



Insured/Annuitant: _____

Policy #: _____

I wish to receive income via Systematic Withdrawals from the above named annuity with payments to begin _____
and paid at the following intervals: _____ Month/Day/Year

- Monthly Quarterly Semiannually Annually

In order to participate in the Systematic Withdrawal program, the minimum amount of each check must be \$100.00. A Systematic Withdrawal payment which would reduce the accumulated value to \$2,000 or less will be treated as a full surrender of the Contract.

Complete Automatic Deposit Authorization Agreement 433-191 if you would prefer direct deposit instead of a check.

The payment amount should be based on one of the following calculations:

- a. Fixed amount of \$ _____ per check.
- b. Fixed percentage of _____ % of Account balance (amount to be recalculated at each withdrawal.)
- c. Interest only.

Note: Payments above may result in reduction of the original principal. Unless requested otherwise, any applicable withholding or surrender charge will reduce the requested payment amount.

I understand that if withdrawals exceed my annual penalty-free amounts, subsequent checks will be reduced by the appropriate surrender penalty. Systematic Withdrawals will be deemed as interest first and as such reported as taxable income. Distributions prior to my age 59½ may also be subject to IRS premature distribution penalties. I further acknowledge that Farm Bureau Life Insurance Company has made no representations that the above distribution schedule will fulfill my specific tax obligations.

Unless the Company has been notified of a community property interest in this Policy, the Company shall be entitled to rely on its good faith belief that no such interest exists and assumes no responsibility for inquiry. The Insured and/or Policy Owner signing this form agrees to indemnify and hold the Company harmless from the consequences of accepting this transaction.

ELECTION OF WITHHOLDING AND REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

FEDERAL/STATE WITHHOLDING INSTRUCTIONS:

You must indicate if Federal/State income tax should be withheld from your payment by signing and dating this election form and returning it to the Home Office.

Even if you elect not to have Federal/State income tax withheld, you are liable for Federal/State income tax on the taxable portion of your benefits. You also may be subject to tax penalties under the Estimated Tax Payment rules if your payment of estimated tax and withholding, if any, is not adequate.

If you have any questions about your tax liability, please contact your tax advisor.

- I **do not** want Federal/State income tax withheld from my payment
 I **do** want Federal/State income tax withheld from my payment.

TAX PAYER IDENTIFICATION NUMBER (TIN) _____

OR

Social Security Number

Employer ID Number

CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

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, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Owner's Signature*

Joint Owner's Signature

Date

Signature of Assignee, if assigned

***For corporations, signature must be officer other than Insured.**