



LifeSecure Insurance Company

(Formerly Columbia Universal Life)

Administrative Office:

P. O. Box 19085 • Greenville, SC 29602-9085

2000 Wade Hampton Blvd • Greenville, SC 29615-1064

TELEPHONE: 800-880-1370 • FAX: 864-609-3444

REQUIRED MINIMUM DISTRIBUTION (RMD)

PLEASE PRINT OR TYPE

BOTH PAGES OF THIS FORM MUST BE COMPLETED

_____ Annuitant Name(s)	
_____ Owner Name(s)	_____ Policy Number

_____ Policy Owner's Mail Address • City, State • Zip Code
_____ Policy Owner's Home Phone • Work Phone • Fax Line • E-Mail Address

CHOOSE ONE RMD OPTION ONLY:

Use the IRS's Uniform Distribution Table:

For unmarried owners and owners whose spouses are not more than 10 years younger to determine the Required Minimum Distribution.

Use the Joint Life and Last Survivor Expectancy Table:

If your spouse is your primary beneficiary and is more than 10 years younger, please complete the following information:

_____	_____	_____
* Name of Primary Beneficiary	Date of Birth	Social Security Number

* **NOTE:** Completion of this Section DOES NOT Change any Existing Beneficiary Designation. If you wish to change your current beneficiary, please contact us.

Send this year's RMD on date: _____

Do you want to receive the RMD automatically each year? Yes No

If Yes, indicate start date: _____

SEND FUNDS TO:

- Home Address
- Other:

SPECIAL INSTRUCTIONS:

PLEASE NOTE: Neither LifeSecure Insurance Company nor any of its employees, agents or representative's gives legal, tax or accounting advice. The information given here is merely a summary of our understanding of the current tax laws, regulations and current interpretations thereof, as they relate to the contract, and is not a warranty or representation concerning such matters. We will not be responsible for any IRS penalties incurred by you should the amount distributed be incorrect. We recommend that you consult with your own attorney, accountant or tax advisor.

ELECTION FOR WITHHOLDING (Substitute W4P Form)

Federal and some State laws make payments subject to withholding. The law requires that you be told three things:

1. You do not have to have any money withheld from your periodic payments.
2. After you have made a choice you can change it at any time by writing to us. Please allow 30 days for the change.
3. Even if you elect not to have income tax withheld, you are liable for payment of income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

CHECK FEDERAL AND/OR STATE (if applicable)

IF NOT CHECKED AND THE PAYMENT AMOUNT IS SUFFICIENT, WE ARE REQUIRED TO WITHHOLD INCOME TAX

FEDERAL:

WITHHOLD

- 10% of taxable portion
- 20% of taxable portion
- Other (specify) _____

DO NOT WITHHOLD

federal income tax from my distribution

STATE: _____

WITHHOLD

- % of taxable portion (specify) _____
- \$ of taxable portion (specify) _____

DO NOT WITHHOLD

state income tax from my distribution

WE ARE REQUIRED TO WITHHOLD IF YOUR RESIDENT ADDRESS IS OUTSIDE OF THE UNITED STATES

SUBSTITUTE W-9 VERIFICATION (Box must be marked to qualify as a substitute W-9)

Please consider this my substitute W-9. If you fail to furnish your correct TIN (taxpayer identification number), you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, in the event of such failure, 31% of your taxable distribution will be withheld and sent to the IRS.

Please enter SSN/TIN of **Policy Owner(s)**: _____

Certification – Under penalties of perjury, I certify by signing below that:



- 1) The number shown above is my correct taxpayer identification number;
- 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 backup withholding as a result of failure to report all interest or dividends, or
 - c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3) I am a U. S. person (including a U.S. resident alien).

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've failed to report all interest and dividends on your tax return.

IMPORTANT TAX INFORMATION

Receipt of any funds from your annuity contract, if from a partial withdrawal or a surrender of the contract, may generate taxable income. In addition, if you are not 59½ years of age or permanently disabled, receipt of funds may be a premature distribution, generating an additional income tax. We suggest you contact your tax advisor before completing this request.

SIGNATURE BLOCK - I (We) certify, under penalties of perjury, that the information reported herein is correct.

_____		_____
Date	Signature of Policy Owner	Signature of Joint Owner
_____		_____
Witness (Not a Relative or Beneficiary)	Signature of Spouse	Signature of Assignee/Irrevocable Beneficiary

AGENT INFORMATION:

FOR ADMINISTRATIVE OFFICE USE ONLY

RECORDED BY _____ DATED _____
LIFESECURE INSURANCE COMPANY • AT GREENVILLE, SOUTH CAROLINA