

Required Minimum Distribution request



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261
Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833
1-866-747-3421 | SecuritiesPI@sfgmembers.com

This form is to be completed when requesting withdrawals to satisfy your IRS-Required Minimum Distribution (RMD). You can use this form to request a one-time withdrawal or to set up automatic distributions to satisfy current and future RMD requirements for this account. Please consult with and rely upon your own tax and legal professionals for additional information concerning RMD requirements.

1. Account information

Account number	Additional account number	Additional account number
Account holder's name (first, middle initial, last)		SSN/EIN
Street address		Apartment/suite number
City	State	ZIP
Phone number		

2. Life expectancy options

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 10 years younger than you and is the sole primary beneficiary on the contract. If not, we will default to the individual life expectancy method.

Complete only if selecting joint life option:

Spouse's name (first, middle initial, last)	
Spouse's SSN/EIN	Spouse's date of birth (mm/dd/yyyy)

NOT FDIC/NCUA INSURED, MAY LOSE VALUE INCLUDING LOSS OF PRINCIPAL, NO BANK/ CU GUARANTEE, NOT A DEPOSIT, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY.

3. Distribution instructions

Required Minimum Distributions (RMD) for each year are calculated using the prior December 31st Account Value divided by the appropriate age-based factor from the IRS Uniform Distribution Table.

Initiate new distribution Change existing distributions Terminate existing distributions

Please indicate your election below:

- Option 1:** I choose to waive my distribution for this tax year and will satisfy my RMD from another source.
- Option 2:** Please calculate and process my RMD as a one-time lump sum payment for the current tax year immediately. By selecting this option, a new form will have to be completed and returned each tax year.
- Option 3:** Please calculate and process my RMD as a series of systematic payments beginning on*:

Date* (mm/dd/yyyy): _____

* Please select a day of the month between the 1st and the 28th. If the date is not complete or an invalid date is chosen, the form will be considered "Not in Good Order." If the date listed has already passed, the first distribution will be processed immediately, and the systematic distributions will start on the next frequency from this date.

Distribution Frequency: Please elect the frequency in which you would like to receive your RMD payments. If Option 3 is elected and no frequency is chosen, the account will be set up to receive annual distributions.

Monthly Quarterly Semi-Annually Annually

- Option 4:** Please calculate and process my RMD for the current tax year immediately using the statement provided.

(If this qualified account was issued in this current calendar year and was transferred from another company, please provide the prior year's December 31 value for the transferred account, along with a copy of the prior company's statement, for an accurate calculation. You will receive this first year's RMD as a lump sum distribution only.)

4. Method of distribution

Please check one of the following options. If no election is indicated, a check will be mailed to you.

- I would like this withdrawal to be paid to me by check and sent to the mailing address listed in section 1 of this form.
- I would like this distribution to be sent via Automated Clearing House (ACH) to the bank account indicated below. I understand the proceeds will arrive at my bank account in approximately three to five business days. I authorize Sammons Institutional Group®, Inc. and the financial institution listed below to automatically deposit distributions into my:

Checking Savings

Name(s) on account (first, middle initial, last)	
Financial institution name	Financial institution phone number
Financial institution routing number (ABA #)	Financial institution account number

Include a preprinted, voided check, or letter from the bank on their letterhead, to ensure accurate account information for the Automated Clearing House (ACH) debit. If we do not receive a voided check or bank letter, we will mail the disbursement to your address on file.

Note: Checks must be preprinted with your name and address. We cannot accept starter or counter checks.

5. Election of withholding

Federal/State withholding instructions: Please indicate if Federal/State Income taxes should be withheld from your payment(s) by signing and dating this election form and returning it to Midland National. If you have any questions about your tax liability, please consult and rely upon your own tax and legal professionals. **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 account value. You may also be subject to tax penalties under the Estimated Tax Payment rules if your payment of estimated tax and withholding, if any, are not adequate. If no election is made, a 10% federal income tax will be automatically withheld.**

I elect the following:

Federal: Do not withhold Withhold _____ % or \$ _____

State: Do not withhold Withhold _____ % or \$ _____

Important state tax withholding information: Certain states require us to withhold state income tax from your distribution. If you reside in a state that requires withholding, we will withhold state income tax in accordance with the respective state's rules.

Note: If no election is made, a 10% federal income tax will be automatically withheld.

6. Acknowledgment and signature

I hereby acknowledge that the information provided herein is to the best of my knowledge true and accurate. I 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 your Account.

Taxpayer certification

Under penalty of perjury, my signature certifies 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);
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, (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;
3. I am a U.S. citizen or U.S. resident alien; and
4. I am exempt from FATCA reporting.

Account holder's signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

If your request is not in good order, how would you like us to notify you?

Call me at _____ - _____ - _____ Mail a letter to my address of record Contact my Registered Representative

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