

# Liberty National Life Insurance Company

## Individual Retirement Annuity Minimum Distribution Withdrawal Request

Annuity Contract Number \_\_\_\_\_ Contract Owner \_\_\_\_\_

**I, the undersigned contract owner request a minimum distribution withdrawal as indicated below.**

☐ Requested Amount \$ \_\_\_\_\_

☐ Single Life Expectancy Calculation:

The sum of each payment will be automatically recalculated each year based on IRS Life Expectancy Tables for my attained age.

☐ Joint Life Expectancy Calculation:

The sum of each payment will be automatically recalculated each year based on IRS life expectancy tables for my attained age and the attained age of my beneficiary whose date of birth is: \_\_\_\_\_.

This request will be in effect until the funds are exhausted or I notify Liberty National Life Insurance Company otherwise.

Mode of Payment ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Start Date \_\_\_\_\_ (1st or 15th of the month - specify starting month)

Withdrawing funds will reduce the contract's declared annual yield.

### Payment Method Requested:

☐ Company Check ☐ Direct Deposit (attach completed Authorization Agreement For Direct Deposit)

**Please provide your account value as of 12/31 of the previous year, if your Liberty National annuity was not in effect at that time. \$ \_\_\_\_\_**

**Failure to complete the following may result in the delay of processing your request.**

☐ I **DO NOT** want to have Federal Income Tax withheld.

☐ I **DO** want to have Federal Income Tax withheld from the taxable portion of my distribution at a rate of 10%.  
Please note that the tax is deducted from the amount requested.

• Notice to residents of CA, IA, KS, ME, MA, OR and VT: State Income Tax will be withheld if Federal Withholding is elected unless you check off the following State Withholding Box.

☐ I do not want State Income Tax withheld.

• Notice to CT, MT, NM, and NJ residents: State Income Tax is voluntary. Please specify an even \$ amount not less than \$10. \$ \_\_\_\_\_

### Payer's Request for Taxpayer Identification Number and Certification

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

**Certification** — Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number and that I am not subject to backup withholding because 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 the IRS has notified me that I am no longer subject to backup withholding.

OHIO INSURANCE FRAUD WARNING: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Please notify us immediately of any changes to the above information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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