

# REQUIRED MINIMUM DISTRIBUTION (RMD) FORM IRA OWNER/PLAN PARTICIPANT

INSURER: FIDELITY & GUARANTY LIFE INSURANCE COMPANY

Use this form to waive or to request required minimum distribution (RMD) payouts from your Individual Retirement Annuity (IRA), Simplified Employee Pension (SEP) Plan or 403(b) Tax Sheltered Annuity (TSA). Please use a separate form for each annuity contract. Not for use with Beneficiary Annuity contracts.

## SECTION 1 – OWNER INFORMATION

Owner Name (First, Middle, Last Name)	Social Security Number	Annuity Number
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## SECTION 2 – NO ELECTION

Choosing either option below, will waive the RMD attributable to the annuity referenced above and will apply to future years unless we are notified otherwise. Please proceed to signature section once your selection is marked.

- I have chosen to take my RMD payment from other qualified funds. This includes Fidelity & Guaranty Life contracts
- The annuity referenced above is a 403(b) TSA sponsored by my current employer and therefore I am not required to take a minimum distribution at this time.

## SECTION 3 – DISTRIBUTION ELECTION

- Start New  Update Existing Election  Terminate

Your RMD will **AUTOMATICALLY** be sent annually after you have made your initial elections unless you elect otherwise. Your RMD is calculated using the Uniform Life Table unless you indicate otherwise. Please review the following options:

Payment Option	<input type="checkbox"/> Current Year Only – I do not want the Company to send my RMD automatically in future years (Payment will be sent by check).
	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual – If your annuity is an fixed indexed deferred annuity, payment date may not conflict with a buy date or certain days of the month 1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> , 22 <sup>nd</sup> , 29 <sup>th</sup> , 30 <sup>th</sup> , 31 <sup>st</sup>
	Specific Dollar Amount \$ _____ ** <input type="checkbox"/> I performed my own calculation and am requesting the aggregate of all my IRA accounts. I understand that my request may be subject to surrender charges and any applicable market value adjustment.
	** This section not available for use with 403(b) TSA contracts. Only the calculated RMD amount will be paid with this request. Please submit a 403(b) TSA distribution request form for amounts in excess of the calculated RMD.  <b>Note:</b> To withdraw funds from one contract to satisfy required minimum distribution requirements for other contracts, the contracts must be the same contract type (e.g., all contracts must be IRAs or all must be 403(b) contracts).
<input type="checkbox"/> Joint Life Expectancy with spouse who is more than 10 years younger and sole designated beneficiary Spouse's Date of Birth ____/____/____	

In certain instances you must provide us with a December 31 account value or an adjustment to your December 31 account value in order for us to calculate your RMD. If your Fidelity & Guaranty Life annuity did not have an account value on December 31 of the year prior to your minimum distribution year, please provide the December 31 fair market value (account value) \$ \_\_\_\_\_

## SECTION 4 – NOTICE & ELECTION OF TAX WITHHOLDING

IRA distributions are generally subject to federal income tax withholding at a rate of 10%. The Company will withhold as required by law, federal income tax unless you **elect not** to have any withholding. You can make federal income tax withholding elections by filing Form W-4P or by completing this substitute form with the Company as contained on the form. This form should only be used for RMD payments which are payable on demand.

- The election to have no withholding is available only to individuals who are U.S. citizens or resident aliens and have a residential address in the United States. If the distribution is being delivered outside the United States, or in care of a person in the U.S. withholding requirements apply.
- Additional amount to be withheld – if you elect to have an additional amount withheld you must submit Form W-4P. Please note that the maximum amount withheld may not exceed the taxable amount.
- If you are not a U.S. Citizen or resident alien, the federal income tax withholding rate is 30%. A valid, accurate and complete W-8BEN form must be submitted in order to claim treaty exemption and must include a Taxpayer Identification Number along with date of birth. If you elect not to have federal or state income tax withheld, you may still be liable for payment of federal income tax and, if applicable, state income tax on your distribution. You may be subject to tax penalties under the Estimated Tax Payment Rules if any payments of estimated tax and withholding are insufficient (IRS Publication 505 explains federal estimated tax requirements and penalties).
- State Income Tax Withholding** – Some states allow us to follow your federal income tax withholding instructions, but others require us to withhold. In states where withholding is not required or voluntary we do not withhold state income Taxes. You are required to furnish your

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state's withholding form where applicable. State income tax will be withheld in states where it is mandatory, unless you elect not to have withholding.

