
IRA MINIMUM DISTRIBUTION WITHDRAWAL

Name: _____ Phone #: _____

Contract #: _____ Social Security #: _____

Address: _____
Street

_____ City _____ State _____ Zip

Please withdraw my IRA minimum distribution on a yearly basis beginning with my next distribution and continuing until further written notice.

I would like to receive my distribution annually on the 1st of: **(Please check one month only)**

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> July |
| <input type="checkbox"/> February | <input type="checkbox"/> August |
| <input type="checkbox"/> March | <input type="checkbox"/> September |
| <input type="checkbox"/> April | <input type="checkbox"/> October |
| <input type="checkbox"/> May | <input type="checkbox"/> November |
| <input type="checkbox"/> June | <input type="checkbox"/> December |

Withhold Federal Income Tax. Amount to be withheld: (% or \$) _____

I understand that it is still my responsibility to make sure that I have received my minimum distribution each year.

 Annuitant Signature

 Date