

## IRA Beneficiary Stretch Election Form

Oxford Life Insurance Company<sup>®</sup> does not provide tax or legal advice. It is important to consult your tax or legal advisor to determine how an IRA beneficiary stretch election affects your financial and estate-planning concerns. Please consult a legal or tax advisor for additional information and advice for your specific situation.

### TERMS AND CONDITIONS

**Acknowledgment and Consent to Policy Terms** - By making this Stretch IRA election, you agree to be bound by the policy provisions of the original contract, including withdrawal charges, forfeiture of any non-vested premium bonus and any applicable market value adjustment for withdrawals in excess of the annual penalty-free amount. You acknowledge receipt of a disclosure statement for the policy.

**Distributions** - I elect to receive my entire portion of the IRA with Required Minimum Distributions taken under the method described below that is applicable to me:

**For Surviving Spouse Beneficiary** (Do NOT use this form if you want to elect spousal assumption):

(A) If the deceased IRA owner died before their required beginning date, then: payment of the entire remaining interest must be made over a period not to exceed the remaining life expectancy of the designated beneficiary based on a single life expectancy, recalculated annually. Payments must begin no later than the year the deceased IRA owner would have attained the age of 70½, or, if later, the year after the death of the IRA owner.

(B) If the deceased IRA owner died on or after their required beginning date, then: payment of the entire remaining interest must be made over a period not to exceed (a) the remaining life expectancy of the designated beneficiary or (b) the deceased Owner's remaining life expectancy, whichever is longer, and recalculated annually. Payments must begin no later than December 31st of the calendar year after the year of the deceased IRA owner's death.

**For Non-Spouse Beneficiary:**

(A) If the deceased IRA owner died before their required beginning date, then: payment of the entire remaining interest must be made over a period not to exceed the remaining life expectancy of the designated beneficiary based on a single life expectancy. Payments will be based on the life expectancy used to calculate the first distribution reduced by one for each subsequent year. Payments must begin no later than the year after the death of the IRA owner.

(B) If the deceased IRA owner died on or after their required beginning date, then: payment of the entire remaining interest must be made over a period not to exceed (a) the remaining life expectancy of the designated beneficiary, or (b) the deceased Owner's remaining life expectancy, whichever is longer. Payments will be based on the life expectancy used to calculate the first distribution reduced by one for each subsequent year. Payments must begin no later than December 31st of the calendar year after the year of the deceased IRA owner's death.

"Required beginning date" means April 1 of the year following the attainment of age 70½.

## Federal and State Tax Withholding

Withholding only applies to the taxable portion, i.e. income, of the payment you receive.

Federal withholding is generally at a 10% rate, but you may elect not to withhold any taxes, unless foreign withholding applies.

We will assume that the entire withdrawal from an IRA or other eligible retirement plan is taxable, except for non-taxable qualified distributions from a Roth IRA. Federal withholding for distributions from qualified plans, including 401(k)s, is at a 20% rate; this withholding is mandatory unless the distribution is rolled over to an IRA or other eligible retirement plan. Federal withholding of distributions from non-qualified plans and personal plans, including IRAs, is at the default rate of 10% and is not mandatory.

Even if you elect not to have federal and/or state income tax withheld, you are still liable for payment of federal income tax and, if applicable, state income tax on the taxable portion of the distribution. Additionally, in some states, even if you elect not to withhold state income tax, we may withhold state income tax if required by law. You may also be subject to tax penalties under the Estimated Tax Payment Rules if any payments of estimated tax and withholding are insufficient (IRS Publication 505 explains federal estimated tax requirements and describes penalties in detail).

Specific state income tax withholding policies are noted below. For additional information, contact your state's taxation department and/or your tax advisor.

- **No Withholding:** We cannot withhold state income tax for residents of Alabama, Alaska, Arizona (for lump sum cash payments), Colorado, Delaware, the District of Columbia (for all distributions other than lump sum distributions from retirement plans or accounts), Florida, Hawaii, Idaho, Illinois, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Nevada, New Hampshire, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, Washington or Wyoming.
- **Required Withholding if Federal Tax Withholding Mandatory:** For residents of Arkansas, Maryland and North Carolina, with distributions eligible for rollover, or other distributions where federal withholding is mandatory, we must withhold state tax.
- **Required Withholding if Federal Tax Withheld:** For residents of the District of Columbia (for lump sum distributions from retirement plans or accounts), Iowa, Kansas, Maine, Massachusetts, Oklahoma and Nebraska, we must withhold state taxes if federal taxes are withheld.
- **Required Withholding if Federal Tax Withheld, but may Elect Out:** For residents of Arkansas (for distributions not eligible for rollover), Georgia (for periodic payments), North Carolina (for distributions not eligible for rollover) and Vermont, you must have state income tax withheld if federal income taxes are also withheld, unless you specifically opt out of state income tax withholding. For residents of California, Massachusetts, Oregon and Virginia who opt out of federal income tax withholding, you are opted out of state income tax withholding as well; otherwise, in Massachusetts, Oregon and Virginia, state tax will be withheld. A resident of California who elects to have federal tax withheld can elect out of state withholding as well.
- **Voluntary Withholding:** For residents of Arizona (for periodic payments), Connecticut, Georgia (for non-periodic payments), Indiana, Maryland (for distributions not eligible for rollover), Missouri, Montana, New Jersey, New Mexico, New York, and West Virginia, state income tax withholding is voluntary.

