



Questions? Call our National Service Center at 1-800-888-2461.

**Required Minimum Distribution Procedures**

The Internal Revenue Service ("IRS") requires individuals to begin receiving a Required Minimum Distribution ("RMD") from qualified account(s) at age 70½. Upon attaining this age, it is your responsibility to request these distributions. Use this form to request an RMD. Charges may apply to withdrawals. Please type or print.

**1. Provide General Account Information**

Contract/Account Number \_\_\_\_\_ Plan Number or Name \_\_\_\_\_  
(Applicable to Employer Retirement Plans only)

Name of Owner/Participant \_\_\_\_\_  
First MI Last

Mailing Address \_\_\_\_\_  
Street Address City State ZIP Code

Social Security Number/Tax I.D. Number \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Marital Status:  Single  Married

**2. Do you want Security Benefit to calculate your RMD?**

Select a Distribution option below only if you want Security Benefit to calculate your RMD based on the Uniform Lifetime Method using the value in this account. If the spouse is more than 10 years younger than the owner/participant, the RMD may be reduced. If you wish to reduce your RMD, please provide your Spouse's Date of Birth \_\_\_\_\_  
(mm/dd/yyyy)

Select one of the below and provide the additional information

Scheduled Systematic Withdrawal – will be processed until further instruction is provided.  
 Beginning: \_\_\_\_\_  
(mm/dd/yyyy – must be between 1st and 28th of the month)

And continue:  Monthly  Quarterly  Semi-annually  Annually  
 If no date is indicated, or date is prior to date of receipt, the distribution will occur on the date the request is received in proper form.

One-time Distribution – as of \_\_\_\_\_ (mm/dd/yyyy – If no date is indicated, or date is prior to date of receipt, the distribution will occur on the date the request is received in proper form).

I understand that I will be responsible for providing updated instructions each year to comply with the RMD.

**3. Have you calculated your RMD?**

**Only complete this section if you wish to calculate the RMD yourself.**

I calculated my RMD for the year. Please withdraw \$ \_\_\_\_\_ as of \_\_\_\_\_ (mm/dd/yyyy – If no date is indicated, or date is prior to date of receipt, the distribution will occur on the date the request is received in proper form).

I understand that I will be responsible for providing updated instructions each year to comply with the RMD.

#### 4. Distribution Instructions

Please indicate how the funds are to be withdrawn. If an option is not selected the funds will be withdrawn prorata.

- Prorata – proportionately as the funds are currently invested.
- Specific percentages as indicated below in whole percents:

##### From Investment Option

_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
<b>MUST TOTAL 100%</b>	

#### 5. How much withholding do you want?

Withdrawals are subject to Federal and State income tax withholding. When requesting a RMD, you can elect to have Federal income tax withheld.<sup>1</sup> If you do not elect Federal withholding, you are still liable for payment of Federal income tax on the taxable portion of your payment. You may also be subject to tax penalties under the estimated tax payment rules if your estimated tax payment and withholding are not adequate.

Please select how you want Federal withholding to be applied to your distribution(s) and provide any additional information requested for the option selected. If an option is not selected, the minimum 10% will be withheld. State income taxes will be assessed where applicable.

- I do not want Federal Income tax withheld.
- I would like the minimum 10% Federal income tax withheld.
- I would like the specified amount of Federal income tax withheld as indicated below:

\$ \_\_\_\_\_ or \_\_\_\_\_ %

<sup>1</sup> NOTE: The owner/participant may elect out of Federal withholding for the RMD amount. If you request an amount greater than the RMD amount for a 403(b), 457 or qualified plan, the excess amount will have the required 20% withheld.

#### 6. How do you want to receive your distribution?

The distributed amount will be the calculated amount reduced by any applicable surrender charges, fees and tax withholding. Please select how you want to receive this amount.

- Electronic Funds Transfer (EFT) to my bank account – proceeds will arrive within 3 business days after the withdrawal.
- Wire Transfer to my bank account – this option is only available for one-time distribution requests and a \$20.00 wire processing fee will be assessed to my account.
- Send check to address of record as indicated in section 1.

