

INSTRUCTIONS: Please place an "x" in the appropriate boxes and provide the necessary information. 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 D (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:

1. **Penalty-free Withdrawal:** (available for *AuroraPlus* contracts only)
 Withdraw the full amount available without penalty as defined in the contract.
2. **Partial Surrender:**
 Specify withdrawal amount:\$
3. **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 and that it has not been given as collateral to another party. The Owner agrees to return the Contract without claim if it is found.
4. **IRA Minimum Distribution** (For IRA/SEP Contracts Holders only 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 590 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).
 - The life of the Annuitant only.
 - 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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CONTINUED ON REVERSE SIDE

B. WITHHOLDING ELECTION - PLEASE READ CAREFULLY

Federal (and some State*) tax laws require that income tax be withheld on the taxable portion of any distribution 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 elect a valid withholding election below prior to the distribution of your withdrawal/surrender proceeds, or if you do not provide us with your Social Security or Tax Identification Number, we must 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

- Do Not Withhold** Federal or, if applicable, State Income Tax from my loan proceeds
- Withhold** Federal and, if applicable, State Income Tax from my loan proceeds
- 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).

C. PAYEE The check will be mailed to the owner at the Address of Record unless you complete this section. (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.)

PAYEE NAME	ADDRESS (Street, Route, P.O. Box, Apt. No.)
CITY, STATE, ZIP CODE	

D. 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 read the withholding notice above. 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"/>	DATE	DAYTIME TELEPHONE NUMBER ()
SIGNATURE OF IRREVOCABLE BENEFICIARY (If any) <input type="checkbox"/>	SIGNATURE OF ASSIGNEE (If any) <input type="checkbox"/>	

I, the owner's spouse, hereby consent to the requested distribution.

SIGNATURE OF SPOUSE <input type="checkbox"/>	DATE	DAYTIME TELEPHONE NUMBER ()
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NOTE: If signing on behalf of a corporation, provide the corporate seal and include the printed name and title of the person signing.

NAME OF CORPORATION	DATE
NAME OF SIGNING OFFICER	TITLE