## Make Elections – Federal Income Tax and State Income Tax

<input type="checkbox"/> Do Not withhold federal income tax
<input type="checkbox"/> Withhold federal income tax
<input type="checkbox"/> Do Not withhold state income tax
<input type="checkbox"/> Withhold state income tax – minimum required – certain states allow you to specify the amount or percentage to withhold. If applicable please specify here. ____% , \$ _____

This election will remain in effect until you revoke it. If you want to revoke the previously filed exemption from withholding, file a Form W-4P with the Company and check the appropriate box on the form.

## SECTION 5 – PAYMENT INSTRUCTIONS

I hereby authorize Fidelity & Guaranty Life Insurance Company to make all payments due to me under this election by direct deposit to the bank account designated below. This authorization shall be effective until Fidelity & Guaranty Life Insurance Company receives written notice from me to the contrary, in a form satisfactory to Fidelity & Guaranty Life Insurance Company.

I elect **NOT** to receive electronic payments. I am electing to receive payment in the form of a check.

Please attach below a voided check for checking accounts or

Deposit slip for savings – Type of account

- Checking  
 Savings

Bank Name

Telephone Number

Joint Owner's Name (if applicable)

Bank Account Number

ABA or Bank Routing Number

## SECTION 6 – CERTIFICATION & AUTHORIZATION

- All information and certifications provided by me are true and complete to the best of my knowledge and belief. I am aware of the tax consequences associated with this transaction.
- I understand that I can terminate this agreement at any time by notifying the company in writing, or submitting a new form.
- I certify that I have read and understand all of this form and that I have completed all applicable sections.
- The Company will calculate my RMD from this contract in a manner that satisfies IRS Guidelines provided that (1) all information that I provide is accurate and complete, and (2) I will immediately notify the Company of any changes which affect my calculation.
- The Company is furnishing this form and participating in this transaction at my specific request and has made no representation that the above distribution schedule will fulfill my specific tax obligations. I have been advised by the Company that I should discuss the tax consequences of this transaction with my own tax or legal advisor. Neither the Company, nor any of its affiliates, employees or agents, may provide tax or legal advice, nor have I relied on any of these parties for such advice.
- Generally, when calculating the RMD the Company will take into account any withdrawals processed in the current calendar year so that the amount of the RMD distribution will be net of previous withdrawals, resulting in a total annual distribution of only the RMD amount. The distributions will be taken proportionately from all interest crediting options.
- When distributions made during the contract year, exceed the greater of the free withdrawal amount or the amount necessary to satisfy the RMD, for this contract only, then the distribution may be subject to surrender charges and any applicable market value adjustment (MVA).
- I understand that if my annuity contract has a Guaranteed Minimum Withdrawal Benefit rider or feature, the payments thereunder may not satisfy my RMD for the calendar year.

I certify that my Social Security/Taxpayer Identification Number on this form is correct, that I am a U.S. person (U.S. citizen or resident alien).  
I certify that I am not subject to backup withholding due to failure to report interest and dividend income  
I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

By not furnishing or not furnishing the correct Social Security/ Taxpayer Identification Number I may be subject to additional IRS penalties imposed by the Internal Revenue Service for failure to furnish the correct information.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

Owner's Signature

Date

Witness to all signatures

Irrevocable Beneficiary, if any

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INSURER: FIDELITY & GUARANTY LIFE INSURANCE COMPANY

Please return the completed form by mail or fax to:

**Mailing Address:**

Fidelity & Guaranty Life Insurance Company  
PO Box 81497  
Lincoln, NE 68501

**Overnight Deliveries:**

Fidelity & Guaranty Life Insurance Company  
777 Research Drive  
Lincoln, NE 68521

**Fax:**

1-402-328-2266