

[Owner Name]
[Street Address]
[City, State, Zip Code]

[Date]

[Insurance Company Name]
[Annuity Department Address]
[City, State, Zip Code]

RE: Election of Income Rider Benefits

Contract Number: [Your Policy Number]
Product Name: Retirement Asset Protection Annuity

To Whom It May Concern,

I am writing to formally request the activation of the Income Rider attached to my Retirement Asset Protection Annuity contract referenced above.

Please process my election based on the following selections:

- **Requested Start Date:** [Date you wish payments to begin]
- **Income Option:** [Single Life / Joint Life]
- **Payment Frequency:** [Monthly / Quarterly / Annually]

I understand that by electing this rider, my Lifetime Withdrawal Amount will be calculated based on the current value of my Benefit Base and my current age. I request that any applicable tax withholding forms and direct deposit authorization forms be sent to my address on file if they are not already attached to this request.

Please confirm in writing once this election has been processed and provide a summary of the scheduled payment amount.

Sincerely,

[Owner Signature]
[Owner Printed Name]
[Phone Number]