



TheStandard®

Request for IRS Minimum Distribution

Standard Insurance Company
Individual Annuities 800.247.6888
1100 SW Sixth Avenue Portland OR 97204-1093 www.standard.com

1 Contract Identification

POLICY NUMBER			
ANNUITANT NAME		OWNER NAME	
ADDRESS CHANGE <input type="checkbox"/> No <input type="checkbox"/> Yes		PHONE	
ADDRESS	CITY	STATE	ZIP CODE

2 Direction For Taking No Distribution

I will not be taking the IRS Required Minimum Distribution from this contract because:

- ☐ I have a 403(b) TSA or Pension contract and remain employed by the sponsoring organization.
- ☐ I am meeting this requirement through an arrangement previously set up:
 - ☐ Through a like contract held at another financial institution.
 - ☐ Through a like contract held at Standard Insurance Company _____.

POLICY NUMBER

3 Direction for Taking An IRS Required Minimum Distribution (Attach form 5031 or IRS forms W-9 and W-4P.)

☐ Automatic Distribution of IRS Required Minimum Distribution Amount

This method will provide an annual payment to you from your existing policy. Standard Insurance Company will calculate the amount each year and send you a check within 30 days of your policy's anniversary date.

Annual payments can also be mailed directly to your bank by attaching form 10441.

Choose a month for your annual distribution:

☐ February ☐ March ☐ April ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November

☐ Guaranteed Income for Life or for the Lives of You and Your Beneficiary

This method will provide you with monthly income based on your current policy value. If this option is selected, we will provide you with illustrations of the benefit options from which you may choose.

4 Calculation Option

- ☐ My spouse is more than 10 years younger than me and is my sole designated beneficiary. Please calculate my IRS Required Minimum Distribution using a joint-life expectancy with my spouse. If my marital status changes, I will advise Standard Insurance Company of such change within 90 days.

SPOUSE BENEFICIARY NAME	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	BIRTH DATE
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5 Authorization

I have completed appropriate sections of this form and represent that all information is true and accurate.

_____ OWNER OR PARTICIPANT SIGNATURE	_____ DATE
_____ OWNER SIGNATURE	_____ DATE



1. Identification

Taxpayer Name	
Primary State of Residence for Tax Reporting	Contract Number(s)

2. Taxpayer Identification Number (Social Security number or EIN)

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Withholding Certificate for Pension or Annuity Payments — Substitute IRS Form W-4P

3. Federal and State Income Tax Withholding

(If nothing below is checked we will withhold at Federal and State minimums.)

A ☐ Check here if you **do not want any** Federal or State income tax withholding from your pension or annuity.
(Do not complete line B)

B ☐ I want **Federal withholding** from the taxable portion of my annuity payment.

Withhold: _____ (% or **Dollar** amount) **Federal** (10% minimum)

☐ I do not want State withholding Unless required.

☐ I want State withholding

Withhold: _____ (% or **Dollar** amount) **State if required or applicable.**

Marital status and total number of allowances you are claiming for above withholding requests section B.

☐ Single ☐ Married ☐ Married, but withhold at higher "Single" rate. Number of Allowances _____

Request for Taxpayer Identification Number and Certification — Substitute IRS Form W-9

This form is required. If the form is not on file, Standard Insurance Company will be required to withhold income taxes according to Internal Revenue Service guidelines. You (as payee) are required by law to provide Standard Insurance Company (as payor) with your correct taxpayer identification number (generally your Social Security number). Failure to do so may result in a \$50 penalty imposed by the Internal Revenue Service. In addition, in the event of such failure, we are required to withhold from your taxable distribution according to current regulation, regardless of your withholding election above.

4. Certification

Under penalties of perjury, I certify 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), **and**
- 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 (IRS) 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, **and**
- 3 I am a U.S. person (including a U.S. resident alien).

Important Note: You must **STRIKE OUT** the language in section (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

5. Authorization

I have completed appropriate sections of this form and represent that all information is true and accurate. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Taxpayer Signature

Date