

IRA REQUIRED MINIMUM DISTRIBUTION REQUEST

The IRS requires you to begin taking Required Minimum Distributions (RMDs) every year from your IRA when you reach age 70½. As a service to our annuity owners, Guaranty Income Life Insurance Company can automatically distribute the RMD from your IRA. Please assist us by providing the information requested below.

If you have questions about your IRA or RMD, you may call our Client Services Department toll free at 1.833.444.5426 or contact us by email at pos@qilico.com.

Policy Number				<u>Owner/A</u>	Annuitant			
Beneficiary Information	Is your beneficiary your spouse? YES NO If YES, and he/she is more than 10 years younger than you, please provide his/her date of birth:							
Distribution Information	□ No Distribution (Do not make RMD from this annuity. My RMD will be taken from another IRA, for all years, until I notify you in writing.) □ Life Expectancy Distribution. I authorize automatic distributions to be made □ monthly □ quarterly, □ semi-annually, □ annually, beginning Month Day Year and continuing until I notify you in writing to terminate the distributions.							
Payment Method	□ Checkir □ Savings With	eposit into my bank accorng Account No S Account No Name of Fination me at the address on re	ncial Institut		_	Routin	ng Number	
Election For Withholding	□ I elect <i>NOT</i> ; □ I elect TO HAVE ; to have Federal income tax withheld from my IRA distribution. In addition to the usual 10% withholding, I elect the following be withheld from my IRA distributions: Additional dollar amount of \$ or Additional percentage of%. □ I elect <i>NOT</i> ; □ I elect TO HAVE ; State income tax withheld from my IRA distribution. *Some states required state withholdings.							
Company (GILICO) emprofessional tax adviso Distributions, including indemnify and to hold Control Dated at	nployees, agents or or for details relatir all tax liability and GILICO harmless fi	ove and agree with the toor representatives do not ag to my specific situation of other possible consequerom any resulting liabilitie	give tax, leg n. I understa ences which s. PLEASE	gal or accounting advic and that I am responsi n may be involved. I a SIGN BELOW	ce. I agree to ible for calcula cknowledge th	consult with ating and wit nat GILICO i	my own attorne hdrawing my Re is not responsible	ey, accountant or equired Minimum
City/State Social Security No. Signature of Owner/Annuitant Please provide a daytime number where you can be reached should we have any questions concerning your request: ()								

