



UNITED LIFE INSURANCE COMPANY

118 Second Avenue SE PO Box 73909 Cedar Rapids, Iowa 52407-3909
FAX: 888-726-9736

Required Minimum Distribution Request

Policy Number: _____

Policyowner: _____
(Print Name)

Social Security Number: _____

PAYOUT OPTIONS

Please **choose one** of the following, **A** or **B**, and make the appropriate choices.

A. Please withdraw \$ _____ to satisfy my RMD

Process my request immediately

Process my request on _____
(mm/dd/yy)

B. I request my RMD be paid automatically each year.

Please withdraw \$ _____ to satisfy my RMD

Please SELECT ONE only:

Annually to be paid on _____
(mm/dd/yy)

Semi-Annual to begin on _____
(mm/dd/yy)

Quarterly to begin on _____
(mm/dd/yy)

Monthly to begin on _____
(mm/dd/yy)

Check this box ONLY if you want your payment automatically deposited, into your checking account. Include a Voided Check.

INCOME TAX WITHHOLDING ELECTION—Substitute W-4P I elect to have the following withholding option applied to this payment.

A) I elect to have taxes withheld _____ % or \$ _____

B) I elect NOT to have taxes withheld.

Owner's Signature _____ Date _____

Directions to complete a required minimum distribution request form

This form is used by qualified annuity policy owners to request their required minimum distributions.

The following is what is needed to complete the form:

Enter the policy number

Print the name of the policy owner

Social security number

Under payout options:

- ◆ if they choose “A” they are asking for their RMD to be distributed to them and they need to indicate when they want to receive the payment.
- ◆ if they choose “B” they are asking that we set them up to automatically each year send their RMD. They need to choose the frequency of the payment and the date they want to receive it.

NOTE: clients can choose both A and B on one form

They have the option to have their payments sent directly to their bank account. We can put it into either their checking account or savings account. We will need a copy of a void check or bank routing number and savings account number to put into a savings account.

They can choose to have federal taxes withheld. They have the option of either a percentage or a specific dollar amount.

Finally they need to sign and date.

Form can be FAXed to: 888-726-9736