

REQUIRED MINIMUM DISTRIBUTION REQUEST FORM

To be completed for minimum required distributions. For questions, please contact the North American Customer Service Department. Phone: 866-322-7069 Fax: 866-322-7071
Mail to: PO Box 79905, Des Moines, IA 50325-0905
Overnight to 4350 Westown Parkway, West Des Moines, 50266



The completion of this form is necessary to satisfy the Written Notice Requirements as defined in Section 1 of your contract. Altered forms, including but not limited to correction fluid, strike out, or photocopies will not be accepted. Please ensure both pages of this form are submitted and all sections are completed accurately to ensure prompt processing of your request. Failure to do so may result in a delay of the withdrawal.

I. Account Information

Annuity Contract Number	Contract Owner First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Phone Number		
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>		
Street Address			
<input type="text"/>			
Address (cont.)			
<input type="text"/>			
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	

Please select ONE of the following:

- ☐ Individual Life Expectancy - This method provides the minimum amount available without incurring an IRS penalty.
- ☐ Joint Life Expectancy - You may select this option only if your spouse is more than ten (10) years younger than you. If not, we will default to the Individual Life Expectancy Method.

Complete only if selecting Joint Life Option.

Spouse's First Name	Spouse's Last Name
<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

II. Distribution Election

Required Minimum Distributions (RMD) for each year are calculated using the prior December 31st account balance divided by the appropriate age-based factor from one standard table, called the IRS Uniform Distribution Table. **If this qualified annuity contract was issued in this current calendar year and was transferred from another company, please provide the prior year's December 31st value for the transferred contract, along with a copy of the prior carrier's statement, for an accurate calculation. You will receive this first year's RMD as a lump sum distribution only.** If your Contract is a fixed index annuity, any withdrawal will remove funds from the fixed and index accounts on a pro-rata basis, based on the value in each account on the effective date of the withdrawal.

Distribution Frequency: Please elect the frequency in which you would like to receive your RMD payments. **If no frequency is elected or if multiple frequencies are elected, the contract will be set up to receive annual distributions. If taking your RMD from another qualified contract, do not complete this form.**

Distribution Frequency ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ One Time Only

Start Date: The RMD will be sent within our normal processing time unless a payment date is specified below:

I wish the payment date to be -
Month Day



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III. Method of Payment

You may elect to have your funds sent by regular mail or Electronic Funds Transfer. If no election is indicated, a check will be mailed to you.

Important Information Regarding EFT (Please Read)

- Once your withdrawal has been processed, funds will generally be available after three business days.
- EFT may not be available for all products.
- Should an inappropriate deposit be made, the financial institution is authorized to make a debit entry to my account and return the corrected amount to North American.

☐ Send check out regular mail.

☐ Send funds EFT - I authorize North American to automatically deposit this withdrawal into

☐ **Checking Account** - A voided check is required to send funds EFT to your checking account. If one is not provided at the time of this request, a check will be issued and sent to your address of record.

☐ **Savings Account** - To send funds to a savings account, a letter is required. Please provide a letter on your bank's letterhead, signed by a bank official, with your name, account number and routing number. If this is not provided at the time of this request, a check will be issued and sent to your address of record.

☐ Please use EFT information currently on file. If no information is on file, a check will be issued and sent to your address of record.

IV. Election of Withholding (Must be completed)

You must indicate if Federal/State income taxes should be withheld from your payment by signing and dating this election form and returning it to North American. State taxes will be withheld only if required by your state. Even if you elect not to have Federal/State income taxes withheld, you are liable for Federal/State income taxes on the taxable portion of your benefits. You may also be subject to tax penalties under the Estimated Tax Payment rules if your payments of estimated tax and withholding, if any, are not adequate. **If no election is made, 10% Federal income tax will be withheld.**

Withhold Federal Taxes: Select One

☐ No ☐ Yes % (Minimum 10%)

Withhold State Taxes: Select One

☐ No ☐ Yes %

SOCIAL SECURITY NUMBER (SSN):

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Certification - Under penalties of perjury, I certify that:

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 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.

V. Acknowledgement

I/We hereby acknowledge that the information provided herein is to the best of my/our knowledge true and accurate. I/We also acknowledge that this form must be fully completed, and failure to complete any portion of this form may delay the processing of the request. The completion of this form is necessary to satisfy the Written Notice Requirement as defined in Section 1 of your contract.

Contract Owner Signature/Assignee: _____ Date: _____

Required MUST BE COMPLETED

Required

Spousal Signature: _____ ☐ Not Married Date: _____

(Spousal signature applicable only if the contract was issued in or the contract owner resides in: AZ, CA, ID, LA, NM, NV, TX, WA, or WI)



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