

State Farm Life Insurance Company
(Not licensed in MA, NY or WI)
State Farm Life and Accident Assurance Company
(Licensed in NY and WI)
1 State Farm Plaza, Bloomington, IL 61710-0001

# Disbursement Request

Policy number			
		O Cell	$\bigcirc$ Home
Owner 1 name	Phone number		
		○ Cell	$\bigcirc$ Home
Owner 2 name (if applicable)	Phone number		
IIA			

Insured/Annuitant name

Complete this form to request one of the following disbursements from your State Farm® life insurance policy, annuity policy, or supplementary contract. For TSA requests, use the Tax Sheltered Annuity Distribution Request form. If your Corporate Retirement Plan is serviced through Ascensus, contact Ascensus for their paperwork. If your policy is a Keogh or a Corporate Retirement Plan not serviced by Ascensus, submit the Waiver of Qualified Joint and Survivor Annuity form in addition to this form.

- Partial withdrawal
- Required Minimum Distribution (RMD) one-time withdrawal (Tax Qualified only)
- Surrender paid-up additions (life insurance only)
- Accumulated dividend withdrawal (life insurance only)
- Refund of Paid in Advance funds (life insurance only)
- Policy Loan (life insurance only)
- · Qualified charitable distribution
- Change Tax Qualified Type (Workplace Retirement Plan to Traditional IRA only)

#### WHAT YOU SHOULD KNOW

Please talk with your agent to better understand the features and possible outcomes of this request.

 Complete the Important Notice of Withholding and Election section of this form. Federal and state (where applicable) income tax withholding on the taxable amount may apply, unless you elect out of withholding. Once processed, withholding cannot be changed.

- Any tax reportable amounts realized at the time values are released cannot be changed.
- RMD is when the IRS requires a minimum amount be withdrawn each year from certain Tax Qualified policies, starting with the year in which you reach the RMD age based on applicable law.
- RMD amounts are withdrawn from the policy without incurring a surrender charge. The RMD amount is included as part of the 10% surrender free amount. A full 10% surrender free amount AND an RMD withdrawal is not allowed.
- A dividend withdrawal reduces the accumulation amounts that will earn future interest.
- Some policies have partial withdrawal considerations. For more information, review your policy contract.
  - There may be limits on the number of withdrawals that can be made in a policy year.
  - All withdrawals must meet the policy minimum withdrawal amount.
  - The remaining value after withdrawal must meet policy minimums as outlined in the policy contract.
  - Withdrawals from Universal Life (UL) or Variable Universal Life (VUL) policies with Death Benefit Option 1 will reduce the death benefit by the withdrawal amount.

Signature(s) on following page(s)

Doc type 38



- A withdrawal or policy loan reduces the amount payable to the beneficiary when the insured dies or to the policy owner if the policy is terminated or annuitized.
- At settlement of the policy (cash surrender, maturity, or death claim), any outstanding loan balance and accrued interest is deducted from the policy proceeds.
- You may wish to consult a financial or tax advisor for additional questions.

In addition, the following apply to Life and Variable Life policies only:

- Dividends that are withdrawn cannot be put back in the policy.
- A surrender of paid-up dividend additions reduces the paid-up addition coverage amount that will earn future dividends.
- Once paid-up additions are surrendered they cannot be repurchased. Repurchasing paid-up additions after they are surrendered is not permitted by contract provision and can result in adverse tax consequences.
- Disbursements may have an impact on the future Modified Endowment Contract (MEC) or non-MEC status of the policy, creating adverse tax consequences for the policy owner.
  - Once in MEC status, the policy is permanently subject to taxation under the Technical and Miscellaneous Revenue Act of 1988.
  - When the policy owner is less than age 59½, the taxable portion of a policy distribution may be subject to a 10% penalty imposed by the IRS.
- If UL or VUL, a disbursement may cause failure of the IRS definition of life insurance and may not be allowed. Failure may lead to:
  - Annual taxation of the increase in surrender value if it exceeds the premium paid and term cost for that year;
  - Retrospective application of the annual tax at the time of failure:
  - Taxation of the death benefit, at the time of death, which is equal to the net surrender value.
- If the loan value is less than the loan amount requested, the maximum loan value will be taken.

