

**REQUIRED MINIMUM
DISTRIBUTION FORM**
(FOR RMD USE FORM ONLY)

EquiTrust Life Insurance Company®

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www.EquiTrust.com

Mailing Address: PO Box 14500
Des Moines, Iowa 50306-3500

1. OWNER INFORMATION – Please print

Contract Number	
Owner	Social Security Number
Address	
Contract Owner Telephone No. (REQUIRED)	Email Address

2. REQUIRED MINIMUM DISTRIBUTION (RMD) ELECTION (Please select one option below)

NOTE: If this distribution, when added to prior distributions made during the contract year, exceeds the greater of (1) the free withdrawal amount, or (2) the amount necessary to comply with Required Minimum Distribution (RMD) requirements for this contract only, then this distribution may be subject to a surrender charge and/or Market Value Adjustment.

NOTE: If your funds were held in a different funding vehicle as of December 31 of the preceding year, you must provide us with the December 31 statement and the total of any prior distributions for us to accurately calculate your RMD. If a December 31 statement is not provided, the RMD will be calculated off of the premium EquiTrust received.

Previous year's December 31 value: _\$ _____

If you are married, please complete the following information:

Spouse's Name: _____ Date of Birth: _____

(The RMD must be calculated using the joint life expectancy of you and your spouse, based on your attained ages in the applicable distribution year if your spouse is the sole primary beneficiary of your contract AND is more than 10 years younger than you.)

☐ **Option 1 - Automatic Yearly Distribution Election – Must also complete Section 2 below**

I request that my RMD be sent to me **every year**. I understand that distributions will continue until I notify the Company to discontinue payments. Income taxes will or will not be withheld based on the instructions in the section below. This option will remain in effect until the Company receives written instructions to change the RMD election. I request that my RMD be sent to me (check only one box):

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Please specify the month and date of the first payment (available dates are the 1st through 28th) _____

- **Note:** If any option other than Annually is chosen, Electronic Funds Transfer (EFT) is required. Please complete the attached Automatic Deposit Authorization Agreement.
- **Note: The electronic transfer of funds may take 2-3 business days to reach your account once funds are released from our office. This processing time is dependent on your bank.**

Continued on the next page

☐ **Option 2 - Calculate Current Year RMD Only – Must also complete Section 2 below**

Please distribute my RMD from the Contract listed above for this distribution year only.

☐ I certify that I have calculated the amount of my RMD to be: \$_____ without the assistance of either the Company or its representatives. I understand that I am responsible for any penalties or liabilities which may result in my failure to instruct the Company to distribute my RMD for succeeding distribution years.

☐ I would like EquiTrust to calculate a lump sum distribution for the current year only based upon the company's own information or the information provided above.

☐ **Option 3 – Defer Your First RMD**

I want to defer my first RMD. Please defer my first RMD until March 1 immediately preceding my required beginning date. I understand that under this election, the RMD for my first year will be paid in a lump sum and the RMD for my second year will need to be made by the end of the same calendar year.

☐ **Option 4 – I will be taking my RMD for this year from a qualified plan with another institution.**

Note: You will continue to receive a reminder letter each year as required by the IRS, regardless of your instructions for future years.

3. TAX WITHHOLDING

The Internal Revenue Service (IRS) requires that you complete the following section:

Note: If a federal withholding option is not selected, a 10% federal income tax will be automatically withheld.

FEDERAL ☐ No, I do not want to have Federal Income Tax withheld from my payments

☐ Yes, I would like the following Federal Income Tax withheld: \$_____ or _____%

STATE* ☐ No, I do not want to have State Income Tax withheld from my payments

☐ Yes, I would like the following State Income Tax withheld: \$_____ or _____%

***Certain states require the Company to withhold state income taxes. If you live in one of those states, state income tax will be withheld from your distribution in addition to any federal tax withholding.**

If you elect not to have withholding apply to your distribution, or if you do not have enough tax withheld, you may be responsible for payment of estimated tax. You may also be subject to tax penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Subject to specific exceptions under the Internal Revenue Code, any taxable distributions for an annuity contract prior to age 59½ may be subject to a 10% excise tax.

4. ACCOUNT ELECTION FOR DISTRIBUTIONS (OPTIONAL)

If you are requesting a distribution from an EquiTrust Index Annuity and would like us to take the distribution from a particular account or accounts, complete this section. The distribution will be taken on pro-rata basis from the account(s) selected below. Please note: If you do not complete this section, your partial withdrawal will be taken on a pro-rata basis from all allocated accounts.

