

## REQUIRED MINIMUM DISTRIBUTION REQUEST



Contract Number: \_\_\_\_\_ Contract Owner: \_\_\_\_\_

**PLEASE CHECK ONE BELOW:**

- Process my RMD in the amount of \$\_\_\_\_\_. (This withdrawal could be subject to a contract withdrawal charge or Market Value Adjustment if applicable. Please review your contract provisions.)
- Calculate my RMD and process the withdrawal.

**DISTRIBUTE MY RMD AS FOLLOWS:** (Note: Monthly not available for Equity Indexed Annuity Contracts.)

**EFT (Electronic Fund Transfer):**  Monthly

**Paper Check:**  Annually

**Automatically each year:**  Yes \_\_\_\_\_ Month for distribution: \_\_\_\_\_  
(If yes, Annual Check can be sent via EFT)

No

**NOTICE:** If you delay taking your first RMD until April 1, you will receive a lump sum payment and you will be required to take your second RMD by December 31 of the same year.

**DIRECT DEPOSIT INFORMATION:**

Financial institution name \_\_\_\_\_ Phone No: \_\_\_\_\_

Type of Account:

\_\_\_\_\_ Checking (**must attach voided check here**) Account number: \_\_\_\_\_

\_\_\_\_\_ Savings Account number: \_\_\_\_\_ ABA/Routing number: \_\_\_\_\_

**IMPORTANT TAXPAYER INFORMATION**

I understand that if there is a reportable distribution due to the withdrawal, it will be reported to the Internal Revenue Service (IRS) for the calendar year the withdrawal is made. Unless waived by me, if there is a reportable distribution, it will have income tax withheld at a flat rate of 10%. If I am under the age of 59½, an IRS Federal Excise Tax may apply to the withdrawal. State income tax withholding is mandatory in CT and DC, and mandatory if younger than age 59½ in MS and NE. State income tax may not be withheld in AK, FL, HI, NH, NV, SD, TN, TX, WA, and WY. Otherwise, state income tax withholding is voluntary with the following exceptions: mandatory with federal in DE, IA, ME, MA, and OK; mandatory with federal unless waived in CA and NC, and mandatory unless waived in AR, KS, MI, OR, and VT. I further understand that even if I elect not to have Federal Income Tax withheld, any reportable distribution will be reported to the IRS.

**TAX WITHHOLDING ELECTION TAX AUTOMATICALLY WITHHELD IF WITHHOLDING OPTION NOT ELECTED**

- I do **NOT** elect to have taxes withheld from my payments.
- I **DO** elect to have **federal** income taxes withheld in the amount of \$\_\_\_\_\_ or percentage of \_\_\_\_\_%.
- I **DO** elect to have **state** income taxes withheld in the amount of \$\_\_\_\_\_ or percentage of \_\_\_\_\_%.

**Contract Number:** \_\_\_\_\_ **Contract Owner:** \_\_\_\_\_



**The following statement is required by the IRS:**

Under penalty of perjury, I certify that the number shown on this form is my correct social security or taxpayer ID number and I am not subject to back-up withholding. I certify that I am not under guardianship, nor have I made any assignment, pledge, or executed any document affecting ownership or right to any monies due or to become due under this contract, and further that no proceedings in bankruptcy are pending to which I am a party.

**Release of Interest: Required if owner lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, and WI).**

I, \_\_\_\_\_, spouse/former spouse of the above-mentioned owner, release all rights, title, and interest which I may have in this policy now or in the future, by virtue of the Community Property Laws of the State of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Spouse/Former Spouse

\_\_\_\_\_  
Date

This form dated at \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
City/State

\_\_\_\_\_  
Signature of Owner (if Joint – both must sign)

\_\_\_\_\_  
Owner's Social Security Number or  
Taxpayer ID Number

(\_\_\_\_\_)\_\_\_\_\_  
Owner's Telephone Number

\_\_\_\_\_  
Signature of Joint Owner(s)

\_\_\_\_\_  
Joint Owner's Social Security Number or  
Taxpayer ID Number

(\_\_\_\_\_)\_\_\_\_\_  
Joint Owner's Telephone Number

\_\_\_\_\_  
Signature of Witness\*

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number of Witness

\_\_\_\_\_  
Owner's E-mail Address (if available)

**\*All forms require a witness signature of an adult that is not the spouse, beneficiary, owner, or newly named owner of the policy.**