



# Required Minimum Distribution (RMD)

**Please remember:**

- If you have multiple qualified contracts with us, you must complete a separate form for each of them.
- Automatic payments are not available until after your contract's first anniversary.

For questions or help with this form, call us at **877-253-2323**.

Throughout this form, "the Company" refers to the issuing company.<sup>1</sup>

## 1 Contract Information (please print clearly)

Contract Number

Owner

SSN/TIN

- ☐ Check here if your address has changed. We will update your address, and we require a **signature guarantee** to process this withdrawal. See section 7.

Address

City

State

Zip Code

In case we need to contact you about this request

Daytime Phone

## 2 Payment Type (select one)

- ☐ Automatic payments
- This option is not available during the first year of your contract.
  - You may have only one automatic withdrawal program running on your contract at a time.
  - If this option is selected, go to section 3.
- ☐ One-time payment for this year
- We will calculate your RMD and send you the RMD amount for this year only.
  - If additional funds are wanted in excess of the one-time RMD payment, go to section 4.

**Please provide December 31st contract value of previous year.**

Only applicable to contracts that were not with Delaware Life at end of previous year: \$\_\_\_\_\_



<sup>1</sup> Delaware Life Insurance Company (Waltham, MA) is authorized to transact business in all states (except New York), the District of Columbia, Puerto Rico and the U.S. Virgin Islands and is a member of Group1001.

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### 3 Payment Frequency

Select one: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Start date (mm/dd/yyyy): \_\_\_\_\_ Please select any day between the 1st and the 28th.

Please note that:

- If your scheduled payment date falls on a weekend, on a holiday, or on the first or last day of the month, we will process the withdrawal on the next business day.
- If you do not select a frequency, we will send your payment annually.
- If you do not include a start date, we will begin your payments one payment period after the date we receive this form in good order.
- If the start date you request has passed by the time we receive this form, we will send your payment as of the day we receive the form in good order. We will send all future payments to be consistent with your requested start date.
- If you wish your payments to be automatically deposited in your bank account, please see the special instructions in Section 6.

### 4 Request for Additional Funds

You may withdraw additional funds in excess of the one-time RMD payment calculated for the current year.

Please enter below the amount you would like added to your single RMD payment.

I would like to withdraw additional funds in the amount of: \$\_\_\_\_\_

Please note that:

- This option is available ONLY with a one-time withdrawal of your RMD for the current year.
- Withdrawals will be taken proportionally from existing investment allocations.
- Withdrawals in excess of the RMD amount may be subject to withdrawal charges.

### 5 Tax Withholding

The tax withholding options that you select will remain in effect until revoked in writing. Federal and/or state taxes may apply.

#### Federal Income Tax Withholding

Would you like federal income tax withheld from your withdrawal?

- ☐ Yes, withhold \_\_\_\_\_% of the taxable amount.
- If you do not indicate a value, and we do not have a previous tax withholding election on file, we will automatically withhold the required amount for federal income taxes.
- ☐ No, do not withhold federal income tax. (If selected, no state taxes will be withheld.)
- If you choose “no” withholding or if you do not have enough tax withheld from your withdrawal, you may have to pay estimated taxes.
  - If your withholding and estimated tax payments are not sufficient, you also may incur penalties under the estimated tax rules.

## 5 Tax Withholding (continued)

### State Income Tax Withholding

Would you like state income tax withheld from your withdrawal?

☐ Yes, withhold state income tax from my withdrawal in the amount of \$\_\_\_\_\_ or \_\_\_\_\_%.

☐ No, do not withhold state income tax.

- In some states, state income tax withholding is mandatory when federal income taxes have been withheld. If you elect a specific state withholding amount or percentage we will process according to your instructions. Please consult with your tax advisor to ensure that the amount you have requested is sufficient to satisfy your state's requirements.
  - If you do not otherwise make an election, and you live in a mandatory state that employs a percentage calculation, we will default to your state's default withholding percentage rate.
  - If you live in a mandatory state that uses a wage table calculation, we will default to "single with one dependent."
  - You may contact us at any time to change your tax withholding election.

## 6 Delivery Instructions (optional)

We will mail your check by first class mail to the address we have on file, **unless** you choose one of the options below.

☐ **Direct Deposit to a bank account**

- If you choose this option, you must complete the **Direct Deposit Form**. If you do not submit the Direct Deposit form, we will send your payments via check to the owner at the address we have on file.
- If you choose this option, a validation period is required to establish this service. If your start date is within this period your first payment will be sent by check to your address on record. Subsequent payments will be deposited directly to your bank as instructed.
- Direct deposit is only available for automatic payments and not a one-time payment.

☐ **Send a check for the withdrawal amount to a different address, payee, or both.**

- If you want your check made payable to another person, mailed to a different address, or both, we require a **signature guarantee**. See section 7.
- A notarized Agent Check Acceptance Form is required to send funds to an agent's office. Please call Customer Service for details.
- A check can never be made payable to the agent of record.

