

***Benefit  
Payment  
Election***

**AURORA**

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Aurora National Life Assurance Company

### INSTRUCTIONS

*This form should be completed by you, the Employee and Annuitant, when applying for Retirement Benefits.*

**Section 1 - ANNUITANT INFORMATION.** *The address should always be your home address, even if your monthly payments will be sent to a bank. The address should be your complete address, including zip code, apartment number, etc. Your home phone number should include the area code.*

*You must complete a bank authorization form and attach it to this election form if you would like your benefit payments deposited directly to a financial institution. (Please see section 4 below, on Electronic Fund Transfers.) You may obtain these forms from Aurora or your Employer.*

**Section 2 - SPOUSE INFORMATION.** *You must indicate your marital status and if you are married, you must complete Section A. A copy of your marriage certificate must accompany this election form. If a marriage certificate is not available, then you must present some other type of proof of your date of marriage, in a form satisfactory to Aurora.*

**Section 3 - RETIREMENT BENEFIT PAYMENTS.** *You must indicate the date on which you would like to begin receiving benefit payments. You must also indicate your choice of benefit payment options from those shown on your Retirement Benefit Illustration. You may select options 1 or 2 ONLY if they appear on your illustration. If they do not appear or if you would like to select another option that appears on your Retirement Benefit Illustration other than 1 or 2, indicate your selection in the space provided next to selection 3. A married participant may not elect an option other than the Joint and Survivor Annuity without the spouse's consent.*

*You must designate a beneficiary if the benefit option you chose in Part 3 provides for any benefits payable after your death. If you are married, you must name your spouse as primary beneficiary unless your spouse consents otherwise.*

*If you are married and have not elected the Joint and Survivor Life Annuity in Part 3 or have not named your spouse as primary beneficiary in Part 3, then your spouse must complete all parts of the spousal consent section.*

**Section 4 - ELECTRONIC FUND TRANSFER.** *Benefit payments will be on either the first or the last day of the month. Some modes may be unavailable if the amount of proceeds applied would result in payment amounts of less than \$50.00. Benefit payments must be at least \$500 per payment if paid by check or \$50 per payment if paid by Electronic Fund Transfer (EFT). If the periodic payment is less than the minimum as required by the elected method of payment, the modal period will increase to the next available mode (quarterly, semi-annually, etc.) until annual.*

**Section 5 - WITHHOLDING ELECTION.** *You may request to have Federal Income Tax withheld from each benefit payment based on a certain number of exemptions or a flat amount. You may also elect to have State Income Tax withheld, if applicable. Indicate your selection in the appropriate spaces. Please note that Aurora will not withhold state income taxes for residents of states other than those listed.*

**Section 6 - SIGNATURES.** *This election form **MUST** be signed by the Annuitant and the Annuitant's spouse if a joint annuity is elected.*

**1. ANNUITANT INFORMATION**

NAME (Checks should be made out to) Last, First, Middle

TELEPHONE NO.

SOCIAL SECURITY NO.

DATE OF BIRTH (MM-DD-YY)\*

DO YOU WANT CHECKS SENT TO A BANK?

☐ YES\*\*☐ NO

OWNER'S CURRENT ADDRESS (Street, Route, P.O. Box, Apt. No. City, State, Zip)

IS THIS A NEW ADDRESS?

☐ YES☐ NO

\* You must submit proof of your age with this form

\*\* Please complete and attach the Direct Deposit/EFT Form and attach a deposit slip.

**2. SPOUSE INFORMATION (This section must be completed if the Annuitant is married)**

ARE YOU MARRIED?

☐ YES☐ NO

IF YES, SHOW DATE OF MARRIAGE (MM-DD-YY)

SPOUSE'S DATE OF BIRTH (MM-DD-YY)\*\*\*

SPOUSE'S NAME

SPOUSE'S SOCIAL SECURITY NO.

SPOUSE'S ADDRESS (Complete only if different from Annuitant's address, above)

CITY

STATE

ZIP CODE

\*\*\* You must submit proof of your spouse's age and attach a copy of your marriage certificate to this form.

**3. RETIREMENT BENEFIT PAYMENTS**☐ A. I hereby request the Retirement Benefit Payments to start on \_\_\_\_\_  
(MONTH/DAY/YEAR)☐ B. **Benefit Payment Option.** Please select one of the Benefit Payment Options shown on your Retirement Benefit Illustration and indicate your selection below. Attach a copy of your Retirement Benefit Illustration to this election form.☐ 1. Life Only Annuity☐ 2. Joint and 50% Survivor Life Only Annuity☐ 3. Other: \_\_\_\_\_**Important Note:** If you are married, you must elect a Joint and Survivor Annuity unless your Spouse consents to a different option. Please see section (D) below.☐ C. **Beneficiary Designation.** Please complete only if the Benefit Payment Option you have selected provides for benefits payable after your death. If you are married, then you must name your spouse as primary beneficiary unless your spouse consents otherwise. Please see section (D) below.

