



IRA 70 1/2 REQUIRED MINIMUM DISTRIBUTION ELECTION

Before making any decision regarding your RMD, we urge you to consult your tax adviser or tax attorney.

PARTICIPANT INFORMATION

Name (please print your full name as it appears on your account) Contract No.
Mailing address (including apartment or box number)
City State ZIP code 4-digit ext.
Home telephone number Social Security number Date of birth (mm/dd/yyyy)

DISTRIBUTION ELECTION

Note: RMD amounts are calculated on the entire contract balance.

CALCULATION METHOD

The required minimum distribution (RMD) amount is determined by Internal Revenue Service (IRS) regulations. These regulations are explained in IRS Publication 590, Individual Retirement Arrangements (IRAs), which incorporate updated Life Expectancy Tables. Each RMD will be calculated based on the Uniform Lifetime Table, unless the following exception applies to you and you have indicated so by checking the box below.

- My sole primary beneficiary is my spouse who is more than 10 years younger than I am. I elect to calculate the RMD based on the life expectancy from the Joint and Last Survivor Table.

Beneficiary's date of birth (mm/dd/yyyy)

DISTRIBUTION METHOD

- Current year distribution only: Calculate and distribute my current year required minimum distribution immediately upon receipt of this form. I understand that I am responsible for contacting the fund to request any future year RMD amounts.
Systematic distribution: Calculate and distribute the required minimum distribution amount for this year and all subsequent years. If you elect this option we will continue to calculate and distribute your RMD amount for subsequent years until such time that you notify us to discontinue the payments.

Begin systematic distributions on (mm/dd/yyyy) Frequency* Quarterly Annually Monthly Semiannually

- If you are turning 70 1/2 and this is your first RMD it may be distributed either in the year you turn 70 1/2 or by April 1st of the following year (this request must be received between January and April 1st). Please calculate and distribute my prior year deferred required minimum distribution amount immediately. If you elect this option we will calculate and distribute your prior year required distribution amount upon receipt. We will also calculate and distribute your current year amount and all subsequent years until such time that you notify us to discontinue the payments.

Distribute my current and future year RMD amount by Systematic distributions beginning on (mm/dd/yyyy) Frequency* Quarterly Annually Monthly Semiannually

*Note: If a frequency is not selected, your RMD will be distributed annually.

- Distribute a onetime fixed amount immediately upon receipt of this form. I understand that I am responsible for contacting Sentinel Security Life to request any future year amounts. (Must be equal to or greater than the calculated RMD amount.)

PAYMENT METHOD (All checks will be made payable to the registered account owner.)

Note: If a payment method is not selected, your RMD will be issued as a check payable to you and mailed to your address of record. Your payment method will remain in force until we receive written notice from you requesting a change.

- Mail check to my address of record currently on file
- Transfer funds electronically (ACH) – **A voided check is required**

Bank routing number _____ Bank account number _____

TAX WITHHOLDING ELECTION: (Note: 10% Tax Automatically withheld if withholding option not elected.)

Federal Tax Withholding

Distributions from IRA's and qualified retirement plans that are not eligible for rollover are subject to federal income tax withholding unless you affirmatively elect **not** to have withholding apply to such payments. Generally, such distributions are subject to 10 percent withholding unless you elect to have an additional amount withheld or elect to have no withholding. You may make a withholding election by selecting one of the options below. Your election will remain in effect for any subsequent distributions unless you change or revoke it by providing us with a new election. Please select one of the following:

- I do NOT elect to have taxes withheld
- I do elect to have taxes withheld in the amount of \$ _____ or _____%
- State income tax withholding _____%

IMPORTANT TAXPAYER INFORMATION

I understand if there is a reportable distribution due to the withdrawal, it will be reported to the Internal Revenue Service (IRS) for the calendar year the withdrawal is made. If I am under age 59 ½, an IRS Federal Excise Tax may apply to the withdrawal. I understand that, due to State Regulations, the Company is required to withhold State Taxes regardless of the Federal election if I reside in CA, NC, OK, OR or GA. If I reside in DE, IA, KS, MA, ME, NE, or VT, the Company is required to withhold State Income Tax if Federal Income Tax is withheld. I further understand that even if I elect not to have Federal Income Tax withheld, any reportable distribution will be reported to the IRS.

OWNER ACKNOWLEDGEMENT: By signing below, I acknowledge full understanding of the following:

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that a Sentinel Security Life representative has not given any tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. Sentinel Security Life is hereby authorized and directed to distribute funds from my account in the manner requested. Sentinel Security Life may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that Sentinel Security Life and their representatives shall in no way be responsible and shall be indemnified and held harmless for any tax, legal or other consequences of the election(s) made on this form. **I have read and understand and agree to be legally bound by the terms of this form.**

This form dated at _____ on the _____ day of _____, 20____
City / State

Signature of Owner

SEPARATE FORM FOR EACH CONTRACT IS REQUIRED