

# REQUIRED MINIMUM DISTRIBUTION WITHDRAWAL REQUEST FORM



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## CONTRACT INFORMATION

Owner Name (First, MI, Last) \_\_\_\_\_ Owner SSN \_\_\_\_\_  
Annuitant Name (First, MI, Last) \_\_\_\_\_ Contract Number \_\_\_\_\_  
Owner Mailing Address \_\_\_\_\_  
Owner DOB (MM/DD/YYYY) \_\_\_\_\_ Owner Daytime Phone \_\_\_\_\_

**CHECKS WILL BE MAILED TO THE ABOVE ADDRESS UNLESS DIRECT DEPOSIT IS REQUESTED.**

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## IRA REQUIRED MINIMUM DISTRIBUTION INFORMATION

I, the undersigned Owner(s) request a withdrawal under the provisions of the subject contract. The options below may result in withdrawal charges. Please reference your contract for applicable terms. I understand the contract provisions regarding early withdrawal charges. All options may not be available on your contract.

Your Minimum Required Distribution will be deposited into your bank account in the month of December on an Annual Basis unless you indicate an alternate month here \_\_\_\_\_. The withdrawal will be made on the same day of the month as the effective date of the contract. If the contract is effective this year, please provide the prior December 31st balance here: \$ \_\_\_\_\_

If electing other than one time annual distribution (please check one):  Monthly  Quarterly  Semi-Annually

Would you like to make this distribution reoccurring? (please check one):  Yes  No

**PLEASE CONSULT YOUR TAX ADVISOR REGARDING RMD REQUIREMENTS FOR THIS ACCOUNT AND ALL OTHER QUALIFIED ACCOUNTS.**

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## HOW WOULD YOU LIKE TO GET YOUR WITHDRAWAL?

Via check to the address above

Direct Deposit

A voided check is required to be included in this request

Account Type (please check one)  Checking  Savings

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

PLEASE CONTINUE TO NEXT PAGE

**WITHHOLDING** *You must select one of the following options*

**Please answer the following tax withholding questions. Unless you check "I DO NOT" for federal taxes, we are required to withhold a minimum of 10% of the taxable amount.**

**I DO NOT** want Federal Income Tax withheld.

**I DO** want to have Federal Income Tax withheld. Taxes will be withheld at a rate of ten percent (10%), unless a higher percentage is indicated here \_\_\_\_\_.

You and the Internal Revenue Service will be provided with a 1099-R form after the close of the calendar year. A withdrawal of any type, prior to age 59 ½, may subject to you an IRS Penalty Tax.

**NOTE: WHETHER OR NOT TAXES ARE WITHHELD, YOU WILL BE LIABLE FOR PAYMENT OF ALL APPLICABLE FEDERAL AND STATE INCOMES TAXES ON THE TAXABLE PORTION OF THE WITHDRAWAL. YOU MAY ALSO BE SUBJECT TO PENALTIES UNDER THE ESTIMATED TAX RULES IF YOUR WITHHOLDING AND ESTIMATED TAX PAYMENTS ARE NOT SUFFICIENT. WE RECOMMEND YOU CONSULT YOUR PERSONAL TAX ADVISOR REGARDING YOUR SPECIFIC SITUATION BEFORE MAKING THIS DECISION.**

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**TAXPAYER ID NUMBER & CERTIFICATION** *(Substitute IRS Form W-9)*

**This Certification must be completed and signed by the listed Owner of the Annuity identified above. If you do not provide your tax identification number, we are required to withhold 10% of the taxable amount distributed. If you do not complete the Certification or if we are so notified by the Internal Revenue Service, we must withhold 10% of the amount subject to Federal Income Taxes.**

**TAXPAYER IDENTIFICATION NUMBER**

*You must complete one of the following options*

Enter your taxpayer identification number in the appropriate box. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer identification number. If you do not have a number, see IRS form W-9.

Social Security Number:

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Tax payer ID:

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**CERTIFICATION**

**Under penalties of perjury, I certify that:**

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or the IRS has notified me that I am no longer subject to backup withholding.
- 3. The Recipient must be a U.S. Citizen or other U.S. person

Certification Instructions – If you have been notified by the IRS that you are currently subject to the backup withholding because you have failed to report all interest and dividends on your tax return **do not check item 2 above.**

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**SIGNATURES**

By signing below, I acknowledge the statements above are true and correct to the best of my knowledge.

**Owner(s) Signature** \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse of Owner \_\_\_\_\_ Date \_\_\_\_\_

*(if a Resident of a Community Property State)*

**NOTE: THE FOLLOWING ARE COMMUNITY PROPERTY STATES AND REQUIRE A SPOUSE'S SIGNATURE TO PROCESS YOUR CHOSEN SERVICE REQUEST: AZ, CA, ID, LA, NV, NM, TX, WA, AND WI**

**NOTE: IF REQUIREMENTS ON THIS FORM ARE NOT COMPLETED, WE WILL NOT BE ABLE TO PROCESS YOUR REQUEST.**