



EQUITABLE

EQUI-VEST®

Disbursement

Basic Disbursement Form for
Traditional IRA/Roth IRA/NQ only

Return:

Express Mail:

Equitable
EQUI-VEST Processing Office
Suite 1000, 100 Madison St.
Syracuse, N.Y. 13202

Regular Mail:

Equitable
EQUI-VEST Processing Office
P.O. Box 4956
Syracuse, N.Y. 13221

Fax Number:

(816) 701-4969

For Assistance: Call (800) 628-6673

Monday – Thursday 8:00 a.m. – 7:00 p.m. EST

Friday 8:00 a.m. – 5:00 p.m. EST

To Sign Up For eDelivery:

Visit us at www.equitable.com

Please be advised: Due to IRS implementation of the Foreign Account Tax Compliance Act (FATCA), taxable disbursements made to an entity (business, trust or estate) owners/payees may be subject to 30% withholding if proper documentation is not on file. Proper documentation is considered to be a properly completed and signed IRS Form W-9 for domestic entities. Foreign entities are expected to submit a properly completed and correct type of IRS Form W-8. In the event proper documentation is not on file with Equitable, we will withhold the required 30% upon disbursement. For further details regarding the FATCA rules and regulations and how disbursements may be affected, please contact your tax advisor.

1. Type of Request

Please complete all of the sections listed if you are requesting a:

- Partial Withdrawal — Sections 2, 3, 5, 6 and 7
- Cash Value Surrender — Sections 2, 4, 5, 6 and 7
- For any other type of withdrawal use form #126203

2. Owner's Information (Contract number must be provided to process this request.)

Certificate/Contract number:

94930479

Check the appropriate retirement program for the Contract listed above:

☐ TRADITIONAL IRA ☐ ROTH IRA ☐ NQ ☒ SEP/SARSEP ☐ SIMPLE IRA

Owner's Name: Claude Simon

First Middle/MI Last

Owner's Daytime Phone Number: 912-441-0062

Owner's Mobile Number 912-441-0062 Email Address csimon@fairlane.biz

Social Security Number: 106-50-1158

Joint Owner's Name: _____
First Middle/MI Last

Joint Owner's Daytime Phone Number: _____

Joint Owner's Mobile Number _____ Email Address _____

Social Security Number: _____

Annuitant's Name (if other than owner): _____
First Middle/MI Last

Social Security Number: _____

Address: 71 Tonjes Road
Number and Street Apt. / Suite / Floor

Callicoon NY 12723
City State Zip Code

☐ Please check if this is an address change.

3. Partial Withdrawals

- If the partial withdrawal amount you are requesting is in excess of the maximum amount which can be withdrawn, we will pay you the amount which can be withdrawn without canceling your contract.
- The total amount withdrawn will include applicable withdrawal charges which are deducted in addition to the partial withdrawal requested, from your total Annuity Account Value.
- Minimum withdrawal amount is \$300. Minimum remaining balance must be \$500.
- Withdrawals will be taken on a **pro rata** basis from the Guaranteed Interest Option (GIO) and/or Variable Investment Options unless specified otherwise in Section 3B.

A. Enter withdrawal amount requested below:

- ☒ Specific Amount: \$ 90000.00 taken pro rata
- ☐ Specific Percent: (specify whole %) _____ % taken pro rata
- ☐ Maximum CWC Free Amount
- ☐ Maximum Available without cancelling my contract.
- ☐ Required Minimum Distribution (RMD) for year _____

B. If you wish to take your withdrawal from a specific fund, provide those instructions below:

4. Total Surrender

Your contract will be terminated and you will receive the total cash value. Applicable withdrawal charges will be assessed. Please return your contract with this form. (Check the appropriate boxes below)

- ☐ I would like to surrender my contract.
- ☐ Check here if you selected a total surrender and are unable to locate your contract.

5. Important Tax Notification & Withholding Election

We will automatically withhold 10% Federal Income Tax from the taxable portion (NQ contracts) or the gross amount (all IRAs) of your withdrawal unless you check option A below.

- If this is a Roth IRA, even though your distribution may not be taxable, we are required to withhold Federal Income Tax from the gross amount of distribution, unless you elect out, as shown below. You will be able generally to compute the taxable amount, if any, of your Roth IRA withdrawal on your own tax return. We do not have to withhold if the distribution is clearly tax-free (for example, you have held this Roth IRA for more than 5 years and you are older than age 59½).
- Some states require us to withhold state income tax if Federal Income Tax is withheld.
- Please consult your tax advisor for rules that apply to you. If you are a US citizen/legal resident and the check is sent abroad, we must withhold tax.
- If you are not a US citizen/legal resident we require additional information. In addition to this form, please send us a letter requesting this withdrawal, indicating your current residence and citizenship status, along with an IRS Form W-8BEN. We will withhold 30% tax unless your Form W-8BEN properly indicates to us that we may withhold at a different rate.
- Please consult your tax advisor for rules that apply to you.

Withholding Election:

- A. ☒ I do NOT want Federal Income Taxes (and state income tax, if applicable) withheld from my withdrawal or surrender. I have provided my U.S. residence address and correct Taxpayer Identification Number below. I have provided the correct Social Security Number for an individual or Employer Identification Number for a non-natural owner. I have not asked for payment to be sent outside the United States. I understand that I am responsible for the payment of estimated taxes, and that I may incur penalties if my payments are not enough. Under penalty of perjury, I certify that the following Taxpayer Identification Number is correct:
- ☐ Social Security Number / ☐ EIN / ☐ Other _____
- B. ☐ I WANT to have 10% Federal Income Tax withheld from the taxable amount of my withdrawal or surrender (you may also designate an additional percentage below).
- C. ☐ I want an additional percentage of federal income tax withheld from my withdrawal or surrender:
- _____ % + 10% = _____ %.

