

# GUARANTY

INCOME LIFE INSURANCE COMPANY  
IRA REQUIRED MINIMUM DISTRIBUTION REQUEST

The IRS requires you to begin taking Required Minimum Distributions (RMDs) every year from your IRA on your Required Beginning Date. As a service to our annuity owners, Guaranty Income Life Insurance Company can automatically distribute the RMD from your IRA. Please assist us by providing the information requested below.

If you have questions about your IRA or RMD, you may call our Client Services Department toll free at 1.833.444.5426.

<u>Policy Number</u>		<u>Owner/Annuitant</u>	
<b>Beneficiary Information</b>	Is your beneficiary your spouse? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, and he/she is more than 10 years younger than you, please provide his/her date of birth: _____		
<b>Distribution Information</b>	<input type="checkbox"/> <u>No Distribution</u> (Do not make RMD from this annuity. My RMD will be taken from another IRA, for all years, until I notify you in writing.) <input type="checkbox"/> <u>Life Expectancy Distribution</u> . I authorize <u>automatic</u> distributions to be made <input type="checkbox"/> monthly <input type="checkbox"/> quarterly, <input type="checkbox"/> semi-annually, <input type="checkbox"/> annually, beginning _____ Month Day Year and continuing until I notify you in writing to terminate the distributions.		
<b>Payment Method</b>	<input type="checkbox"/> <u>Automatic Deposit</u> into my bank account. <input type="checkbox"/> Checking Account No. _____ <input type="checkbox"/> Savings Account No. _____ With _____ Name of Financial Institution Routing Number <input type="checkbox"/> <u>Mail check</u> to me at the address on record.		
<b>Election For Withholding</b>	For Federal withholding, an IRS Form W-4P (for periodic payments) or a W-4R (for one time payments) may be required. For State withholding, some states require a state specific W4 Form to be submitted. All distribution requests require the submission of the Withholding Instructions page (last page of this document). The Withholding form requirements are outlined within the Withholding Instructions form.		

## Substitute IRS Form W-9

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 because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest of dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a US citizen or other US person; and
4. I am exempt from FATCA reporting.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.



I hereby authorize Guaranty Income Life to initiate electronic payment entries and to initiate, if necessary, adjustments for any electronic entry in error to my (our) account and at the financial institution indicated above, hereinafter called DEPOSITORY, to credit and/or debit the same such account. This authority is to remain in force and effect until Guaranty Income Life has received written notification from me ( or either of us) of its termination in such time as to afford Guaranty Income Life and the DEPOSITORY a reasonable opportunity to act on it.

I hereby accept the elections made above and agree with the terms of this form and its instructions. I acknowledge that Guaranty Income Life Insurance Company (GILICO) employees, agents or representatives do not give tax, legal or accounting advice. I agree to consult with my own attorney, accountant or professional tax advisor for details relating to my specific situation. I understand that I am responsible for calculating and withdrawing my Required Minimum Distributions, including all tax liability and other possible consequences which may be involved. I acknowledge that GILICO is not responsible and I agree to indemnify and to hold GILICO harmless from any resulting liabilities. **PLEASE SIGN BELOW**

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_,  
City/State

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Signature of Owner/Annuitant

Please provide a daytime number where you can be reached should we have any questions concerning your request: (\_\_\_\_) \_\_\_\_\_



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INCOME LIFE INSURANCE COMPANY

## WITHHOLDING INSTRUCTIONS

Periodic Withdrawals-must review/complete Sections 2, 4 & 5  
One-Time Withdrawal or Surrender-must review/complete Sections 3, 4 & 5

Contract Number

Owner Name

Resident State

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### 1. Notice of Withholding

Even if you elect not to have Federal income Tax withheld, you are liable for the payment of Federal Income Tax on the taxable portion of the withdrawal. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. You may contact us at any time prior to the distribution to change or revoke your election. If the withholding section is left blank, you do not provide a completed IRS Form W4-P or IRS Form W4-R, or if your social security or tax identification number is not provided, tax will be withheld from your payment(s) as required by the IRS.

### 2. Federal Withholding Election for Periodic Withdrawals

IRS Form W4-P is required for this transaction. Please visit [www.irs.gov/forms](http://www.irs.gov/forms) and search "W4-P" to obtain the required W4-P Form. If you do not wish to have Federal Withholding taken from your periodic withdrawals, please indicate such below:

I do not want Federal Income Tax Withheld from my periodic withdrawals

**Failure to opt out of Federal Withholding above or provide a completed IRS Form W-4P will result in tax being withheld from your payments as if your filing status is single with no adjustments (as outlined in the IRS Form W-4P instructions, page 3).**

### 3. Federal Withholding Election for One-Time Partial Withdrawal or Full Surrender

IRS Form W4-R is required for this transaction. Please visit [www.irs.gov/forms](http://www.irs.gov/forms) and search "W4-R" to obtain the required W4-R Form. If you do not wish to have Federal Withholding taken from your one-time partial withdrawal, please indicate such below:

I do not want Federal Income Tax Withheld from my one-time partial withdrawal or full surrender

**Failure to opt out of Federal Withholding above or provide a completed IRS Form W-4R will result in 10% of your withdrawal amount being withheld from your payment (as outlined in the IRS Form W-4R instructions, page 2). \*\*If your distribution is an eligible rollover distribution, the default withholding amount for your withdrawal will be 20% as outlined in the IRS Form W-4R instructions, page 2). \*\***

### 4. State Withholding Election for Periodic Withdrawals, One-Time Partial Withdrawal or Full Surrender

State income tax withholding may be required from your distribution. In some cases, you may elect not to have withholding apply, or you may elect a rate of withholding or a flat dollar amount. In other cases, state income tax withholding is not available. If you do not make an election, we will apply withholding (if required) at the minimum or default rate based on your state of residency as determined by your legal address of record. Please consult the Department of Revenue/Department of Treasury or similar Department in your resident state for further details on the specific requirements.

I do not want state income tax withheld from my distribution(s)

I want state income tax withheld from my distribution(s)

Please provide the following:

Single  Married \_\_\_\_\_ # of allowances

I want \$\_\_\_\_\_ state income tax withheld from my distribution(s)  
(if you have checked the box above this will be in addition to that amount)

**\*\*Residents of MN and MI must complete a state specific withholding form. Failure to opt out of state withholding above or provide a completed state withholding form will result in tax being withheld from your payment as if your filing status is single claiming zero allowances (as outlined on W-4MNP and MI W-4P form instructions). Please visit the MN Department of Revenue or MI Department of Treasury website for a copy of the W-4 form for one-time partial withdrawals.**

### 5. Signatures (This Section Must Be Fully Completed)

Owner's Signature

Date (REQUIRED)

SSN/TIN

Guaranty Income Life Insurance Company (GILICO)  
PO Box 758583 Topeka, KS 66675-8583  
Phone 833.444.5426 [www.gilico.com](http://www.gilico.com)