NAME OF PRIMARY BENEFICIARY

RELATIONSHIP TO ANNUITANT

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME OF CONTINGENT BENEFICIARY

RELATIONSHIP TO ANNUITANT

STREET ADDRESS

CITY

STATE

ZIP CODE

☐ D. **Spousal Consent.** If you are married and have:

1) not elected a Joint and Survivor Annuity in 3(B) above, OR

2) not named your spouse as primary beneficiary in 3(C) above,

then your spouse must complete all parts of the spousal consent in section 6 on the reverse side of this form. The spouse's signature must be witnessed by the Trustee, Plan Representative, or notary public.

**4. ELECTRONIC FUND TRANSFER (EFT)**

Complete this section if your benefit payments are less than \$500.00 or you want your payments deposited electronically.

BANK NAME

BANK ADDRESS

ACCOUNT NUMBER

☐ Checking  
☐ Savings

Routing Number

Benefit payments will be on the first or the last day of the month. Some modes may be unavailable if the amount of proceeds applied would result in payment amount of less than \$50.00. Benefit payments must be at least \$500 per payment if paid by check or \$50.00 per payment if paid by Electronic Fund Transfer (EFT). If the periodic payment is less than the minimum, the modal period will increase to the next available mode (quarterly, semi-annually, etc.) until annual.

## 5. WITHHOLDING ELECTION (Not applicable to Eligible Rollover Distributions.)

Please read carefully and check the appropriate boxes below.

Federal (and some State\*) tax laws require that income tax be withheld on the taxable portion of any distribution unless otherwise specified by you (Montana residents - withholding is only done if specifically requested by you). Please check the appropriate boxes below. You may not elect to have state income tax withheld unless you elect to have Federal income tax withheld. You may change your election at any time by notifying the Company and completing a new withholding election.

Different withholding rules apply to payments mailed to a foreign address. Different withholding rules also apply to "eligible rollover distributions" which are payments under a period certain annuity of less than 10 years (no life contingency) where the payee is under age 70 1/2.

Even if you elect not to have income tax withheld, you are liable for the payment of income tax on the taxable portion of each payment. 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 commencement of payments or if you do not provide us with your Social Security or Taxpayer Identification Number, we must withhold Federal and, if applicable, State income tax from your proceeds. Once a payment has been processed, no refunds of withheld amounts can be made.

\* For residents of California, Iowa, Massachusetts, Oklahoma, Oregon, Vermont, Virginia, Montana, and Georgia.

- ☐ I DO NOT want Federal Income Tax withheld from each payment.  
☐ I DO want Federal Income Tax withheld from each payment, according to the specifications below.  
☐ I DO NOT want State Income Tax withheld from each payment. (Applicable only in certain states.)  
☐ I DO want State Income Tax withheld from each payment
- ☐ Single ☐ Married Number of Exemptions \_\_\_\_\_ or a flat amount of \$ \_\_\_\_\_ each month.

## 6. SIGNATURES

**ANNUITANT.** I have carefully reviewed the information provided to Aurora National Life Assurance Company in this election form, and state that it is true and complete to the best of my knowledge. I understand that the Company will issue a Schedule of Retirement Benefits and will make benefit payments based on this information.

ANNUITANT'S SIGNATURE

DATE

I \_\_\_\_\_ I \_\_\_\_\_

**SPOUSE.** 1) I, \_\_\_\_\_, ☐ Consent ☐ Do Not Consent  
to a benefit payment option other than a Joint and Survivor Annuity. I understand that if I consent to an option other than a Joint and Survivor Annuity, I may receive less money than I would have received under the Joint Survivor Annuity and I may receive nothing after my spouse dies, depending on the payment option that my spouse chooses.

2) I, \_\_\_\_\_, ☐ Consent ☐ Do Not Consent  
to a beneficiary other than myself. I understand that if I consent to a different beneficiary, then I will not receive death benefits if my spouse dies before me.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

SPOUSE'S SIGNATURE

DATE

**TRUSTEE.** I hereby request transfer of rights and title to assets attributable to this Benefit Payment to the Annuitant. Accordingly, Aurora is authorized to withdraw the cost of such Benefit Payment from the Account Value, unless an individual annuity has already been purchased on behalf of the Annuitant.

TRUSTEE/PLAN REPRESENTATIVE'S SIGNATURE

DATE

## 7. NOTARY

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

by \_\_\_\_\_

MY COMMISSION EXPIRES:

Notary Public