

American Life

REQUIRED MINIMUM DISTRIBUTION ELECTION

First, Middle, Last					Contract No.
Name					
Street Address		City	State	Zip	Social Security No.
Address					

DISTRIBUTION ELECTION

- Withdraw my _____ (year) Required Minimum Distribution; **OR**
- Withdraw \$_____ (if amount exceeds your Required Minimum Distribution, excess may be subject to withdrawal charges as stated in the contract)

PAY VIA (select one):

- Check
- EFT (If EFT, please complete form 1009 EFTWTHD)

WHEN DO YOU WANT YOUR DISTRIBUTION?

Please send my distribution on ____ / ____ / ____ (MM/DD/YYYY)

- I would like my Required Minimum Distribution automatically forwarded to me (\$100 minimum):
- Annually Quarterly Monthly
- I will be receiving my _____ (year) Required Minimum Distribution from an IRA held at another institution.

WITHHOLDING ELECTION, IRS FORM W-4 R: OMB NO. 1545-0074

- Withhold federal taxes on my distribution and any state taxes, if applicable. Federal _____% State _____%
- Do not** withhold federal taxes on my distribution.

NOTICE OF WITHHOLDING

American Life will withhold the requested federal and state portions of the taxable amount from distributions made from the above contract unless you elect not to have withholding by completing this form. **NOTE: Any previous withholding election for distributions from the above contract(s) remains in effect until it is revoked.**

If you elect not to have withholding apply to your distribution, or if you do not have enough federal income tax withheld from your distribution, 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.

Even if you elect not to have federal income tax withheld from your distribution, you are liable for payment of federal Income tax on the taxable portion of your distribution.

Please return this form by mail, email (customerservice@american-life.com), or by faxing to (402) 489-8295.

Signature of Owner _____

Date _____

1008 RMDE 01/22

American Life

ELECTRONIC FUNDS TRANSFER (EFT) DEPOSIT AUTHORIZATION

OWNER NAME			POLICY / CONTRACT NUMBER
First	MI	Last	

ACCOUNTHOLDER INFORMATION (PLEASE PRINT):	BANK OR CREDIT UNION INFORMATION:
Accountholder Name First MI Last	Bank or Credit Union Name
Address	Address
City State Zip	City State Zip
Phone	Phone
Account Type <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	Account Number: _____ Bank Routing Number: _____ (the 9-digit number at the bottom of your check)

To ensure accuracy, submit a voided check.

AUTHORIZATION:

I authorize the Company to deposit any funds payable to me via electronic funds transfer.

Accountholder / Authorized Signature

Date

Accountholder / Authorized Signature

Date

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