Traditional (including SIMPLE IRA) or Roth IRA Tax Penalty

Amounts you withdraw from your contract may be included in your gross income, and if you are under age 59½, may also be subject to an early 10% penalty tax. (Your SIMPLE IRA is a form of traditional IRA and the 10% penalty is increased to 25% if the premature withdrawal is made within the first 2 years of your participation in the SIMPLE IRA plan.) However, exemptions from the 10% or 25% penalty tax may be available for certain qualifying withdrawals or transactions. Please consult your tax advisor.

6. Delivery Options

PLEASE SELECT ONLY ONE OPTION FOR WHERE YOU WOULD LIKE YOUR PAYMENT SENT. IF YOU DO NOT COMPLETE THIS SECTION, WE WILL DEFAULT TO THE ADDRESS OF RECORD AND SEND YOU A CHECK VIA FIRST CLASS MAIL.

- ☐ **First Class Mail** No Fee — Please allow 5-10 business days for delivery of your check.
- ☒ **Direct Deposit** No Fee — **Please enter your bank account information on lines 1-4 below.** Please allow 5-7 business days for delivery. ***You must attach a voided personal check for Direct Deposit requests. We cannot process your request without it.***
- ☐ **Express Delivery** \$35 fee — Allow 4 business days for delivery of your check.
- ☐ **Wire Transfer** \$90 fee — **Only available for net wire amounts of \$10,000 or more.** Please enter your bank account information on lines 1-4 below. Allow 2 business days for delivery of your funds. ***You must attach a voided personal check for Wire Transfer requests. We cannot process your request without it.***

PLEASE NOTE: IF WE ARE UNABLE TO VERIFY THE BANK ACCOUNT INFORMATION BASED ON THE INFORMATION YOU PROVIDED, A CHECK WILL BE MAILED TO YOUR ADDRESS OF RECORD VIA FIRST CLASS MAIL.

- ☐ This bank account has been previously used by me to electronically receive funds from Equitable. I acknowledge that for my own security, if this cannot be verified, a check payable to me will be mailed to my address of record.
- ☐ This bank account has not been used previously for electronic transfer of funds with Equitable. I acknowledge that for my own security, Equitable will attempt to validate the bank account, and if this cannot be verified, a check payable to me will be mailed to my address of record.

Enter your bank account information on lines 1-4.

1
Pay to the Order of

2
Financial Institution

3
Routing Number

4
Account Number

① Claude Simon
Name as it appears on bank account

② Chase Bank
Name of Bank / Financial Institution
471 West 42nd St
Bank Address
New York, NY 10036
Bank - City, State, & Zip Code

③ 021000021
Bank ABA / Routing # (9 Digits)

④ 882368142
Account #

**For Wire Transfers only:
For Further Credit To:**

Name of Client

Account Number

7. Authorize The Disbursement

The information on this form is correct and complete to the best of my knowledge. I authorize Equitable to make a partial withdrawal from or surrender of my contract. I understand that the partial withdrawal or surrender will be effective on the date that this form, properly completed and signed, is received at Equitable's EQUI-VEST Processing Office. I also understand that upon receipt of the properly completed and signed form, Equitable has 5 business days to process this request.

Financial transactions will be verified by a confirmation notice. If you do not receive the notice within 14 days of the transaction, please notify us immediately.

Signature: _____ 07/31/2023
Annuitant's Signature Current Date (mm/dd/yyyy)

Signature: _____
Signature of Owner, if Other than Annuitant Current Date (mm/dd/yyyy)

Signature: _____
Signature of Joint Owner (if Applicable) Current Date (mm/dd/yyyy)

Medallion Signature Guarantee: (Please Place Stamp Below)

We may require a medallion signature guarantee in some circumstances. We may also require a medallion signature guarantee in other circumstances. You may obtain a medallion signature guarantee at most banking institutions.

A medallion signature guarantee may NOT be obtained by a notary public.

TERMS AND CONDITIONS

Additional Information

- The Owner's name on the contract must be the same as the owner of the bank/financial institution account.
- Your bank or financial institution may take 2 or more business days to deposit the funds into your account.
- Keep in mind that in order to take advantage of direct deposit, your financial institution MUST be a participating member of the AUTOMATED CLEARING HOUSE (ACH) Association.
- Please check with your bank to make sure they participate before completing this form.

Direct Deposit Agreement

By my signature in Section 7 I consent to the following:

- By submitting and signing below you are certifying that the bank routing number and bank account number provided are accurate. You should confirm these with your bank or financial institution prior to submitting the form to ensure that you have the correct information for direct deposit. Incorrect information may misdirect and/or delay receipt of your funds.
- I certify that the above account(s) bears my name, that I am an unrestricted and authorized signer for each account and that the funds are being deposited to a financial institution within the US and will remain in a US Bank. The funds will not be credited further to an international bank.
- I hereby authorize Equitable Financial Life Insurance Company ("Equitable") to directly deposit the amount of my withdrawal in the account listed above at the above-named bank/financial institution. This authorization will become effective only upon acceptance by Equitable. This agreement will remain in full force and effect until Equitable has received written notification from me of its termination in such time and in such manner as to afford Equitable and my bank or financial institution a reasonable opportunity to act on it.
- In the event that Equitable notifies the financial institution that funds to which I am not entitled have been deposited to my account, in error, I hereby authorize and direct the financial institution to return said funds to Equitable as soon as possible. If the funds erroneously deposited to my account have been drawn from that account so that return of those funds by the bank to Equitable is not possible, I authorize Equitable to recover those funds by off-setting the amount erroneously paid to me from any future payments from Equitable until the amount of the erroneous deposit has been recovered, in full. It is understood that I will be notified by when this condition occurs.