**Additional Considerations:**

Timely election to receive distributions from an Inherited IRA based on a life expectancy as provided within the income tax regulations is solely the responsibility of the IRA beneficiary.

If the sole IRA beneficiary is the spouse of the deceased IRA owner, then additional options may be available. You should consult with a tax and/or legal advisor to determine the most appropriate course of action to address your particular situation.

**To Stretch an Oxford Life IRA, please complete the following information:****1. Original Deceased IRA Owner's Information**

Name	_____	Contract Number	_____
Date of Birth	____/____/____	Date of Death	____/____/____
Social Security #		____ - ____ - ____	

**2. Information regarding Beneficiary Electing Stretch**

Beneficiary Name	_____	Relationship to Decedent	_____
Address (Number and Street) _____			
City	_____	State	_____
Zip Code	_____		
Date of Birth	____/____/____	Social Security #	____ - ____ - ____

**3. To elect a successor beneficiary to receive the proceeds of this Contract in the event of the death of the beneficiary electing to Stretch the above named IRA, please name the beneficiaries below. Do not use this section if form is being submitted with new application.**

**Successor Primary Beneficiary**

Name	Address, City, State, Zip Code	Relationship	Date of Birth	SS#	Share %
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Successor Contingent Beneficiary**

Name	Address, City, State, Zip Code	Relationship	Date of Birth	SS#	Share %
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

#### 4. IRA Beneficiary Statement

By signing below, I acknowledge that I have read and understand the provisions of this form. I authorize and direct Oxford Life to administer the IRA and make distribution in accordance with this election form. I understand that Oxford Life Insurance Company, its employees, and its agents do not provide legal or tax advice and that I am responsible for obtaining legal and tax advice from other sources. I understand that, while Oxford Life will provide the IRS with information regarding the fact that a minimum distribution must be made in connection with the policy, I am solely responsible for requesting that the distribution be made and I am solely responsible for all legal and tax consequences arising from my election to Stretch an IRA with Oxford Life.

Was this policy previously registered as an Inherited/Stretch IRA?

☐ Yes

☐ No

— If yes, in what year was the first Stretch RMD payment made? \_\_\_\_\_, and

— What factor was used to make the Stretch RMD payment in the previous year? \_\_\_\_\_

**Please complete the following information regarding payment of the Required Minimum Distribution:**

**Mode Requested:** \_\_\_\_\_ **Start Date (MM/DD/YYYY)** \_\_\_\_\_

☐ Monthly\*

☐ Quarterly\*

☐ Semi-Annually\*

☐ Annually\*

**\*Note: If any option other than Annually is chosen, Form PHS-OLIC-PRE-AUTH DEPOSIT is required.**

**RMD For Year of Death:** If the deceased IRA owner attained age 70½, please check one of the following boxes confirm whether the year of death required minimum distribution will be taken from this policy:

**Please note any individuals taken from a policy in the first year will be assessed penalties.**

**If this form is being submitted with a new application, the RMD should be taken prior to transfer.**

☐ No, the required minimum distribution was satisfied elsewhere.

☐ Yes, please distribute the year of death required minimum distribution from this policy.

#### **Tax Withholding**

☐ I elect to have no federal or state income tax withheld.

☐ I request federal income tax be withheld at the rate of \_\_\_\_\_ %.  
(Minimum is 10%. Optional unless subject to backup withholding. If not indicated, percentage withheld will be 0).

☐ I elect to have no state income tax withheld.

☐ I request state income tax to be withheld at the rate of \_\_\_\_\_ %, or the amount of \$ \_\_\_\_\_  
(If no state tax amount or percentage is specified, no state tax will be withheld, unless required by the State).

\_\_\_\_\_  
**Signature of IRA Beneficiary**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of IRA Beneficiary (please print)**

## AUTHORIZATION FOR DIRECT DEPOSIT

POLICY NUMBER	
OWNER'S NAME	JOINT OWNER'S NAME

### Bank Account Information

BANK ACCOUNT OWNER'S NAME	
NAME OF BANK	ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings
ROUTING NUMBER	ACCOUNT NUMBER

**IF USING A CHECKING ACCOUNT, ATTACH A VOIDED CHECK OVER THE SHADED AREA BELOW. DO NOT ATTACH A DEPOSIT SLIP OR STARTER CHECK.**

<b>Your Name</b> 123 Any Street Your Town, USA 11111		
<b>-VOID-</b>		
<b>Your routing number</b> 123456789	<b>Your account number</b> 1234567	<b>Your check number</b> 111

I hereby authorize Oxford Life Insurance Company, and/or its third-party administrators, representatives or agents, ("Oxford Life") to electronically transfer into my account, until further notice, all policy payments due to me and to charge the referenced account to reverse any transfer erroneously posted to my account. I agree that Oxford Life will have no further liability with respect to any payments made in accordance with this authorization and may at any time discontinue my direct deposit and issue checks to me requiring my personal endorsement. I understand this authorization is to remain in full force and effect until Oxford Life has written notification from me of termination and in such manner as to afford Oxford Life and the financial institution a reasonable opportunity to act on it. I, for myself, my heirs, executors, administrators and assigns do hereby consent and agree that any sums of money deposited to my account after my death, shall be refunded to Oxford Life for distribution to the person or persons, if any, entitled to those sums under the terms of the policy.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature – Policy Owner/Bank Account Owner

\_\_\_\_\_  
Signature – Joint Policy Owner (*if any*)