

Required minimum distribution request form



To be completed for required minimum distributions (RMDs). For questions, contact Midland National® Life Insurance Company, customer service department
Phone: 877-586-0244 Fax: 877-586-0249

Mail to: P.O. BOX 79907, Des Moines, IA 50325
Overnight: 4350 Westown Parkway, West Des Moines, IA 50266

If you are taking a withdrawal from another qualified source to satisfy the RMD for this Contract, do not complete this form.

I. Account information

Annuity Contract number

Owner's name (first, middle initial, last)

Social Security number

Select ONE of the following:

- ☐ Individual life expectancy – This method provides the minimum amount available without incurring an IRS penalty.
☐ Joint life expectancy – If your spouse is more than 10 years younger than you and is the sole primary beneficiary on this Contract, you may select this option. If they are not, we will default to the Individual life expectancy method.

Complete this information only if selecting the joint life option

Spouse's name

Date of birth (mm/dd/yyyy)

II. Distribution election

If you are currently receiving scheduled interest withdrawals, income rider withdrawals or systematic withdrawals please use the frequency of annually and the start date of 12/28.

Distribution frequency: Elect the frequency you would like to receive your RMD payments.

- ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually ☐ One time only

RMD distribution start date _____ (mm/dd/yyyy)

Complete ONLY if: An RMD is required in the *current tax year* and it is your *first Contract year*.

- ☐ Please calculate my first Contract year's RMD using the documentation provided showing the 12/31 value from my previous company. If no documentation is provided I understand that my first Contract year's RMD will be calculated based on the accumulation value at issue.

III. Election of withholding (must be completed)

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.

Withhold federal taxes – (select yes or no)

- ☐ No ☐ Yes _____ % (minimum 10%)

Withhold state taxes – (select yes or no)

- ☐ No ☐ Yes _____ %

IV. Method of payment

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

- ☐ Send check out regular mail
☐ Send funds EFT – I authorize Midland National to automatically deposit this withdrawal into the account that is currently on file. To add or update banking information, provide one of the required documents.
– **Checking account** – A voided check in the annuity Contract Owners name is required to send the 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** – A letter on your bank's letterhead, signed and dated by a bank official, with the annuity Contract Owner's name, account number and routing number is required.

A check will be sent regular mail if requirements are not received with this form.

V. Acknowledgement

I acknowledge and understand that by signing this form indicates that the information provided herein, in accordance with the required minimum distribution acceptance and disclosure page is to the best of my knowledge true and accurate. I hereby acknowledge I received, read and understood the information on the required minimum distribution acceptance and disclosure page and understand that this form must be fully completed.

Contract Owner signature/assignee (required– MUST BE COMPLETED)

Date (required) (mm/dd/yyyy)

Required minimum distribution acceptance and disclosure

Disbursements from your annuity Contract as requested by you, the Contract Owner, are final and will be reported as income in the tax year they are made available.

Altered documents, including but not limited to correction fluid or reused/photocopied signatures will **NOT** be accepted.

Section I – Account information – Contract number and Owner information must be completed accurately. If electing to have Joint Life Option, add your spouse's name and date of birth. Spouse must be at minimum 10 years younger than the Contract Owner and the sole, primary beneficiary on the Contract in order to choose this option.

Section II – Distribution election – Your RMD cannot be processed after the 28th of any month. If more than one frequency is indicated, or no frequency is indicated at all, your request will be set up as annually. Enter the date you would like your RMD to start. This date indicates the day the request will process and you will receive your payment in your bank account or check by mail 5-7 days later. **Note:** If you are currently set up for receiving scheduled interest withdrawals, income rider withdrawals or systematic withdrawals and elect a date other than 12/28, or elect an option other than receiving the withdrawal annually, the start date will default to annual RMD on 12/28.

Complete only if: An RMD is required in the current tax year and it is your first Contract year. This box only needs to be marked if you were at least 70 ½ in the current tax year and did not receive an RMD from your previous company, prior to you transferring your funds into this Contract.

If you already received an RMD from your previous company, you will not mark this box.

If you require an RMD in the current tax year and it is your first Contract year, you may provide us a document from the previous company for RMD calculation. This document needs to show what your account value was on 12/31 the previous year tax year. If you do not wish to send us documentation, we will calculate the RMD based off of the accumulation value of this Contract at issue.

If the 12/31 value is provided from the previous company, the RMD for the current tax year will be processed as a one time lump sum using the current processing date. If any frequency other than annually is chosen, that frequency will start on the date indicated in the next calendar year.

Section III – Election of withholding (must be completed) – If no election is made, minimum federal income tax and mandatory state income tax (if applicable) will be withheld according to your Contract type. If you have any questions about your tax liability, consult and rely upon your own tax and legal advisors. 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 withdrawal.

Section IV – Method of payment – If left blank or proper documentation is not provided, a check will be sent via regular mail. A void check is required for EFT to a checking account; for a savings account, you must provide a dated letter on bank letterhead, signed by a bank official, that contains your name, routing number and account number. If the send check by regular mail option is marked, the check will be sent to the address currently on file. If your address has changed, please fill out an address change form or include a signed and dated letter of instruction on a separate piece of paper showing your new address.

Section V – Acknowledgement – Contract Owner's signature is required and **must be dated**. Signing this form indicates that the Owner has read, understands and agrees to the information provided in the required minimum distribution acceptance and disclosure, as well as any other information provided throughout the form; therefore, it is important that the Owner review the content of the form prior to signing.

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 a U.S. resident alien; and
4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting



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