



**Guaranty Income Life
INSURANCE COMPANY**

P.O. Box 2231 • Baton Rouge, Louisiana 70821
1 (800) 535-8110 • Website - www.gilico.com

IRA REQUIRED MINIMUM DISTRIBUTION REQUEST FORM

<u>Policy Number</u>	<u>Annuitant</u>
70 ½ Election	<p>The IRS requires you to begin taking distributions from your IRA when you reach age 70 ½.</p> <p>Uniform Lifetime Table (For use by unmarried owners & owners whose spouses are <u>not more</u> than 10 years younger)</p> <p>Joint Life & Survivor Expectancy (For use by owners whose spouses are <u>more</u> than 10 years younger)</p> <p>Spouse Beneficiary DOB: _____ Non-Spouse Beneficiary DOB: _____</p> <p>(NOTE: If more than one <u>primary</u> beneficiary, use the beneficiary with the shortest life expectancy).</p>
Payment Information	<p>One Time Distribution of \$ _____ (I will arrange to withdraw my MRD yearly).</p> <p>Life Expectancy Distribution. I authorize automatic distributions monthly quarterly or annually, beginning _____ and continuing until I notify you in writing to terminate the distributions.</p>
Payment Method	<p>Issue and mail check to me at the address on record.</p> <p>Deposit into my account at the following financial institution. (attach voided check)</p> <p>Bank Name _____</p> <p>Account type _____ Account Number _____ Routing Number _____</p>
Election For Withholding	<p>I elect NOT to have Federal income tax withheld from my IRA distribution.</p> <p>I elect TO HAVE Federal income tax withheld from my IRA distribution. (10% withholding).</p> <p>I want the following additional dollar amount (\$ _____) or percentage (_____%) withheld from each IRA distribution.</p>
<p>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 advise. 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 as well as all the tax and other consequences involved. I acknowledge that GILICO is not responsible and I agree to indemnify and to hold GILICO harmless from any resulting liabilities.</p> <p align="center"><i>SIGN BELOW FOR ABOVE REQUEST</i></p> <p>Dated at _____ this _____ day of _____.</p> <p align="center">City/State</p> <p>_____ Social Security No. _____ Signature of Annuitant</p>	