

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 Number

Mailing Address

City

State

Zip code

Telephone

SSN / FEIN

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. 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

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

Note: Withdrawals may be subject to surrender or penalty charges as well as market value adjustments.

- 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 years 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 you notify us to discontinue the payments.
Begin systematic distributions on (MM/DD/YYYY) _____.
Frequency* (choose one) Monthly Quarterly Semiannually Annually
- If you are turning 72 and this is your first RMD it may be distributed either in the year you turn 72 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 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.
Begin current and subsequent distributions on (MM/DD/YYYY) _____.
Frequency* (choose one) Monthly Quarterly Semiannually Annually

- Distribute a **one-time fixed amount immediately** upon receipt of this form. I understand that I am responsible for contacting Upstream Life Insurance Company to request any future year amounts. *(Must be equal to or LESS 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 (EFT) – **An EFT form must be submitted.**

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 **federal** taxes withheld from my payments.
- I do **NOT** elect to have **state** taxes withheld from my payments.
- I **DO** elect to have **federal** income taxes withheld in the amount of \$_____ or percentage of _____%.
- I **DO** elect to have **state** income taxes withheld in the amount of \$_____ or percentage of _____%.

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.

AGENT ACKNOWLEDGEMENT

I certify that to the best of my knowledge, the above referenced Participant is requesting the above referenced RMD Election. I also certify that I have confirmed this RMD request with the Participant.

Agent Signature

Agent Name

SEPARATE FORM FOR EACH CONTRACT IS REQUIRED

[SIGNATURE PAGE FOLLOWS]