## 7. Provide Bank Information

**Only complete this section if you selected EFT or Wire Transfer above.** Please provide your bank information below. If any information is missing your request may be delayed. You may also attach a void check to ensure necessary information is provided.

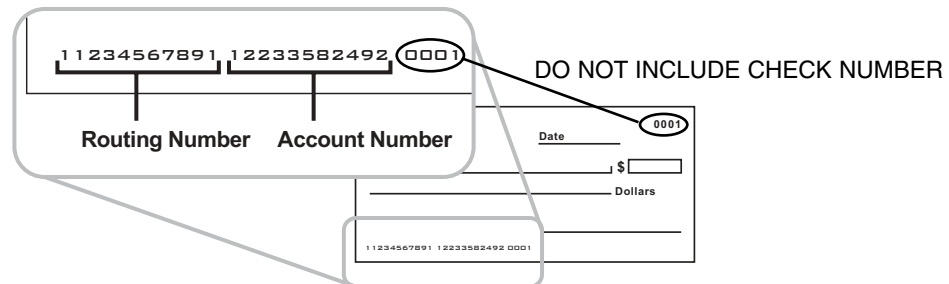
Bank Account Type (please check one):  Checking  Savings

Bank Name \_\_\_\_\_

Name on Bank Account \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Bank Account Number (Do not include check number) \_\_\_\_\_



## 8. Provide Signatures

I understand, acknowledge and certify that:

- Security Benefit, or its subsidiaries, will initiate electronic deposits to my bank account as indicated on this form. Security Benefit may make additional attempts to deposit if the initial attempt fails. I will be liable for any costs associated with these additional attempts. This service is established solely for my convenience and will remain in effect until Security Benefit receives cancellation, which will be effective within 30 days of receipt. This service may be suspended, terminated or modified at any time.
- The distribution requested by this form is for a Required Minimum Distribution under Section 401(a)(9)(A) of the Internal Revenue Code.
- I waive any applicable waiting period required by law before distribution can be made to me.
- All terms of this agreement are binding to my heirs, representatives and assigns. I agree that any sum of money paid to the bank after my death shall be refunded to Security Benefit and I hereby authorize the bank to make such refund from the account indicated.
- The information provided within this form is accurate and true, including my tax identification number.

### Tax Identification Number Certification

**Instructions:** You must cross out item (2) in the below paragraph if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. For contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct Tax Identification Number.

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 (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or the IRS has notified me that I am no longer subject to backup withholding; **and** (3) I am a U.S. Person (including a U.S. Resident Alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Please Continue ➔

**8. Provide Signatures (continued)**

**Required Signatures:**

- IRA, Non-Qualified, 403(b) TSA and 403(b)(7) TSA accounts – Owner(s) only
- 401(a), 401(k) and 403(b)(7) ERISA Plans – Both Participant and Plan Sponsor
- 457 Plans – Both Participant and Plan Sponsor (if applicable)

NOTE: If applicable, a signature is required for all irrevocable beneficiaries.

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Owner/Participant Date (mm/dd/yyyy) Signature of Joint Owner (if applicable) Date (mm/dd/yyyy)

X \_\_\_\_\_  
Signature of Plan Sponsor Date (mm/dd/yyyy) Title

X \_\_\_\_\_  
Signature of Representative (optional) Date (mm/dd/yyyy) Print Name of Representative

**Spousal Consent for Community Property States:** If the owner/participant is a resident of AZ, CA, ID, LA, NM, NV, TX, WA or WI, spousal consent is required, unless the owner/participant has no legal spouse.

X \_\_\_\_\_  
Signature of Spouse Date (mm/dd/yyyy)

**Spousal Consent for ERISA plans:** If you are married and your plan is subject to ERISA, your spouse may be required to complete this section. Please consult with your employer.

I hereby consent to the withdrawal(s) as stated above. I understand that a spouse is guaranteed certain rights to assets in this retirement account by federal law and that these include the right to a pre-retirement survivor's annuity and a joint and survivor annuity and that these rights could be diminished by distributions from this plan.

X \_\_\_\_\_  
Signature of Spouse Date (mm/dd/yyyy)

X \_\_\_\_\_  
Witnessed by (Notary Public's signature) Date (mm/dd/yyyy)