
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)**

January

July

February

August

March

September

April

October

May

November

June

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