## United American Insurance Company Individual Retirement Annuity Minimum Distribution Withdrawal Request

Annuity Contract Number _		Contra	ct Owner	
I, the undersigned contra	ict owner request	a minimum	distribution withdrawal as indicate	ed below.
☐ Requested Amount \$	•			
Single Life Expectancy of The sum of each payme for my attained age.		ally recalculat	ed each year based on IRS Life Exped	ctancy Tables
	ent will be automatic		ed each year based on IRS life expected attemption of the community of the	
This request will be in effect Mode of Payment			notify United American Insurance Cor ni-Annually	mpany otherwise.
Start Da	ite	(1st or 1	5th of the month - specify starting mon	th)
,	Withdrawing funds v	vill reduce the	contract's declared annual yield.	
Payment Method Reques	ted:			
☐ Company Check	☐ Direct Depo	sit (attach con	npleted Authorization Agreement For I	Direct Deposit)
Please provide your accoin effect at that time. \$			revious year, if your United Ameri	can annuity was no
Failure to complete the fo	ollowing may resu	It in the dela	y of processing your request.	
☐ I <b>DO NOT</b> want to have	Federal Income Tax	withheld.		
I DO want to have Fede Please note that the tax			taxable portion of my distribution at a uested.	rate of 10%.
Notice to residents of CA, elected unless you check of			te Income Tax will be withheld if Fede Box.	ral Withholding is
☐ I do not want State Inc	ome Tax withheld.			
<ul> <li>Notice to CT, MT, NM, and than \$10. \$</li> </ul>		e Income Tax	is voluntary. Please specify an even	\$ amount not less
Payer's Request for Taxp	oayer Identification	n Number an	d Certification	
Social Security Number	//		Employer I.D. Number/_	
Identification Number and th	nat I am not subject to subject to backup wit	o backup with thholding as a	mber shown on this form is my correct holding because I have not been notif result of a failure to report all interest sholding.	ied by the Internal
			o defraud or knowing that he/she is facilitating eptive statement is guilty of insurance fraud.	a fraud against an
Please notify us immediately		-		
Sigr	nature		Telephone Number	Date
Add	Iress		Witness	
City	State	Zip	Joint Owner Signature	