

BANKERS LIFE AND CASUALTY COMPANY
P.O. Box 1938
Carmel, Indiana 46082 - 1938
(800) 621-3724

IRA and TSA/403(b) Required Minimum Distribution Form

Use this form to request a withdrawal to satisfy your IRS Required Minimum Distribution (RMD) for your IRA or 403 (b) annuity. This form can be used to request a one-time RMD withdrawal or to set up automatic distributions to satisfy current and all future RMD withdrawals. Be sure to complete all applicable sections of the form including the signature section and return it to the address listed above.

Return this form before March 15 or December 15, as applicable, to allow adequate time for processing. Unless this form is received prior to these dates, we cannot assume responsibility for making your distribution by the April 1 deadline for your first RMD or the December 31 deadline for your subsequent RMDs.

Please be aware that the disbursement of policy funds may affect the policy guarantees or values.

Note: Annual lifetime distribution requests for inherited nonqualified annuities should not complete this form. Requests should be made using the Inherited Nonqualified Annual Life Expectancy Distribution Form.

OWNER/ANNUITANT INFORMATION

CONTRACT NUMBER: _____ ANNUITANT NAME: _____
OWNER'S NAME (IF DIFFERENT): _____ OWNER'S DATE OF BIRTH: _____
OWNER'S SPOUSE'S NAME: _____ OWNER'S SPOUSE'S DATE OF BIRTH: _____
STREET ADDRESS _____ Is this a permanent address? Yes No
CITY: _____ STATE: _____ ZIP CODE: _____
DAYTIME PHONE #: () _____ EMAIL ADDRESS: _____

DISTRIBUTION OPTIONS

Current Year Distribution – Choose one of the following options for your current year distribution.

___ Option 1 Process a one-time RMD from this annuity.

1a. ___ Calculate the RMD from this annuity (Default).

1b. ___ Process a distribution in the amount of \$ _____ from this annuity.
DOLLAR AMOUNT

___ Option 2 Process a one-time RMD for this contract on ___ / ___ (month and day).

All RMD distributions are calculated using the IRS Uniform Lifetime Table (Table III) unless another table is specified below. Table I should be used for any non-spousal beneficiary or by a surviving spouse who, rather than taking the deceased's IRA/TSA as his or her own, takes as a beneficiary. Table II should be used by a participant whose sole beneficiary is his or her spouse who is more than 10 years younger than the participant. Please use ___ Tax Table I, ___ Tax Table II, ___ Tax Table III (default) to calculate my RMD.

Future Year Distributions (Optional)

___ Calculate and process my RMD automatically each year on ___ / ___ (month and day)

All Automatic RMD distributions are calculated using the IRS Uniform Lifetime Table (Table III). Those wishing to use Table I or Table II will need to make an annual request for their RMD withdrawal. This election may be altered at any time.

INCOME TAX WITHHOLDING ELECTIONS

The taxable portion of your distribution may be subject to federal income tax withholding. Unless you elect otherwise, we will withhold 10% of the taxable amount of your distribution. If you elect NOT to have withholding apply, or if you do not have enough federal income tax withheld, you are still responsible for payment of federal income tax. You may also be subject to tax penalties if your withholding and estimated tax payments are not sufficient. Spousal beneficiaries receiving eligible rollover distributions from 403(b)s may be subject to 20% mandatory withholding. Owners and spousal beneficiaries receiving IRA distributions are not subject to 20% mandatory withholding.

If your state requires mandatory withholding, we are required to withhold the mandatory amount. Your state of residence may require a state specific withholding form and your withholding election may not occur until the required form is received.

If you do not want withholding to occur, where opting out is permitted, please indicate such by marking the appropriate selections below:

- I do not want Federal/State income tax withheld from my payment
 I do want Federal/State income tax withheld from my payment

If you wish a specific amount or percentage to be withheld, please indicate in the spaces below. We will honor your request, provided it does not conflict with applicable federal or state law.

Specified Federal Tax Election \$ _____ or _____ %
Specified State Tax Election \$ _____ or _____ %

Tax Certification (Substitute Form W-9) – Applicable to U.S. persons (including U.S. citizens and resident aliens). If you are not a U.S. citizen, you are required to submit the applicable IRS Form W-8 series (typically a Form W-8BEN).

Taxpayer Identification Number: Social Security Number _____ - _____ - _____ OR EIN _____ - _____

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, or (b) I have not been notified by the IRS that I am subject to the 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 back up withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out item 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. Your signature at the bottom of this form certifies that you have read and attest to the information provided.

The IRS does not require your consent to any provision of this document other than the Certification required to avoid backup withholding. The persons signing this form affirm under penalty of perjury that they are authorized to execute this document.

ELECTRONIC FUNDS TRANSFER

If you would like to have your distribution electronically transferred to your bank account, please provide the following information:

Please check one: Checking Account Savings Account

Name of Financial Institution

Name(s) listed on Account

Address of Financial Institution

Transit/Routing Number

City, State, Zip

Account Number

INDEMNIFICATION AGREEMENT

I authorize Bankers Life and Casualty Company to electronically transfer my distribution, as indicated, into my account as requested above. I understand that my deposit may not be credited to my account until a time following the date indicated on the authorization form based on the deposit rules of my financial institution. I understand that it is my responsibility to ensure that my distributions are being deposited correctly into my account. This authorization shall remain in effect until I notify Bankers Life and Casualty Company in writing to cancel it in such time as to afford Bankers Life and Casualty Company a reasonable opportunity to act on such request.

SIGNATURE AND DATE

OWNER, POA OR AUTHORIZED SIGNATURE

DATE