



Required Minimum Distribution

Service E-mail: lswservice@nationallife.com • Web Address: www.lsw.net

Service: 800-579-2878 • Fax No: 214-638-9162

All TSA 403(b)/457 Annuities require your Plan Administrator's signature on this form prior to sending to LSW.

Policyowner's Name: *(Annuitant)*

Policy or Certificate No.:

Mailing Address: *(Street, City, State & Zip Code)*

Social Security No.:

Telephone No.: ()

New address?

Option #1 Automatic Annual Distributions

I hereby elect to receive periodic distributions with the first payment to be made on *(mm/dd/yyyy)* _____, and on an annual basis thereafter, until further notice. **Note:** These automatic distributions are only available on an annual basis. The earliest available date will be selected, if a start date is not provided.

Option #2 Current Year Distribution Only

Send me the current year Required Minimum Distribution only.

Spouse beneficiary is more than 10 years younger. If so, beneficiary's date of birth: _____

Please pay the distributions as follows:

- Direct Deposit to my Bank (Direct Deposit form must be completed).
- Directly to me as owner.
- To financial institution named below

Institution Name: _____ Account Number: _____

Address: *(Street, City, State, Zip Code)* _____

W9: Under penalties of perjury, I hereby certify that: (1) the number shown on this application is my correct taxpayer identification number; (2) the IRS has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such withholding or I am exempt from such withholding; and (3) I am a U.S. person (including a U.S. resident alien). *You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.*

Notice of Withholding on Distribution from Your Annuity: You may elect to have withholding apply to your distributions by marking the election box below. Note: 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.

By receipt of this distribution, if you invoke your *Right to Examine this Policy* as defined on the policy form, your return of premium will be net of this distribution.

Withholding Instructions

- I want federal income tax withheld from any distribution or withdrawal.
- I elect to have state income tax withheld.

Notice: A Required Minimum Distribution cannot be considered part of a rollover or trustee-to-trustee transfer. Once you have reached your required beginning date, you may no longer contribute to a qualified plan. Please contact your payroll department if necessary.

Special Provisions: Once the Cash Value reaches the minimum amount required to keep the policy in force, we will process the final check for the Cash Surrender amount and the policy will no longer be in force. There is a minimum withdrawal limit of \$100.00 on any Required Minimum Distribution. If a partial withdrawal has been taken in the current year, the Automatic Distribution will only be processed if there is a difference in the required distribution amount.

IMPORTANT DEADLINE: To ensure the processing of your Required Minimum Distribution by December 31, the completed withdrawal form must be received no later than December 1 of the current year.

Owner's Signature: _____ Date: *(mm/dd/yyyy)* **Joint Owner's Signature:** _____ Date: *(mm/dd/yyyy)*

Spouse's Signature*: _____ Date: *(mm/dd/yyyy)* **Plan Administrator's Signature & Title**:** _____ Date: *(mm/dd/yyyy)*

* Your spouse's signature is required on any 403(b) policy covered by ERISA; and on all requests in the following states: AZ, CA, ID, LA, NM, NV, TX, WA, WI. If you have a change in marital status, you must provide a certified copy of the legal document (i.e. name change, divorce decree, death certificate.)

** Required for ERISA or 457 Deferred Compensation Plans.



Request for Direct Deposit

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Instructions:

Use this form to request direct deposit of annuity payments and withdrawals from your LSW annuity to your checking or savings account on your behalf. If payments from LSW will go to a checking account, please attach a blank check on which you write "void." If payments will go to a savings account, please attach a blank withdrawal slip that includes an encoded routing number.

Note: Deposit slips are not acceptable for deposits to checking or savings accounts.

It takes 3 business days from the payment date for the direct deposit to be processed by the banking institution.

Annuity Payments:

1. It takes approximately 30 days to open, change, or discontinue a direct-deposit agreement. Therefore, the initial payment, or payment following a change may be made with a physical check.
2. If at some point in the future you change your mind or want the payments to go to a different institution, simply complete another request and send it to us.

LSW Policy No.:

Policyowner:

Name of Institution:

Routing No.:

Address: *(Street, City, State, Zip Code)*

Checking account No.:

Savings account No.:

PLACE PREPRINTED VOIDED CHECK
OR
PREPRINTED SAVINGS WITHDRAWAL SLIP HERE
(PLEASE DO NOT USE STAPLES)

I authorize LSW to deposit annuity payments or withdrawals directly into the above account. I also authorize LSW to debit my account for any deposit that they have made in error.

Sign below exactly as your signature appears on the records of the Institution named above.

Policy Owner's Signature:

Date: *(mm/dd/yyyy)*

Please print your name:

Joint Owner Signature: *(if applicable)*

Date: *(mm/dd/yyyy)*

For Home Office Use Only:

Processed by:

Verified by: