



# GUARANTY INCOME LIFE INSURANCE COMPANY

P.O. Box 2231 • Baton Rouge, Louisiana 70821  
1 (800) 535-8110 • Website - [www.gilico.com](http://www.gilico.com)

## IRA MINIMUM REQUIRED DISTRIBUTION REQUEST FORM

The IRS requires you to begin taking Minimum Required Distributions (MRDs) every year from your IRA when you reach age 70 1/2. As a service to our annuity owners, Guaranty Income Life Insurance Company can automatically distribute the MRD from your IRA. Please assist us by providing the information requested below.

If you have questions about your IRA or MRD, you may call our Policyowners' Service Department toll free at 1 (800) 535-8110 or contact us by email at [pos@gilico.com](mailto:pos@gilico.com).

<u>Policy Number</u>	<u>Owner/Annuitant</u>
<b>Beneficiary Information</b>	Is your beneficiary your spouse? YES NO If YES, and he/she is more than 10 years younger than you, please provide his/her date of birth: _____
<b>Distribution Information</b>	<u>No Distribution</u> (Do not make MRD from this annuity. My MRD will be taken from another IRA, for all years, until I notify you in writing.) <u>Life Expectancy Distribution</u> . I authorize <u>automatic</u> distributions to be made <b>monthly quarterly, semi-annually, annually</b> , beginning _____ Month Day Year and continuing until I notify you in writing to terminate the distributions.
<b>Payment Method</b>	<u>Automatic Deposit</u> into my bank account. Checking Account <b>(attach voided check)</b> Savings Account <b>(attach deposit slip)</b> <u>Mail check</u> to me at the address on record.
<b>Election For Withholding</b>	I elect <b>NOT</b> to have Federal income tax withheld from my IRA distribution. I elect <b>TO HAVE</b> Federal income tax withheld from my IRA distribution (10% withholding). <u>In addition</u> to the usual 10% withholding, I elect the following be withheld from my IRA distributions: ° Additional dollar amount of \$ _____ or ° Additional percentage of _____ %.
I hereby accept the elections made above and agree with the terms of this form and its instructions. I acknowledge that Guaranty Income Life Insurance Company (GILICO) employees, agents or representatives do not give tax, legal or accounting advice. I agree to consult with my own attorney, accountant or professional tax advisor for details relating to my specific situation. I understand that I am responsible for calculating and withdrawing my Minimum Required Distributions, including all tax liability and other possible consequences which may be involved. I acknowledge that GILICO is not responsible and I agree to indemnify and to hold GILICO harmless from any resulting liabilities.	
<b>PLEASE SIGN BELOW</b>	
Dated at _____ this _____ day of _____.	
City/State	
_____	_____
Social Security No.	Signature of Owner/Annuitant
Please provide a daytime number where you can be reached should we have any questions concerning your request: (____) _____	