Election of Automatic Required Minimum Distribution Withdrawal

Certificate no. _____ Annuitant name _____ Owner _____
(if other than annuitant)

Use this form to request a withdrawal from your individual retirement annuity (IRA) to satisfy your IRS Required Minimum Distribution (RMD). If you have any questions regarding your RMD, please consult with your personal tax advisor.

SECTION 1 – ELECTION OF REQUIRED MINIMUM DISTRIBUTION (RMD)

_____ A) I do not want Royal Neighbors to calculate and distribute my RMD payment. I will be responsible for determining the total amount of my RMD payment(s) each year, and withdrawing this amount from my traditional IRA(s). I understand that an Annuity Withdrawal form will need to be requested from the Royal Neighbors Home Office each year I desire to take my RMD distribution.

_____ B) I elect an automatic RMD distribution for the above certificate calculated and paid automatically each year according to the option chosen below:

Beginning the month of _____, I elect to have the RMD automatically sent by the following payment mode: (select one)
_____ Annually _____ Semi Annually _____ Quarterly _____ Monthly
(If the accumulation value is less than $10,000, the only payment option is annual.)

Date of birth of spouse required, if spouse is sole beneficiary _____

Generally, you must begin taking your RMDs by December 31st each year after you turn 70½. However, **for the first year only,** you have until April 1st of the following year to take your first distribution. If you choose to delay your first payment, you must take two taxable payments in the same year – the first by April 1st and the current year's by December 31st. All subsequent yearly payments must be taken within the calendar year. If your RMD has not already been paid to you for the current calendar year, it will be processed as of the date this request is received. Subsequent Automated RMDs will be sent on the date you choose above.

Please return this form at least 15 days before the required distribution date. If the form is not received by that date, Royal Neighbors cannot assume responsibility for making your distribution by the April 1st deadline for your initial RMD, or the December 31st deadline for future RMDs.

The IRS Uniform Distribution Period Table will be used for calculating the distribution factor. However, if your spouse is named as the sole beneficiary and is more than 10 years younger than you, we will use the IRS Joint Life Expectancy Table. Therefore, please ensure that your beneficiary designation on file is accurate and up to date.

This election will terminate only when revoked in writing.

SECTION 2 – DISTRIBUTION METHOD

Indicate below how you wish to receive your Automatic RMD payment
- ❑ Option A: By Check. Checks will be made payable to the contract owner and mailed to the address on record.
- ❑ Option B: Automatic deposit into my account shown below by Electronic Funds Transfer (EFT).

Please remember to notify Royal Neighbors of any changes to banking information. **Attach a voided check/deposit slip.**
Select one:
- ❑ Checking
- ❑ Savings

Financial Institution Name: _____

Address: _____

Account Number: _____ Name on Account: _____

Allow at least two business days following the effective date of the withdrawal for the payment to be credited to your account.

SECTION 3 –THIS SECTION MUST BE COMPLETED

I certify that I have not assigned or pledged the above certificate for any purpose whatsoever, and that no bankruptcy proceedings are pending against me.

Please check only **one** of the boxes below.

❑ I elect <u>not to have</u> Federal income tax withheld from the taxable portion of the distribution. (You may not check this box if the IRS has notified you that you are subject to back-up withholding.)

❑ I elect to have _____% Federal income tax withheld from the taxable portion of the distribution. (Cannot be less than 10%)

Under penalty of perjury, I certify the following:

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 or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

3. I am a U.S. citizen or other U.S. person

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. The IRS does not require your consent to any part of this form other than the certifications required to avoid backup withholding.

Signature of owner

Dated _____
(Month/day/year)

Mailing address

Witness to Signature of Owner (Not a named beneficiary)

City, state, and ZIP code

Signature of witness

Telephone number (incl. area code)

Mailing address

Social Security number

City, state, and ZIP code

E-mail address

I hereby agree to the above cash surrender and waive any community property or Uniform Marital Property Act (UMPA) rights, as applicable, that I may have in the subject of this cash surrender. If the spousal consent is not signed, the above signature is certification that no spousal consent is required.

Signature of spouse of certificateowner: _____ Date: _____
(Spousal signature required for residents of AZ, CA, ID, LA, NM, NV, TX, WA, WI)