



300 S.W. Adams Street Peoria, IL 61634  
Phone 309.674.8255

### ELECTION OF SYSTEMATIC WITHDRAWALS

#### CONTRACT INFORMATION

Annuity Owner										Date of Birth			
Address					City					State		Zip	
Contract Number										Social Security Number			

I hereby elect the funds held by you under the above Annuity be paid according to the instructions below. This payment plan is to continue so long as there is any balance in my contract to fund such payment. I understand that you may impose a charge for determining and making these payments. If the payment option I have selected includes a reference to my designated beneficiary, it is understood that upon the death of either party you are to be notified immediately. According to the provisions of my plan, portions of my contract may be withdrawn at any time by giving you proper notice in writing on forms you will supply for that purpose. I hereby release Illinois Mutual from and indemnify it for any and all claims arising from their actions hereunder.

**PAYMENT DELIVERY** Allow a minimum of 30 days from the day that we receive this form.

Paid annually by check and sent to the address above beginning on \_\_\_\_\_

Electronic Fund Transfer - **Minimum contract must be at least \$25,000.** If Required Minimum Distribution, see page 2.

Transfer to my:  Checking or  Savings Account

Financial Institution: \_\_\_\_\_

Account # \_\_\_\_\_ Routing # \_\_\_\_\_

Select Frequency:  Monthly  Quarterly  Semi-Annual  Annual

Date of First Withdrawal:  1st  7th  15th  23rd Beginning Month \_\_\_\_\_

**PAYMENT PLAN SELECTED**

**INTEREST ONLY**

If your contract is a tax-qualified plan or IRA contract, please initial the box in front of the "Interest Only" indicating that you understand that the payment we are making to you is not designed to meet any particular payment structure under the Internal Revenue Code, and that you assume full responsibility for meeting any Required Minimum Distributions or Early Distributions.

**REQUIRED MINIMUM DISTRIBUTIONS [RMD]** Minimum payment must be at least \$100.

Greater of Required Distribution or \$ \_\_\_\_\_ per \_\_\_\_\_

Uniform Distribution Table; or,

My Designated Beneficiary is my spouse and is more than 10 years younger.

I understand that I must satisfy the IRS minimum distribution requirements that apply to my IRAs in order to avoid significant penalties, and that I have consulted with my legal and/or tax counsel to the extent I consider necessary.

**BENEFICIARY REQUIRED MINIMUM DISTRIBUTION** Minimum payment must be at least \$100.

Greater of Required Distribution or \$ \_\_\_\_\_ per \_\_\_\_\_

Required Distribution

I understand that I must satisfy the IRS minimum distribution requirements that apply to my IRAs in order to avoid significant penalties, and that I have consulted with my legal and/or tax counsel to the extent I consider necessary.

**SUBSTANTIALLY EQUAL PERIODIC PAYMENTS [SEPP]**

1) Life Expectancy Method; or

2) Amortization Method; or

3) Annuitization Method

SEPP calculations should use  Single or  Joint Life Expectancy [#1/#2/#3] Beneficiary DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

SEPP calculations should use an interest rate of: \_\_\_\_\_% [#2/#3]

The interest rate that may be used is any interest rate that is not more than 120 percent of the federal mid-term rate for either of the two months immediately preceding the month in which the distribution begins.

If I have selected a modal payment other than annual, I understand that the modal payment will be the annual payment divided by twelve for monthly, four for quarterly or two for semi-annual. I also understand that neither Illinois Mutual nor its agent or representative is certifying the reasonableness of the assumptions that I have selected and that I have consulted with my legal and/or tax counsel to the extent I consider necessary.

**OTHER**

Specify Amount, etc. \_\_\_\_\_

**BENEFICIARY INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Soc.Sec #: \_\_\_\_-\_\_\_\_-\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I assume sole and full responsibility for this election. This election supersedes any prior distribution instructions I have given to you. You need not distribute to me any amount I do not specifically request. This election applies to the contract designated on page 1 of this form. A separate form must be completed for each additional contract.

\_\_\_\_\_  
Signature of Annuity Owner

\_\_\_\_\_  
Date

Return original to:  
Illinois Mutual Life Insurance Company, 300 S.W. Adams Street, Peoria, IL 61634

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date