financial life insurance

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REQUIRED MINIMUM DISTRIBUTION (RMD) REQUEST FORM

Owner of Certificate: _____ Certificate No: _____

I DIRECT 1891 FINANCIAL LIFE INSURANCE TO PAY TO ME *(Please check only one):*

☐ $_____, the RMD amount for this certificate as calculated by 1891 Financial Life Insurance for tax year _____.

☐ The amount of $_____. I am responsible for meeting my tax obligations and 1891 Financial Life Insurance encourages me to consult with my tax advisor in determining this amount.

I understand that this withdrawal may include an early withdrawal charge by 1891 Financial Life Insurance in accordance with my certificate. The withdrawal charge if applicable will be included in the amount I have selected above.

I further understand and acknowledge that I may be obligated to report the withdrawal of the income element of the annuity distribution as income under provision of the IRS Code.

ELECTIVE WITHHOLDING *(Please check only one):* Consult your tax advisor for more information.

☐ I wish to have _____% or $_____ Federal Income Tax withheld from the taxable portion of this payment.

☐ I **do not** wish to have federal income tax withheld from the taxable portion of this payment.

If an election is not checked, we are required to withhold 10% Federal Income Tax from the taxable portion of this payment.

If you elect to not have withholding apply to your payment, or if you do not have enough Federal Income Tax withheld from your payment, 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.

OWNER INFORMATION:

Address / Apt. No: _____

City: _____ State: _____ ZIP:_____

Primary Phone No: _____ Email: _____

SSN/TIN: _____ Signature of Owner: _____ Date: _____

NOTARY PUBLIC ACKNOWLEDGMENT:

STATE OF _____ COUNTY OF _____

This instrument was acknowledged before me on _____ (Date) by
_____ (name(s) of person(s)) as
_____ (type of authority if applicable, e.g., Officer, Trustee, etc.) of
_____ (name of party on behalf of whom instrument was executed, if applicable).

(Seal)

Signature of Notary Public: _____

Title: _____

My Commission Expires: _____