

**Required Minimum Distribution Instructions**

Use this form to request a Required Minimum Distribution (RMD). Information and requirements regarding RMDs are available on our website, including our "Guide to Required Minimum Distributions" brochure. Charges may apply to withdrawals. Please type or print.

**A copy of a blank voided check is required in order for funds to be distributed electronically. See Section 8.**

**1. Provide General Contract Information**

**Contract Number** \_\_\_\_\_

**Name of Owner** \_\_\_\_\_  
First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Social Security Number/Tax I.D. Number** \_\_\_\_\_

**Cell Phone Number** \_\_\_\_\_ **Home Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

Marital Status: ☐ Single ☐ Married

**2. Provide Market Value for RMD Calculator**

If your contract was issued the year in which you are requesting this RMD, please provide the total year end fair market value of your previous IRA accounts that funded this contract \$ \_\_\_\_\_

**3. Do you want Security Benefit to calculate your RMD?**

**Select a Distribution option below only if you want Security Benefit to calculate your RMD** based on the Uniform Lifetime Method using the value in this account. If the spouse is more than 10 years younger than the owner/participant, the RMD may be reduced. If you wish to reduce your RMD, please provide your Spouse's Date of Birth

\_\_\_\_\_ Date (mm/dd/yyyy)

Select one of the below and provide the additional information

- ☐ Scheduled Systematic Withdrawal – will be processed until further instruction is provided.

Beginning: \_\_\_\_\_  
(mm/dd/yyyy – must be between 1st and 28th of the month)

And continue: ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

If no date is indicated, or date is prior to date of receipt, the distribution will occur on the date the request is received in proper form.

- ☐ One-time Distribution – as of \_\_\_\_\_ (mm/dd/yyyy – If no date is indicated, or date is prior to date of receipt, the distribution will occur on the date the request is received in proper form).

I understand that I will be responsible for providing updated instructions each year to comply with the RMD.

**4. Have you calculated your RMD?**

**Only complete this section if you wish to calculate the RMD yourself.**

- ☐ I calculated my RMD for the year. Please withdraw \$ \_\_\_\_\_ as of \_\_\_\_\_ (mm/dd/yyyy)  
– If no date is indicated, or date is prior to date of receipt, the distribution will occur on the date the request is received in proper form).

I understand that I will be responsible for providing updated instructions each year to comply with the RMD.



5. Distribution Instructions

Please indicate how the funds are to be withdrawn.

- ☐ Default per contract.
- ☐ Specific percentages as indicated below in whole percents:

From Investment Option or Allocation Option

_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____

MUST TOTAL 100%

6. How much withholding do you want?

Withdrawals are subject to Federal and State income tax withholding. When requesting a RMD, you can elect to have Federal income tax withheld.<sup>1</sup> If you do not elect Federal withholding, you are still liable for payment of Federal income tax on the taxable portion of your payment. You may also be subject to tax penalties under the estimated tax payment rules if your estimated tax payment and withholding are not adequate.

Please select how you want Federal withholding to be applied to your distribution(s) and provide any additional information requested for the option selected. If an option is not selected, the minimum 10% will be withheld. State income taxes will be assessed where applicable.

- ☐ I do not want Federal Income tax withheld.
- ☐ I would like the minimum 10% Federal income tax withheld.
- ☐ I would like the specified amount of Federal income tax withheld as indicated below:

\$ \_\_\_\_\_ or \_\_\_\_\_ %

☐ I am a resident of the State of Iowa and I certify that I qualify for the retirement income exclusion under I.C.A. 422.7 (effective January 1, 2023). I request that no state taxes be withheld from my withdrawal.

<sup>1</sup>NOTE: The owner/participant may elect out of Federal withholding for the RMD amount. If you request an amount greater than the RMD amount for a 403(b), 457 or qualified plan, the excess amount will have the required 20% withheld.

7. How do you want to receive your distribution?

The distributed amount will be the calculated amount reduced by any applicable surrender charges, fees and tax withholding. Please select how you want to receive this amount.

- ☐ Electronic Funds Transfer (EFT) to my bank account – proceeds will arrive within 3 business days after the withdrawal.
- ☐ Wire Transfer to my bank account – this option is only available for one-time distribution requests and a \$20.00 wire processing fee will be assessed to my account.
- ☐ Send check to address of record as indicated in Section 1.

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8. Provide Bank Information

Only complete this section if you selected EFT or Wire Transfer above. Please provide your bank information below. If any information is missing your request may be delayed.

