



# financial life

A Fraternal Benefit Society

200 N. Martingale Rd., Ste. 405  
Schaumburg, IL 60173  
847-342-4500  
info@1891FinancialLife.com  
www.1891FinancialLife.com

## REQUIRED MINIMUM DISTRIBUTION (RMD) REQUEST FORM

Owner of Certificate: \_\_\_\_\_ Certificate No: \_\_\_\_\_

### I direct 1891 Financial Life to pay to me (Please check only one):

- \$ \_\_\_\_\_, the RMD amount for this certificate as calculated by 1891 Financial Life for tax year \_\_\_\_\_.
- The amount of \$ \_\_\_\_\_. I am responsible for meeting my tax obligations and 1891 Financial Life encourages me to consult with my tax advisor in determining this amount.

I understand that this withdrawal may include an early withdrawal charge by 1891 Financial Life in accordance with my certificate. The withdrawal charge if applicable will be included in the amount I have selected above.

I further understand and acknowledge that I may be obligated to report the withdrawal of the income element of the annuity distribution as income under provision of the IRS Code.

### Elective Withholding (Please check only one): Consult your tax advisor for more information.

- I wish to have \_\_\_\_\_ % or \$ \_\_\_\_\_ Federal Income Tax withheld from the taxable portion of this payment.
- I **do not** wish to have federal income tax withheld from the taxable portion of this payment.

If an election is not checked, we are required to withhold 10% Federal Income Tax from the taxable portion of this payment.

If you elect to not have withholding apply to your payment, or if you do not have enough Federal Income Tax withheld from your payment, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

### WITNESS

(Must be someone other than a relative)

\_\_\_\_\_  
PRINTED NAME OF WITNESS

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
SSN / TIN

\_\_\_\_\_  
PRIMARY PHONE NO.

\_\_\_\_\_  
DATE