

REQUIRED MINIMUM DISTRIBUTION FORM IRA OWNER/PLAN PARTICIPANT OM FINANCIAL LIFE INSURANCE COMPANY

SECTION 1 - IRA OWNER/ PLAN PARTICIPANT

Owner's Name (Last Name, First Name)		Social Security Number	
Legal Address (number and street)		Telephone Number	
City	State	Zip Code	
Mailing Address		Date of Birth (MM/DD/YYYY)	
City	State	Zip Code	

SECTION 2 - DISTRIBUTION INSTRUCTIONS and ELECTIONS

Your distribution will be calculated using the Uniform Life Table unless you indicate otherwise. If this distribution, when added to prior distributions made during the contract year, exceeds the greater of the free withdrawal amount or the amount necessary to comply with required minimum distribution requirements for this contract only, then this distribution may be subject to a surrender charge and/or Market Value Adjustment (MVA) including any surrender charge or MVA waived in connection with previous distributions made during the contract year.

Check here if your spouse is your sole designated beneficiary at all times during the year, is more than 10 years younger than you and you would like us to calculate your RMD using the Joint Life and Survivor Table. Spouse Date of Birth ____/____/____ (mm/dd/yyyy)

Check here if you are 70 ½ and requesting your first RMD to be delayed until April 1, _____. By doing so, you understand that two (2) distributions will occur in the year the first RMD is paid.

Automatic Distribution - Your RMD will be sent each year AUTOMATICALLY unless you check one-time distribution below.

One-Time Distribution If checked your RMD will be sent for the current year only. You will need to submit a new request each year. The required minimum distribution for any given calendar year must be completely withdrawn by the end of that calendar year, regardless of the mode of payment.

Frequency of Distribution -

Policy Number	Amount	Frequency - Please specify otherwise it will default to Annual
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual

If the contract was established after 12/31 of the previous year, this information is required: Fair Market Value as calculated by your previous carrier FMV \$_____.

Note: To withdraw funds from one contract to satisfy required minimum distributions requirements for other contracts, the contracts must be the same contract type (e.g., all contracts must be IRAs or all must be 403(b) contracts).

SECTION 3 – NOTICE AND ELECTION OF TAX WITHHOLDING (MUST BE COMPLETED)

The Company will withhold **Federal Income Taxes** from the taxable portion of your distribution unless you elect not to have any withholding. By **not** making an election the Company will withhold as required by Law.

Required - You are required to provide your social security number or taxpayer identification number.

Election - The election to have no withholding is available only to individuals who are U.S. Citizens or resident aliens and have a mailing address in the United States. If the distribution is being delivered outside the United States, or in care of a person in the U.S. additional withholding requirements apply.

Before 59 ½ - The Internal Revenue Service may impose tax penalties for distributions prior to age 59 ½

Tax Advisor - Please consult a tax advisor regarding your specific situation and then make your election.

Tax- If you do not have enough Federal Income Tax withheld from your payments, you may be responsible for the payment of estimated taxes. You may incur tax penalties if you elect not to have withholding apply and do not pay sufficient taxes.

Withholding Election - You can make **Federal Income Tax** withholding elections by filing Form W-4P or by completing the substitute form with OM Financial Life as contained on the form. This form should only be used for IRAs payments which are payable on demand.

Roth IRA - RMD distributions are not generally required for Roth IRA Distributions (applies on death of the owner). Roth IRA is not subject to withholding, but you may request withholding if you wish.

Revoking the Exemption from Withholding – If you want to revoke your previously filed exemption from withholding, file a Form W-4P with OM Financial Life and check the appropriate box on the form.

State Income Tax Withholding – Some states allow us to follow your federal income tax withholding instructions, but others require us to withhold. In states where withholding **is not required** or **voluntary** we do not withhold **State Income Taxes**.

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State Form - You are required to furnish your states withholding form where applicable, please contact your tax advisor or your state's taxing authority for questions. AZ, AR, CA, CT, IN, IA, KY, ME, MD, MA, NY, NC, OH, WV, MS
IRAs Distributions are generally subject to 10% Federal Income Tax withholding, unless you check **do not** withhold

Make Elections – Federal Income Tax and State Income Tax

<input type="checkbox"/> Do Not withhold Federal Income Tax			
<input type="checkbox"/> Withhold Federal Income Tax - (The maximum amount may not exceed 50% of the taxable amount)			
<input type="checkbox"/> DO NOT withhold State Income Tax			
<input type="checkbox"/> Withhold State Income Tax – minimum required - Certain States allow you to specify the amount if applicable please specify desired amount.	%	Or	\$

SECTION 4 – PAYMENT INSTRUCTIONS

I hereby authorize OM Financial Life Insurance Company to make all payments due to me under this election contract by direct deposit to the bank account designated below. This authorization shall be effective until OM Financial Life Insurance Company receives written notice from me to the contrary, in a form satisfactory to OM Financial Life Insurance Company. **Payments will be sent electronically unless otherwise indicated**

I elect **NOT** to receive electronic payments. I am electing to receive payment in the form of a check

Please attach a voided check for checking accounts or Deposit slip for savings – Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Name	Telephone Number
	Joint Owner's Name (if applicable)	
	Bank Account Number	ABA or Bank Routing Number

SECTION 5 CERTIFICATION & AUTHORIZATION

- As owner of the above-referenced policy/contract, I certify that the above information supplied by me is true and correct to the best of my knowledge.
- I understand that I can terminate this agreement at any time by notifying the company in writing
- I certify that I have read and understand all of this form and that I have completed all applicable sections.
- The Company will calculate distributions from this contract in a manner that satisfies IRS Guidelines provided that (a) all information that I provide is accurate and complete, and (2) I immediately notify the Company of any changes which affect my calculation.
- The Company is furnishing this form and participating in this transaction at my specific request and has made no representation that the above distribution schedule will fulfill my specific tax obligations. I have been advised by the Company that I should discuss the tax consequences of this transaction with my own tax or legal advisor. Neither the Company, no any of its affiliates, employees or agents, may provide tax or legal advice, nor have I relied on any of these parties for such advice.
- Generally, when calculating the RMD, the Company will take into account any withdrawals processed in the current calendar year so that the amount of the distribution will be net of the withdrawals, resulting in a total annual distribution of only the RMD amount. The distributions will be taken proportionately from all your investment options. Distributions not taken as part of the RMD will reduce the remaining amount available and will continue until the RMD is satisfied.
- I certify that my Social Security/Taxpayer identification number on this form is correct, that I am a U.S. person (U.S. citizen or resident alien). **The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**
- I certify that I am not subject to backup withholding due to failure to report interest and dividend income
- By not furnishing the correct taxpayer identification number I may be subject to additional IRS penalties imposed by the Internal Revenue Service for failure to furnish the correction information.

Owner	Date
Witness to all signatures	Irrevocable Beneficiary, if any

Please return the completed form by mail or fax to:

Mailing Address:

Overnight Deliveries:

Fax:

OM Financial Life Insurance Company Baltimore, MD

**REQUIRED MINIMUM DISTRIBUTION FORM
IRA OWNER/PLAN PARTICIPANT
OM FINANCIAL LIFE INSURANCE COMPANY**

OM Financial Life Insurance Company
PO Box 81497
Lincoln, NE 68501

OM Financial Life Insurance Company
777 Research Drive
Lincoln, NE 68521

1-402-328-2266