Print Form

GUARANTY INCOME LIFE
INSURANCE COMPANY
P.O. Box 2231 • Baton Rouge, Louisiana 70821
1.800.535.8110 • Fax 225.343.0047 • Website www.gilico.com

IRA REQUIRED MINIMUM DISTRIBUTION REQUEST

The IRS requires you to begin taking Required Minimum Distributions (RMDs) every year from your IRA when you reach age 70½. As a service to our annuity owners, Guaranty Income Life Insurance Company can automatically distribute the RMD from your IRA. Please assist us by providing the information requested below.

If you have questions about your IRA or RMD, you may call our Policyowners' Service Department toll free at 1.800.535.8110 or contact us by email at pos@gilico.com.

Policy Number	**Owner/Annuitant**

Beneficiary Information	Is your beneficiary your spouse? ☐ YES ☐ NO If YES, and he/she is more than 10 years younger than you, please provide his/her date of birth:
Distribution Information	☐ *No Distribution* (Do not make RMD from this annuity. My RMD will be taken from another IRA, for all years, until I notify you in writing.) ☐ *Life Expectancy Distribution*. I authorize automatic distributions to be made ☐ **monthly** ☐ **quarterly,** ☐ **semi-annually,** ☐ **annually,** beginning _____ Month Day Year and continuing until I notify you in writing to terminate the distributions.
Payment Method	☐ *Automatic Deposit* into my bank account. ☐ Checking Account No._____ ☐ Savings Account No._____ With_____ _____ Name of Financial Institution Routing Number ☐ *Mail check* to me at the address on record.
Election For Withholding	☐ I elect ***NOT*** to have Federal income tax withheld from my IRA distribution. ☐ I elect ***TO HAVE*** Federal income tax withheld from my IRA distribution (10% withholding). In addition to the usual 10% withholding, I elect the following be withheld from my IRA distributions: º Additional dollar amount of $ _____ or º Additional percentage of _____%. Michigan residents must also complete form MI W-4P – *Withholding Certificate for Michigan Pension or Annuity Payments*.

I hereby accept the elections made above and agree with the terms of this form and its instructions. I acknowledge that Guaranty Income Life Insurance Company (GILICO) employees, agents or representatives do not give tax, legal or accounting advice. I agree to consult with my own attorney, accountant or professional tax advisor for details relating to my specific situation. I understand that I am responsible for calculating and withdrawing my Required Minimum Distributions, including all tax liability and other possible consequences which may be involved. I acknowledge that GILICO is not responsible and I agree to indemnify and to hold GILICO harmless from any resulting liabilities.

PLEASE SIGN BELOW

Dated at_____this_____day of_____,_____.
City/State

_____ _____
Social Security No. Signature of Owner/Annuitant

Please provide a daytime number where you can be reached should we have any questions concerning your request: ( )