

AURORA

Aurora National Life Assurance Company
P.O. Box 667, Jacksonville, IL 62651 • (800) 265-2652

LUMP SUM ELECTION FORM

INSTRUCTIONS: Please complete all sections of this election form in its entirety by placing an "x" in the appropriate boxes and providing the necessary information. The form must be signed and dated and proof of the Annuitant's age provided in order for the request to be processed. Please print all information and return to Aurora at the address above, ATTN: DEFERRED BENEFIT ADMINISTRATION. Phone (800) 265-2652.

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|---|--------------|------------------------------------|
| ANNUITANT NAME (Last, First, Middle) | GROUP NUMBER | RETIREMENT ANNUITY CONTRACT NUMBER |
| ADDRESS (Street, Route, P.O. Box, Apt.) | | SOCIAL SECURITY NUMBER |
| ADDRESS (City, State, Zip) | | DATE OF BIRTH (Month, Day, Year) |

• Proof of Annuitant's age must be submitted with this form

A. LUMP SUM ELECTION (Please check only 1 box below)

Cashout: I hereby request Aurora National Life Assurance Company remit payment from this annuity to me in a lump sum payment. I understand that I will only receive 80% of the payment because Aurora will withhold 20% and send it to the IRS as income tax withholding to be credited against my taxes. I understand that state income tax withholding may also be required which reduce my payment further. I also understand that I may still roll over the remaining 80% to an IRA or another qualified plan within 60 days of receipt of payment to avoid current taxation on that portion of my payment.

_____ OR _____

Direct Rollover: hereby request Aurora National Life Assurance Company to make the Lump Sum Cashout payment to the Eligible Retirement Plan named below in order to qualify as a direct rollover (please check (✓) one).

Qualified Plan Qualified Annuity IRA

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|--|----------------------------------|
| NAME OF FINANCIAL INSTITUTION/PLAN ADMINISTRATOR/TRUSTEE | NAME OF ELIGIBLE RETIREMENT PLAN |
| ADDRESS (Street, Route, P.O. Box, City, State, Zip) | ACCOUNT NUMBER (If applicable) |

B. AUTHORIZATION

The undersigned hereby requests and directs Aurora National Life Assurance Company to process the transaction indicated above and declares that to his/her knowledge and belief there are no bankruptcy proceedings pending against the Annuitant.

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|--------------------------|------|
| SIGNATURE OF ANNUITANT | |
| DAYTIME TELEPHONE NUMBER | DATE |

IMPORTANT: Please refer to the enclosed "Special Tax Notice" for important tax and related information.