Please indicate which account(s) your distribution should be taken from:

5. CERTIFICATION OF TAXPAYER 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 (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or U.S. resident for tax purposes.

NOTE: The IRS does not require your consent to any provision of this document other than the certification above.

6. SIGNATURES

By signing below, I acknowledge and understand the following:

1. If I make an unscheduled withdrawal while the RMD option is in effect, any amount distributed will be credited toward the annual amount required to be made under the RMD Option, to the extent that the total RMD for that year has not been satisfied. RMDs for the remainder of the year will be prorated.
2. I can terminate this Agreement at any time by notifying the Company in writing.
3. The elections made under this Agreement may restrict the available payment options under this Contract and may also limit the options available to me under another RMD Agreement.
4. The Company is furnishing this form and participating in this transaction at my specific request and has made no representation that the above distribution schedule will fulfill my specific tax obligations. I have been advised by the Company that I should discuss the tax consequences of this transaction with my own tax or legal advisor. Neither the Company, nor any of its officers, employees, or agents, may provide tax or legal advice, and I have not relied on any of these parties for such advice.
5. The owner understands that the Company does not include qualified funds held at other financial institutions in the calculation.
6. I certify that I have read and understand this form and that I have completed all applicable sections to the best of my knowledge.

I understand that EquiTrust will take reasonable steps to ensure the correct RMD amount is calculated based on the information I have provided in this form. In the event that I have provided inaccurate or incomplete information, I hereby indemnify and hold harmless EquiTrust and its successors, affiliates and employees from any liability should I fail to meet Internal Revenue Service minimum distribution requirements.

EquiTrust reserves the right to validate client-provided information.

If you are signing on behalf of a policy owner, please include your title when signing.

Owner Signature	Date
Spouse Signature (if applicable)	Date

Spouse signature is required if requesting withdrawals where community property laws are applicable. State jurisdictions with community property laws are Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

Unless EquiTrust has been notified of a community or marital property interest in this Contract, EquiTrust will rely on its good faith belief that no such interest exists and will assume no responsibility for inquiry.

If your address information on file with EquiTrust has changed in the last 30 days, this form must be signed in the presence of a Notary Public. Please complete the Address/Name Change form for the address information. The Notary Public must witness and sign below.

State of _____)
) SS.
County of _____)

On this ____ day of _____, 20____, before me, the undersigned, a Notary Public in and for the State of _____, personally appeared _____, to me known to be the person named in and who executed the foregoing Certification, and acknowledged that he/she executed the same as his/her voluntary act and deed.

*Note: Per EquiTrust Life Insurance Company Business Guidelines, agents may not act as notary on client's financial transactions.

Notary Public* Signature _____

(Affix Notary's Stamp or Seal Here)

My commission expires _____

**AUTOMATIC DEPOSIT
AUTHORIZATION AGREEMENT**

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NOTE: If automatic deposit is already established on this Policy/Contract, use this form only to revise or update bank account information.

Owner Name	Policy/Contract Number
Joint Owner Name	Phone Number
Policy/Contract Type <input type="checkbox"/> Life Insurance Policy <input type="checkbox"/> Annuity Contract	

AGREEMENT

I hereby authorize EquiTrust to make direct deposits to my account and for the bank named below to accept these deposits. I also authorize EquiTrust to make withdrawals from this account in the event that a credit entry is made in error.

This authority is to remain in force until EquiTrust has written notification from me of its termination in such time and in such manner as to afford EquiTrust a reasonable opportunity to act on it.

BANK INFORMATION

Bank Owner Name (as it appears on the account)		Bank Joint Owner Name (as it appears on the account)	
Owner Social Security Number		Joint Owner Social Security Number	
Account Owner Signature	Date	Joint Owner Signature	Date
EquiTrust Owner Signature		EquiTrust Joint Owner Signature	
Account Information <input type="checkbox"/> Checking <input type="checkbox"/> Savings Must be checking or savings account, no money market or brokerage accounts			
Bank Name			
Street Address		City	State Zip
Bank Routing Number (9 digits)		Bank Account Number	

IMPORTANT NOTES

- Amounts greater than \$50,000 must be distributed via check.
- The electronic transfer of funds may take 2-3 business days to reach your account once funds are released from our office and is subject to your bank processing time.