



## IRA MINIMUM DISTRIBUTION WITHDRAWAL

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contract #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I would like to receive my distribution on an annual basis 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 would like a different distribution schedule:

Monthly, beginning in: \_\_\_\_\_  
(for monthly withdrawals, please include a *Direct Deposit Authorization* form)

Quarterly, beginning in: \_\_\_\_\_

Semi-Annually, beginning in: \_\_\_\_\_

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

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

\_\_\_\_\_  
Annuitant Signature

\_\_\_\_\_  
Date