

AMERUS Life Insurance Group

AmerUs Life Insurance Company • 800/800-9882
P.O. Box 1555 • Des Moines, Iowa 50306-1555
 Indianapolis Life Insurance Company • 800/428-7031
P.O. Box 14590 • Des Moines, IA 50306-3590
Please check appropriate company. ONE BOX MUST BE CHECKED.

Partial Withdrawal Form

COMPLETE ALL SECTIONS (Please print or type all information *except* signatures. Please use black ink.)

SECTION 1:

Insured/Annuitant: _____ Policy Number: _____
 Check here if this request applies to the policy rider.
Owner: _____ Telephone No. of Owner: (____)____-_____
Owner's Address: _____ Address Change Requested:

SECTION 2:

I request a Partial Withdrawal from the policy identified above. Please issue a check:

Check for \$ _____ Check for **Maximum Partial Withdrawal available**
 Check for **Penalty Free Amount** (Only applicable on Annuity contracts. Refer to the policy provisions for partial withdrawals.)
Partial Withdrawal to be: Paid In Cash Applied to Policy # _____ as Premium or Loan Repay

SECTION 3:

INCOME TAX WITHHOLDING NOTICE AND ELECTION: The taxable portion of certain payments are subject to 10% income tax withholding. You may elect to have withholding or you may elect a higher rate. If you elect NOT to have Federal Income Tax withheld, you are still liable for the payment of any tax that may be due. Also, you may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are inadequate. You may wish to see your tax consultant.

I direct the Company:

- NOT to withhold Federal Income Tax.
 To withhold 10% of the taxable portion of my distribution for Federal Income Tax.
 To withhold _____% of the taxable portion of my distribution for Federal Income Tax.

Owner's Social Security or Tax Identification Number

NOTE: If no Social Security or Tax Identification Number is provided, the maximum amount will be withheld on any amount that may be due according to the Internal Revenue Service regulations.

* Under penalties of perjury, I certify (1) the number shown on this form is my correct taxpayer identification number, and (2) that I am not subject to backup withholding as a result of a failure to report all interest or dividends, or (3) the IRS has notified me that I am no longer subject to backup withholding. Refer to IRS Form W-9 for complete information regarding backup withholding and Tax Identification Numbers.

SECTION 4:

I ACKNOWLEDGE THAT this request is subject to the provisions and conditions of the policy and the Company may request additional information or impose additional requirements.

Signature of Owner (Title of Officer if Corporation or Trustee, if applicable) Date

Signature of Assignee and Title, if applicable

Other Required Signatures (Additional Owners or Irrevocable Beneficiaries, if any)

- NOTE:*
1. Owner must sign. If Owner is a corporation, an officer (other than the Insured) must sign. If Owner is a trust, the trustee must sign as "trustee".
2. If policy is collaterally assigned, assignee must also sign this request.

