible rollover distribution is rolled directly into an eligible retirement plan, withholding is not required. Otherwise, Federal income tax withholding at a rate of 20% is required on the taxable portion and the distribution may be subject to IRS penalty taxes. To do a direct rollover, please read the **Special Tax Notice** and then complete Section B, **Mandatory 20% Federal Tax Withholding** instead of Section C of this form.

B. MANDATORY 20% FEDERAL TAX WITHHOLDING (Must be completed)

Please read the **Special Tax Notice** carefully before completing this section.

The taxable portion of your distribution may be subject to mandatory 20% Federal income tax withholding (plus additional state income tax withholding, where applicable) unless you meet one of the following exceptions in subsection (1). If none of the exceptions in subsection (1) apply to you, you must check the box in subsection (2).

- I am directing that these funds be paid as a direct rollover to another qualified plan, qualified annuity or IRA (please indicate the name of the financial institution and the policy or account number in Section D).
- The distribution consists of non-taxable amounts (amounts that were taxed to me prior to contributing them to the contract) and/or is less than \$200 (do not complete Section C).
- I am (or will be) age 70^{1/2} in the year of the distribution (complete Section C).
- I am checking this box because, to the best of my knowledge, none of the preceding exceptions apply, and therefore I understand that my distribution may be subject to mandatory 20% Federal income tax withholding and, where applicable, State income tax withholding (do not complete Section C).

**C. WITHHOLDING ELECTION (For other than Eligible Rollover Distributions and Direct Rollovers)
PLEASE READ CAREFULLY**

Federal (and some State*) tax laws require that tax be withheld on the taxable portion of any distribution, including a loan, 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 complete a valid Withholding Election prior to the distribution of your loan proceeds, or if you do not provide us with your Social Security or Tax Identification Number, we will 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).

D. PAYEE (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.)

Note: The check will be mailed to the Owner at the Address of Record unless you have completed this section. Please check the appropriate box(es):

1. The following financial institution has agreed to accept this direct rollover to a(n) (check one):
 - A. IRA
 - B. Former Pension Annuity
 - C. Qualified Plan
2. This payment is not a direct rollover, but please deposit it to the account listed below.

NAME OF INSTITUTION	NEW POLICY OR ACCOUNT NUMBER
AS TRUSTEE/CUSTODIAN OF (Name of Trust or Account, if any)	FOR BENEFIT OF
STREET ADDRESS	CITY, STATE, ZIP CODE

E. SPOUSAL CONSENT TO DISTRIBUTION

The Internal Revenue Code requires a signed Spousal Consent unless the Annuitant qualifies for one of the exceptions in subsection (1) below.

1. **Check this box if one of the following apply:**
 - Your contract was distributed to or owned by you prior to September 17, 1985, and no further contributions have been made to it under your employer's qualified plan.
 - The cash value of your contract is less than \$3,500.
 - The distribution will be paid to an alternate payee under a qualified domestic relations order as defined in IRC Section 414(p).
2. I am checking this box because none of the above exceptions apply. **If this box is checked, a notarized Spousal Consent form must be attached (form 1011A)**

F. 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 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 <input type="checkbox"/>	DAYTIME TELEPHONE NUMBER ()
SIGNATURE OF IRREVOCABLE BENEFICIARY (If any) <input type="checkbox"/>	SIGNATURE OF OWNER'S SPOUSE (community property states) <input type="checkbox"/>