

Questions? Call our National Service Center at 800.747.3942.

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. To donate to one or more qualifying charities directly from an IRA instead of taking an RMD use the Qualified Charitable Distributions Form. Charges may apply to withdrawals. Please type or print.

1. Provide General Account Information

Plan Number _____ Social Security Number _____

Name of Participant _____
First MI Last

Mailing Address _____
Line 1 Line 2

City State Zip Code

Daytime Phone Number _____ Mobile/Home Phone Number _____

Marital Status: ☐ Single ☐ Married

2. Provide Market Value for RMD Calculation

If your account was issued the year in which you are requesting this RMD, please provide the total year end fair market value of your previous IRA account(s) that funded this account \$ _____

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 participant, the RMD may be reduced.

If you wish to reduce your RMD, please provide your Spouse's Date of Birth _____
(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. Continued on Next Page ►

5. Distribution Instructions

Indicate how the funds are to be withdrawn.

- ☐ Prorata – proportionately as the funds are currently invested.
- ☐ Specific percentages as indicated below in whole percents:

From Investment 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.¹ 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.

¹NOTE: The 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 checking account – proceeds will arrive within 3 business days after the withdrawal.
- ☐ Wire Transfer to my checking 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. Please provide your bank information below. Bank account owner must be the same as participant. Direct Deposit is not permitted to a third-party account. 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 a 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.

Bank Account Type must be checking (void check is required):

Name of Bank _____

Bank Account Owner Name(s) _____
(must be the same as participant)

Bank Routing Number _____

Checking 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 _____

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

3
1044

20

\$ _____

DOLLARS

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.

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9. Provide Signatures (continued)

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.

Required Signatures:

- IRA – Owner Only
- 401(a), 401(k), 403(b)(7) Plans – Both Participant and Plan Sponsor or TPA if applicable (see Section 10)
- 457 Plans – Participant Only or Plan Sponsor or TPA if applicable (see Section 10)

X	Signature of Participant	Date (mm/dd/yyyy)		
X	Signature of Plan Sponsor	Date (mm/dd/yyyy)	Title	Vested %
X	Signature of Financial Professional (optional)	Date (mm/dd/yyyy)	Print Name of Financial Professional	

Spousal Consent for Community Property States: If the participant is a resident of AZ, CA, ID, LA, NM, NV, TX, WA or WI, 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.

Spousal Consent for ERISA plans: If you are married and your plan is subject to ERISA, your spouse may be required to complete this section. Please consult with your employer.

I hereby consent to the withdrawal(s) as stated above. I understand that a spouse is guaranteed certain rights to assets in this retirement account by federal law and that these include the right to a pre-retirement survivor's annuity and a joint and survivor annuity and that these rights could be diminished by distributions from this plan

X	Signature of Spouse	Date (mm/dd/yyyy)
X	Witnessed by (Notary Public's signature)	Date (mm/dd/yyyy)

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10. TPA Authorization (if applicable)

This section must be completed by your 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 TPA

Date (mm/dd/yyyy)

Title

Mail to:

Security Benefit Retirement Plan Services

PO Box 219141

Kansas City, MO 64121-9141

Fax to: 816.701.7626

For expedited or overnight delivery:

Security Benefit Retirement Plan Services

430 W 7th Street STE 219141

Kansas City, MO 64105-1407

Visit us online at SecurityBenefit.com

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