- Annual loan interest is charged on the loan balance.
- You may set up a loan repayment. An additional amount will be included with your regular premium payment to be applied to your outstanding loan (min \$15). To establish a loan repayment, complete the Change Premium Payment form.

In addition, the following apply to Fixed and Variable Annuity products only:

- A surrender charge and/or market value adjustment may be applicable and could impact the disbursement amount.
- Policy gains for all non-tax qualified annuities you own that were issued in the same year are required to be aggregated to determine tax reporting.
- If you are subject to taxation and are less than age 59½, the gain may be subject to a 10% IRS penalty tax assessed at the time your tax return is filed.
- You may elect out of withholding to avoid having income taxes withheld for a Roth Individual Retirement Arrangement (IRA) non-qualified distribution. Withholding does not apply to Roth IRA qualified distributions when a policy has been in force for five or more years and one of the following has occurred:
  - Over age 59½
  - · Death or disability
  - Qualified first-time home purchase
- If changing the tax qualified type (Workplace Retirement Plan only) of your policy, please specify in the "Explanations" section of this form to "Change my (current tax qualified type) to (Traditional IRA) as a direct rollover".
   If this is being changed to a ROTH IRA, please use the Tax Qualified Conversion Request.

In addition, the following applies to Annuity/Supplementary contracts only:

- Distributions from a supplementary contract may be restricted based on the payee's age or withdrawal rules of the option selected.
- Only outgoing disbursement options apply as supplementary contracts do not take incoming funds.

If there are differences between this disclosure and the policy, the terms of the policy will prevail.



REQUEST			
<ul><li>Gross (withdrawal a)</li></ul>	mount is reduced by any ta	ninimums may apply). Select Gross or Nexes, surrender charges, and/or fees wi	thheld)
<ul><li>Net (withdrawal amount)</li></ul>	unt is increased by taxes,	surrender charges, and/or fees withhel	d to produce the specified requested
		(Tax Qualified only). Select Gros	
,	•	surrender charges, and/or fees withhe surrender charges, and/or fees withhel	,
amount)	unt is increased by taxes, s	surrender charges, and/or lees withher	a to produce the specified requested
O Surrender paid-up addi Select Gross or Net:	tions. Withdraw and pay div	vidend value of \$	to me or the total, if less.
		ixes, surrender charges, and/or fees wi surrender charges, and/or fees withhel	
O Accumulated dividend v	vithdrawal of \$	or the total, if less.	
○ Refund of Paid in Adva		Pay the policy to year:	(only full annual premium amounts may
O Loan of \$ O Maximum loan	To establish a loan repayr  nium currently billed and no	ment, complete the Change Premium F	Payment form:
O Qualified Charitable Dis	tribution:		
Charity:			Amount \$
Charity:			Amount \$
Charity:			Amount \$
PAYMENT METHOD			
A check is the automatic o	ption if no option is selecte	ed.	
○ Check			
	fer to a bank account not o	n file. Please fill out the Electronic Fun	ds Transfer to Bank Account form and
attach to this request.	dishursement as an Flectro	onic Funds Transfer in the past, and wa	nt to send the funds to the same hank
•	pank information below:	who i undo Transier in the past, and wa	int to send the fands to the same bank
<b>.</b>			
Name(s) on account: _			
<ul> <li>Apply as a contribution Rollover). Policy/Accou</li> </ul>		arm policy or account (do not use for Ta	ax Qualified to Tax Qualified Transfers or
	Planning Services account		
State Farm Annuity poli	cy number:		
• •	Surrent year OPrior year	ar	
O Apply as a contribution	to a State Farm Life or Nor	n-Tax Qualified Annuity policy (do not ι	use for 1035 Exchanges). Policy/Account:



