

IRA REQUIRED MINIMUM DISTRIBUTION REQUEST

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@gillico.com.

Policy Number		Owner/Annuitant	
Beneficiary Information	<p>Is your beneficiary your spouse? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, and he/she is more than 10 years younger than you, please provide his/her date of birth: _____</p>		
Distribution Information	<p><input type="checkbox"/> <u>No Distribution</u> (Do not make RMD from this annuity. My RMD will be taken from another IRA, for all years, until I notify you in writing.)</p> <p><input type="checkbox"/> <u>Life Expectancy Distribution</u>. I authorize <u>automatic</u> distributions to be made</p> <p><input type="checkbox"/> monthly <input type="checkbox"/> quarterly, <input type="checkbox"/> semi-annually, <input type="checkbox"/> annually, beginning _____</p> <p style="text-align: right;">Month Day Year</p> <p>and continuing until I notify you in writing to terminate the distributions.</p>		
Payment Method	<p><input type="checkbox"/> <u>Automatic Deposit</u> into my bank account.</p> <p><input type="checkbox"/> Checking Account No. _____</p> <p><input type="checkbox"/> Savings Account No. _____</p> <p>With _____</p> <p style="text-align: center;">Name of Financial Institution Routing Number</p> <p><input type="checkbox"/> <u>Mail check</u> to me at the address on record.</p>		
Election For Withholding	<p><input type="checkbox"/> I elect NOT; <input type="checkbox"/> I elect TO HAVE; to have Federal income tax withheld from my IRA distribution.</p> <p><u>In addition</u> to the usual 10% withholding, I elect the following be withheld from my IRA distributions:</p> <p style="margin-left: 40px;">° Additional dollar amount of \$ _____ or</p> <p style="margin-left: 40px;">° Additional percentage of _____%.</p> <p><input type="checkbox"/> I elect NOT; <input type="checkbox"/> I elect TO HAVE; State income tax withheld from my IRA distribution. *Some states required state withholdings.</p>		

Dated at _____ this _____ day of _____,
City/State

Signature of Owner/Annuitant

Please provide a daytime number where you can be reached should we have any questions concerning your request: (____)_____