Make Check Payable to this Payee

Mailing Address

City

State

Zip Code

## 7 Signature

If you are signing this form as a fiduciary (power of attorney, trustee, guardian, custodian, etc.) for the contract owner, please sign in your fiduciary capacity. We will need copies of your authorizing documents to process this withdrawal request. If we do not have them on file, please attach them to this form.

We require an original **signature guarantee** stamp (no faxes) with your signature if any one of the following situations applies:

- The contract owner's address has changed within 30 days of us receiving this request.
- The check is being mailed to an address other than the address we have on file for the contract owner.
- The check will be payable to someone other than the contract owner.
- The Contract is jointly owned and the check will be made payable to a single Joint Owner.
- You are withdrawing \$250,000 or more.

We will not accept a notary stamp.

You can get a **signature guarantee** stamp at an FDIC-insured bank; a member firm of the New York, American, Boston, Midwest, Philadelphia, or Pacific Stock Exchange; or any company that is a member of the Securities Transfer Agents Medallion Program (STAMP).

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

Owner's Signature

X

Date (mm/dd/yyyy)

Please Print Name Below

Signature Guarantee Stamp

## Contact Us

### By mail

Delaware Life  
P.O. Box 758581  
Topeka, KS 66675-8581

### By express mail

Delaware Life  
Mail Zone 581  
5801 SW 6th Avenue  
Topeka, KS 66636

### By fax

785-286-6118

### Online

[delawarelife.com](http://delawarelife.com)

### By phone

Customer Service **877-253-2323** M-F 7:30 a.m.-5:00 p.m., CT



# Direct Deposit

of annuity payments

**Please note:**

- This form allows you to establish or modify a way to transfer funds from your annuity contract to a bank account.
- Only one bank account can be on file at a time. If you already have direct deposit instructions on your account, submitting this form will revoke and replace your existing instructions.
- To be eligible for Electronic Funds Transfer (EFT), your account must be with an institution that is a member of the Automated Clearing House (ACH) and is a commercial bank, savings and loan or credit union.
- This form is designed only to allow you to establish or modify Electronic Funds Transfer (EFT) information; you cannot request a withdrawal with this form.
- A validation period is required to establish this service. If your next payment is within this period, it will be sent by check to your address on record. Subsequent payments will be deposited directly to your bank as instructed.

For questions or help with this form, call us at **877-253-2323**.  
Throughout this form, “the Company” refers to the issuing company.<sup>1</sup>

<b>1 Contract Information (please print clearly)</b>		
Contract Number		
Owner	SSN/TIN	
Co-Owner (if applicable)	SSN/TIN	
Address		
City	State	Zip Code
In case we need to contact you about this request		Daytime Phone



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## 2 Bank Account Information (select one)

**Please note:**

- If you'd like a direct transfer to a personal bank account, select checking or savings below and follow the instructions.
- If you are requesting that the funds be deposited into a bank account of someone who is **not** the owner of this contract, we require a **signature guarantee**. See section 3.
- If your contract does not permit direct deposit or if the electronic funds transfer request is returned or rejected by the receiving bank, we will send a check by first class mail to the payee at the address we have on file.
- Payments may not be set up for direct deposit to bank accounts outside the United States.
- Address on check must match address of record for the contract.

Bank Name

Account Name(s)

Account Number

Nine-Digit Routing Number

Bank Address

Bank Phone

☐

**Checking account.** A voided check is required.

☐

**Savings account.** A voided check or a letter from your bank is required. The letter must indicate the name on the account as well as the account number and routing number. This letter must be signed by a bank representative with their full title.

**ATTACH VOIDED CHECK HERE.**

**Note: Starter checks, deposit slips and handwritten information will not be accepted.**

### 3 Signature(s)

#### All owners must sign this form.

If you are signing this form as a fiduciary (power of attorney, trustee, guardian, custodian, etc.) for the contract owner, please include your fiduciary relationship. We will need your authorizing documents to process this request. If we do not have them on file, please attach them to this form.

#### Authorization for direct transfer:

By signing this form:

- You authorize the Company to transfer funds via direct deposit to the bank.
- You also authorize your bank to refund any overpayments made by the Company, to this account, during or after your lifetime by debiting the account for any overpaid amount(s).
- This authorization will be effective until you give the Company notice, in writing, to make a change.

We require an original **signature guarantee stamp** (no faxes) with **each** signature if you are requesting that the funds be deposited into a bank account of someone who is **not** the owner of the contract. We will not deposit funds into an account in the name of the acting power of attorney, guardian, executor, or conservator unless the account owner specifically instructs the Company to do so.

We will not accept a notary stamp.

You can get a **signature guarantee stamp** at an FDIC-insured bank; a member firm of the New York, American, Boston, Midwest, Philadelphia, or Pacific Stock Exchange; or any company that is a member of the Securities Transfer Agents Medallion Program (STAMP).

Owner's Signature X	Date (mm/dd/yyyy)	Co-Owner's Signature (if applicable) X	Date (mm/dd/yyyy)
Please Print Name Below		Please Print Name Below	
Signature Guarantee Stamp		Signature Guarantee Stamp	

### Contact Us

#### By mail

Delaware Life  
P.O. Box 758581  
Topeka, KS 66675-8581

#### By express mail

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