



ANNUITY POLICY SERVICE REQUEST

**CONTRACT NUMBER** Policy(保険証券)記載のご契約番号 **ANNUITANT** 被保険者様の氏名

**NAME OF CONTRACT OWNER** ご契約者様の氏名

同住所にお住まいのBeneficiary/Contingentの住所変更を同時に申請する場合は✓

1.  CHANGE OF NAME FOR  Annuitant  Beneficiary  Owner  Payor  
 CHANGE OF ADDRESS FOR  Annuitant  Beneficiary  Owner  Payor

**OLD** 旧(現在ご登録の)住所 2400 W Carson St STE 210 Torrance, CA 90501 USA  
**NEW** 新住所 2400-1 Nishi-dori Apt #210 Sakura-shi, Tokyo 123-1234 **JAPAN**

例) 〒123-1234 東京都桜市西通り2-40 WFCハイツ201号

2. **LOST CONTRACT:** Issue a  Certificate a  Duplicate Contract (a fee of \$50.00 and Form 357 is required)  
 米国外のご住所の場合は、郵便番号のあとに国名をご記入ください

3. **CHANGE METHOD OF PREMIUM BILLING TO:** \$ \_\_\_\_\_  Annual  Semiannual  Quarterly

4. **PARTIAL WITHDRAWAL (May be subject to withdrawal charges)** (choose one, and complete Section 5)

**A 10% tax penalty usually applies to withdrawals taken before Owner's age 59<sup>1/2</sup>.**

- a. Amount \$ \_\_\_\_\_  
 b. Maximum amount without withdrawal charges  
 c. Automatic Interest Withdrawal  Monthly  Annual  
 d. Required Minimum Distribution  
 IRS Minimum Distribution for year \_\_\_\_\_  
 IRS Minimum Distribution for EACH year beginning with \_\_\_\_\_

**Method of Calculation**

- Uniform Lifetime Table  
 Other

**If contract is owned by Trustee(s) of a Pension Plan**

This withdrawal is for the benefit of: \_\_\_\_\_  
 (Name of Participant)

- due to  Retirement  
 Termination of Employment  
 Death of Participant  
 Disability  
 Other \_\_\_\_\_



**(Complete if applicable)**

Pay the withdrawn amount to the Company to be applied as premium on Policy / Contract / Application Number:

\_\_\_\_\_ (if a policy is issued by the Company for said application on the life of: \_\_\_\_\_)

Pay the net cash value to: \_\_\_\_\_

Whose address is \_\_\_\_\_

To whom I assign, transfer and set over my right, title and interest to the withdrawn amount.

Subject to the terms of the policy / contract, any withdrawal charge created by the partial cash withdrawal will be subtracted from the remaining policy / contract or net cash value. I understand that the amount payable under the policy / contract on the death of the annuitant or on the surrender of the policy / contract will be reduced by the amount of the withdrawal, plus the surrender charge, if any.

**Waiver of withdrawal charge is requested due to (for contracts containing Nursing Home provision)**

Confinement to Nursing Home (Name, Address and Telephone # of Nursing Home required)

Date of Admittance: \_\_\_\_\_ Date of Discharge (if applicable): \_\_\_\_\_

Name of Nursing Home: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**5. TAXES AND WITHHOLDING ELECTION**

Federal tax law states that the taxable portion of withdrawals is subject to 10% income tax withholding, although you may elect to have it withheld at a different percentage rate, a specific dollar amount or elect no withholding. Unless you request otherwise, Lafayette Life will be required to withhold 10% federal income tax. If you are a resident of CA, DC, IA, KS, MA, ME, NE, NC, OK, OR, VA, VT or Puerto Rico and withhold federal tax, Lafayette Life must also withhold state tax at the state's standard rate unless you indicate otherwise. State withholding does not apply in AK, FL, NH, NV, SD, TN, TX, WA and WY. If you choose not to withhold federal tax, Lafayette Life will also not withhold any state income tax unless you indicate otherwise. If you are a resident of DC or MI and your contract is qualified, state withholding is mandatory.

Even if you elect not to have income tax withheld, you are still liable for the payment of income taxes on your taxable distributions. You may also be subject to tax penalties if your payments of estimated tax and withholding, if any, are inadequate.

I direct Lafayette Life:

NOT to withhold federal income taxes (or state income tax, if applicable)

To withhold taxes as follows:

Federal  standard rate

State  standard rate, if applicable

※ご印刷の上、必ず直筆でご署名ください  
タッチパネルでのサイン(電子署名)やタイプ入力のサインは受理されません

ご署名日

Signed this 日 10 day of 月 January year 年 2023

ご契約者様の英語 (ローマ字・筆記体等) 表記・直筆のご署名

Witness to your signature

Signature of Owner (and title if owner is a corporation or trust)

Witness' Address

新住所をご記入ください  
Mailing Address of Owner  
City State Zip Code

City State Zip Code

Signature of Spouse  
(When Required by State Law)

お電話番号  
Telephone Number  
ご契約者様のSSN XXX-XX-XXXX

Social Security Number / Tax Identification Number

