



# PERSONAL CHOICE SUITE REQUIRED MINIMUM DISTRIBUTION FORM

## 1) Owner's Information

All fields are required.

Name (please print your full name as it appears on your contract)

Contract Number

Mailing Address (including apartment or box number)

Social Security or Taxpayer ID Number

City

State

Zip Code

Date of Birth or Trust

Email Address (Optional)

Daytime Telephone Number

Note: One-time withdrawals are paid by check only. Please review your contract carefully to ensure that you understand the terms that apply to your withdrawals before completing this form.

## 2) Calculation Method

The required minimum distribution (RMD) amount is determined by Internal Revenue Service (IRS) regulations. These regulations are explained in IRS Publication 590-B. Each RMD will be calculated based on the Uniform Lifetime Table, unless the following exception applies to you and you have indicated so by checking the box below.

My sole primary beneficiary is my spouse who is more than 10 years younger than I am. I elect to calculate the RMD based on the life expectancy from the Joint and Last Survivor Table.

Beneficiary's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 3) Distribution Method

### One-Time Distribution by Check

Current Year Distribution Only: Calculate and distribute my **current** year required minimum distribution **immediately** upon receipt of this form. I understand that I am responsible for contacting the fund to request any future year RMD amounts.

Distribute \$\_\_\_\_\_ Gross Net

I understand that I am responsible for contacting Sentinel Security Life to request any future year amounts. (Must be equal to or LESS than the calculated RMD amount for this contract.)

OR

### Systematic Distribution

Systematic distribution: Calculate and distribute the required minimum distribution amount for **this year and all subsequent years**. If you elect this option we will continue to calculate and distribute your RMD amount for subsequent years until such time that you notify us to discontinue the payments.

If you are turning 72 and this is your first RMD, it may be distributed in the year you turn 72 or by April 1st of the following year. **Please calculate and distribute my prior year deferred required minimum distribution amount immediately.\***

\*This request must be received between January and April 1st. If you elect this option, we will calculate and distribute your prior year required distribution amount upon receipt. We will also calculate and distribute your current year amount and all subsequent years according to your specified frequency until such time that you notify us to discontinue the payments.

## Payment Frequency for Systematic Distribution

If a start date is not provided for a systematic distribution request, distributions will begin immediately. If a frequency of payment is not provided distributions will be sent on an annual basis until we receive written notice from you requesting a change.

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Monthly

Quarterly

Semiannually

Annually

**4) Payment Method**

Note: If a payment method is not selected, your distribution(s) will be paid to you by check until we receive written notice from you requesting a change for future payments. **One-time distributions are paid by check only.**

Mail check to my address of record currently on file

Transfer funds electronically (ACH) - **A voided check is required**

Checking

Savings

Financial Institution

Account Holder's Full Name

ABA Routing Number

Account Number

**5) Tax Withholding Election:** Form W-4P/OMB No. 1545-0074

**Federal Tax Withholding**

Distributions from IRA's and qualified retirement plans that are not eligible for rollover are subject to federal income tax withholding unless you affirmatively elect not to have withholding apply to such payments. Generally, such distributions are subject to 10 percent withholding unless you elect to have an additional amount withheld or elect to have no withholding. You may make a withholding election by selecting one of the options below. Your election will remain in effect for any subsequent distributions unless you change or revoke it by providing us with a new election.

**Important Taxpayer Information**

I understand if there is a reportable distribution due to the withdrawal, it will be reported to the Internal Revenue Service (IRS) for the calendar year the withdrawal is made. If I am under age 59 1/2, an IRS Federal Excise Tax may apply to the withdrawal.

I understand that, due to State Regulations, the Company is required to withhold State Taxes regardless of the Federal election if I reside in **CA, NC, OK, OR or GA**. If I reside in **DE, IA, KS, MA, ME, NE, or VT**, the Company is required to withhold State Income Tax if Federal Income Tax is withheld. I further understand that even if I elect not to have Federal Income Tax withheld, any reportable distribution will be reported to the IRS.

**Note:** 10% federal income tax automatically withheld if you do not make an election below. Some states also impose mandatory withholding.

**I elect:**

**NOT** to withhold federal income tax.

**NOT** to withhold state income tax.

to withhold federal income tax in the amount of \$ \_\_\_\_\_ or percentage of \_\_\_\_\_ %.  
**(Must equal at least 10%)**

to withhold state income tax in the amount of \$ \_\_\_\_\_ or percentage of \_\_\_\_\_ %.

**6) Owner Acknowledgment: By signing below, I acknowledge full understanding of the following:**

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that a Sentinel Security Life representative has not given any tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. Sentinel Security Life is hereby authorized and directed to distribute funds from my contract in the manner requested. Sentinel Security Life may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that Sentinel Security Life and their representatives shall in no way be responsible and shall be indemnified and held harmless for any tax, legal or other consequences of the election(s) made on this form. **UNDER PENALTY OF PERJURY, I CERTIFY THAT THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER ID NUMBER AND I AM NOT SUBJECT TO BACKUP WITHHOLDING. I have read and understand and agree to be legally bound by the terms of this form.**

Signature of Owner

Title, if applicable

Date