

Request for Settlement

Name of Member _____ Certificate Number _____

Settlement Option (Send certificate) (Please read the Notice of Withholding and Election for Payees and answer the questions in the red box below.)

The effective date of the arrangement will be the date of the request and the first payment will be made at the end of the first period.

Mode: Annual Semi-Annual Quarterly Monthly

Choose One: Option 1: Interest Income
 Option 2: Income for a Fixed Period _____ years certain.

Option 3: Life Income (REQUIRED) Date of Birth: _____

Choose one: Life Only 5 Years Certain & Life 10 Years Certain & Life
 15 Years Certain & Life 20 Years Certain & Life

*Option 4b available for spouse only →

Option 4a: Income for a Fixed Amount \$ _____.

Option 4b*: Beneficiary IRA paid over life expectancy (REQUIRED) Beneficiary Date of Birth: _____

Option 5: Joint and Survivor Income (REQUIRED) Joint Annuitant's Date of Birth: _____

Choose one: Joint and Full Life Only
 Joint and 2/3 10 Years Certain & Life
 Joint and Half 20 Years Certain & Life

Authorization Agreement for Direct Deposit of Benefits from my Gleaner Certificate to my Bank/Credit Union

I hereby authorize Gleaner Life Insurance Society to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below at the depository named below to credit and/or debit the same to such account. This authorization is to remain in full force and effect until Gleaner Life Insurance Society has received written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Depository Name: _____ Branch: _____ Phone No.: _____

Account No.: _____ Routing No.: _____

Checking Account Savings Account

PLEASE ATTACH A VOIDED CHECK.

INCOME TAX WITHHOLDING NOTICES AND ELECTION

REQUIRED BY IRS FOR PROPER TAX REPORTING

By not completing this section, you are electing to have the required federal income taxes withheld. The taxable portion of your distribution will be subject to federal income tax withholding and cannot be less than the required withholding percentage unless you opt out of withholding. Generally, a 10% Federal withholding rate will be applied against the taxable portion of your distribution unless Gleaner Life Insurance Society is required by law to withhold at other rates. IMPORTANT: If you have no income tax withheld or not enough withheld from your distribution, you may be responsible to pay estimated taxes. You may also incur penalties if your withholding and estimated tax payments are not sufficient. If you are a U.S. person (including a resident alien), and your address of record is a non-U.S. address, Gleaner Life Insurance Society is required to withhold income taxes unless you provide us with your U.S. residential address. If applicable, please provide your U.S. residential address with this form.

- I do not want to have federal income taxes withheld from the taxable portion of my distribution and acknowledge that I may be liable to pay income taxes.
- I want to have the following federal income tax percentage withheld on the taxable portion of my distribution: _____% (must be at least 10%; if no selection is made, Gleaner will withhold the required minimum 10%)

IN ADDITION, MICHIGAN RESIDENTS MUST COMPLETE THE FOLLOWING

Michigan law requires 4.25% income tax withholding from the taxable amount of your distribution unless your payments are not taxable or you opt out. Please check the appropriate box below if you are a Michigan resident.

- Your distribution is not taxable or you wish to opt out.
Note: Opting out may result in balance due on your MI-1040 as well as penalties and interest.
- I want to have the following state income tax percentage withheld on the taxable portion of my distribution: _____% (must be at least 4.25%; if no selection is made, Gleaner will withhold 4.25%)

Check this box if you are subject to backup withholding under the provisions of section 3406(a)(1)(c) of the IRC.



CERTIFICATION

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; (2) if I did not check the box above indicating that I am subject to backup withholding, I did not do so for the reason that I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the 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). **The Society recommends that you seek tax advice from an IRS qualified tax advisor.**

I have enclosed the certificate(s) listed on the front of this form or certify that the certificate(s) has/have been lost or destroyed.

I certify that the foregoing statements are true and complete to the best of my knowledge.

Owner's Address		
City	State	ZIP
Signature of Owner	Social Security Number (REQUIRED)	
Signature of Witness	Date	
	Daytime Phone Number	
