



# WILLIAM PENN ASSOCIATION

709 Brighton Road, Pittsburgh, PA 15233-1821 • 412-231-2979 • Fax: 412-231-8535 • Email: mail@wpalife.org

## Non-Qualified Partial Withdrawal Request Form

I, \_\_\_\_\_, the undersigned annuitant/owner of N/Q Annuity Certificate # \_\_\_\_\_, with William Penn Association, do hereby request a partial withdrawal in the amount of \$ \_\_\_\_\_ (net).

### WITHHOLDING ELECTION ON NON-QUALIFIED ANNUITY CERTIFICATE

(Select either Option 1 or Option 2)

Option 1: \_\_\_\_\_ Withhold federal income tax at a rate of \_\_\_\_\_ (not less than 10%) from the taxable amount.

Option 2: \_\_\_\_\_ I elect **not** to have federal income tax withheld. I understand that I am still liable for the payment of federal income tax on the taxable amount received. I also understand that I may be subject to federal income tax penalties under the estimated tax payment rule, if my payments of the estimated tax and withholding are insufficient.

I certify that I am the proper party to receive payment(s) from this N/Q annuity and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by the trustee/custodian. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this transaction, and I agree that the trustee/custodian shall in no way be held responsible.

\_\_\_\_\_  
Annuitant/Owner Signature

\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

(\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date

SPECIAL INSTRUCTIONS