Stat	e Farm Life po	licy number:					
Stat	e Farm Annuit	y policy number:					
		O Contribution	O Premium	O Loan repayment	O Loan interest		
If apply	ing funds to ar	n account of some	one other than t	he policy owner, I auth	norize the transfer of funds to the	ne following	bank account:
Name of	bank account hol	der					
Relations	ship to policy own	er					
IMPOR	TANT NOTICE	OF WITHHOLDING	AND ELECTION				
withhole responsi sufficie	ding. If we do sible for payment. Your withho	not have your Tax ent of estimated ta olding election is fi	payer Identificat ixes; and there r nal and cannot b	ion Number (TIN), with may be tax penalties if be changed after the tr	subject to federal and state (if a nholding will occur. By your electron your withholding and estimated ansaction is processed.  Periodic Payments a	ction, you r d payments	nay be
Form V	<b>V-4R</b>	••••••••••••••••••••••••••••••••••••	_	<del>-</del>	_	''u	
	nt of the Treasury evenue Service	,	•	Rollover Dist R to the payer of your re			2022
1a Fire	st name and middle	e initial		Last name		1b Social	security number
Addres	es						
City or	town, state, and Z	IP code					
Your w	ithholding rate	is determined by t	the type of paym	nent you will receive.			
	l 100% on line				ose to have a different rate by $\epsilon$ ants to be delivered outside the		
		ver distribution, the ot choose a rate le		ding rate is 20%. You o	can choose a rate greater than	20% by en	tering the rate
See pa	ge 2 for more	information.					
					erent from the default withhold below for additional information		
						<b>▶</b> 2	%
Sign Here							
	Your sig	nature (This form	n is not valid un	less you sign it.)		— ▶ <sub>D</sub>	ate

# **2022 Marginal Rate Tables**

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.



Single or Married filing separately			filing jointly or ng widow(er)	Head of household		
Total income over -	Tax rate for every dollar more	Total income over -	Tax rate for every dollar more	Total income over -	Tax rate for every dollar more	
\$0	0%	\$0	0%	\$0	0%	
12,950	10%	25,900	10%	19,400	10%	
23,225	12%	46,450	12%	34,050	12%	
54,725	22%	109,450	22%	75,300	22%	
102,025	24%	204,050	24%	108,450	24%	
183,000	32%	366,000	32%	189,450	32%	
228,900	35%	457,800	35%	235,350	35%	
552,850*	37%	673,750	37%	559,300	37%	

<sup>\*</sup> If married filing separately, use \$336,875 instead for this 37% rate.

Additional information and directions for Form W-4R can be found online at <a href="https://www.irs.gov/pub/irs-pdf/fw4r.pdf">https://www.irs.gov/pub/irs-pdf/fw4r.pdf</a>.

**State Income Tax Withholding** – We will only withhold if you live in a state requiring us to do so. We will withhold at least the minimum amount required by your state. Please indicate below if you would like us to withhold more than the minimum amount.

$\bigcirc$	I do not want state income tax withheld. I understand this election will not apply in states that do not permit persons to elect out of
	withholding.
0	Withhold my state's minimum required percentage. If you live in a state that does not specify a minimum required percentage, we

O Withhold state tax of: \$	. I understand that I cannot request withholding in an amount less than my state's
minimum amount.	-

#### **EXPLANATIONS**

will not withhold.

Use the space below to provide additional details. Additional forms and/or information may be needed.



#### SIGNATURES

SIGNATURES			
By signing below,	I authorize and direct State Farm to initiate and proce	ss this request.	
			CICNATURE
Owner 1 signature		Date (mm/dd/yyyy)	SIGNATURE
Owner 2 signature (if a	applicable)	Date (mm/dd/yyyy)	SIGNATURE
		_ ==== (,,,,,,,,	
			SIGNATURE
Agent stamp	Agent signature as witness (not required)	Date (mm/dd/yyyy)	SIGNATURE

#### SUBMISSION - All pages of the request form must be submitted.

Submit the completed and signed form to your State Farm agent or State Farm:

#### **Fixed Annuity:**

Annuities Operation Center, P.O. Box 2380, Bloomington, IL 61702-2380 or fax to 740-364-4581. For policies purchased in NY or WI, fax to 740-364-4582.

## **Life Insurance Policy:**

Life Operation Center, P.O. Box 2364, Bloomington, IL 61702-2364 or fax to 740-364-4576. For policies purchased in NY or WI, fax to 740-364-4577.

## **Supplementary Contract:**

Annuity/Supplementary Contract, P.O. Box 2380, Bloomington, IL 61702-2380 or fax to 855-839-3464. For policies issued in NY or WI, fax to 855-258-4610.

## **Variable Life and Annuity Products:**

Variable Operation Center, P.O. Box 2307, Bloomington, IL 61702-2307 or fax to 855-363-7052. For policies purchased in NY or WI, fax to 855-618-8528.