A copy of a blank voided check is required in order for funds to be distributed electronically. Attach copy of a voided check below. If a copy of a voided check is not received, the distribution will be mailed via check to your address of record.

Funds may be distributed to a checking account only.

Bank Name \_\_\_\_\_

Name on Bank Account \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Bank Account Number (Do not include check number) \_\_\_\_\_

ABC BUSINESS  
1234 Park Avenue  
Anytown, CA 12345

PAY TO THE  
ORDER OF

Anywhere Bank  
U.S.A.  
MEMO

1044

20

\$

DOLLARS

VOID

I: 1 3 3 4 0 4 5 6 7 I: 1 2 3 4 5 6 1 3 0 4 III \* 1 0 4 4

1

2

3

1. Routing Number  
(requires 9 digits)

2. Bank Account Number  
(not to exceed 17 digits)

3. Check Number

9. Provide Signatures

- I understand, acknowledge and certify that:
- It is my responsibility to request the RMD.
  - Security Benefit, its subsidiaries, or affiliates will initiate electronic deposits to my bank account as indicated on this form. Security Benefit may make additional attempts to deposit if the initial attempt fails. I will be liable for any costs associated with these additional attempts. This service is established solely for my convenience and will remain in effect until Security Benefit receives cancellation, which will be effective within 30 days of receipt. This service may be suspended, terminated or modified at any time.
  - The distribution requested by this form is for a Required Minimum Distribution under Section 401(a)(9)(A) of the Internal Revenue Code.
  - I waive any applicable waiting period required by law before distribution can be made to me.
  - All terms of this agreement are binding to my heirs, representatives and assigns. I agree that any sum of money paid to the bank after my death shall be refunded to Security Benefit and I hereby authorize the bank to make such refund from the account indicated.
  - The information provided within this form is accurate and true, including my tax identification number.

Tax Identification Number Certification

**Instructions:** You must cross out item (2) in the below paragraph if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. For contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct Tax Identification Number.

Under penalties of perjury I certify that (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); **and** (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 Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or the IRS has notified me that I am no longer subject to backup withholding; **and** (3) I am a U.S. citizen or other U.S. person (as defined in the IRS Form W-9 instructions).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.



9. Provide Signatures (continued)

Required Signatures:

- IRA, Non-Qualified and 403(b) TSA – Owner(s) only
- 401(a) and 401(k) – Participant
- 457 Plans – Participant

NOTE: If applicable, a signature is required for all irrevocable beneficiaries.

X	Signature of Owner/Participant	Date (mm/dd/yyyy)	(You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)
X	Signature of Joint Owner (if applicable)	Date (mm/dd/yyyy)	(You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)
X	Signature of Irrevocable Beneficiary	Date (mm/dd/yyyy)	X Signature of Irrevocable Beneficiary Date (mm/dd/yyyy)
X	Signature of Financial Professional (optional)	Date (mm/dd/yyyy)	Print Name of Financial Professional

**Notice for persons residing in a community property state:** (1) the contract or proceeds thereof may be considered community property; (2) Security Benefit will administer the contract according to its terms, i.e., the owner can exercise all rights and privileges under the contract; (3) you are encouraged to consult with your legal counsel regarding any community property questions or concerns prior to effecting this transaction. The owner is solely responsible for determining the rights of the owner’s spouse with respect to the contract and any transactions involving the contract. Security Benefit makes no representation regarding the characterization of the contract or the benefits thereunder as community property.

10. Provide Employer/TPA Authorization

This section must be completed by your employer or Third Party Administrator before your request is processed. Please consult your financial professional or employer.

If a separate Third Party Administrator authorization is required and accompanies this request, that authorization will serve as completion of this section. If no such separate authorization is applicable this section must be completed before your request is processed. Check the following box if applicable.

☐ Third Party Administrator authorization attached.

If a separate authorization is not provided please complete the following information.

I acknowledge that the employer and accepting carrier have entered into an Information Sharing Agreement.

My signature below provides approval for the requested withdrawal transaction.

X	Signature of (Select One)	Date (mm/dd/yyyy)	Title
<input type="radio"/>	Employer		
<input type="radio"/>	Third Party Administrator		
OR			
<input type="radio"/>	A copy of the current Information Sharing Agreement is attached.		

<b>Mail to:</b>	<b>For expedited or overnight delivery:</b>
Security Benefit	Security Benefit
P.O. Box 750497	Mail Zone 497
Topeka, Kansas 66675-0497	One Security Benefit Place
Fax to: 785.368.1772	Topeka, Kansas 66636-0001

Visit us online at [SecurityBenefit.com](https://www.SecurityBenefit.com)

