

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

EquiTrust Life Insurance Company®

7100 Westown Parkway, Suite 200
West Des Moines, Iowa 50266-2521
(866) 598-3692 Fax: (515) 226-5101

www.EquiTrust.com

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

1. OWNER INFORMATION – Please print

Contract Number	
Owner	Social Security Number
Full Address	
State(s) in Which Taxes are Filed (REQUIRED)	
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 5 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, day, and year of the first payment (available dates are the 1st through 28th) ____/____/____

- **Note: To ensure prompt and accurate processing, we recommend using Electronic Funds Transfer (EFT) for all payment frequencies. For frequency options other than Annually, EFT is required. An Automatic Deposit Authorization Agreement is attached for your convenience.**
- **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.**

Section 2 (RMD Election) continued on the next page

Option 2 - Calculate Current Year RMD Only – Must also complete Section 5 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. 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: _____

4. 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.

5. TAX WITHHOLDING ELECTION (REQUIRED)

Federal Income Tax Withholding Information:

Federal withholding applies to the taxable portion of any payment made from your annuity contract. Your withholding rate is determined by the type of payment you receive.

Nonperiodic Payments:

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate apply by submitting **IRS Form W-4R** (*Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions*) and entering a rate between 1% and 100%. You may also choose to not have federal withholding apply.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by submitting **IRS Form W-4R**, but you may not choose a rate less than 20%.
- Generally, you can't choose federal withholding less than 10% for payments to be delivered outside the United States and its territories.

(select one option only):

- Do not withhold federal income tax from my payment.
- Withhold federal income tax at the applicable default rate of 10% or 20% as defined above.
- Withhold federal income tax based upon the submitted **Form W-4R**.
- Withhold at the rate of _____% or withhold the flat amount of \$_____.
- You can access **Form W-4R** (*Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions*) [here](#) and on the IRS website at IRS.gov.

NOTE: If you do not make a proper withholding election with your request, we will withhold for federal income tax at the mandatory rate required under law. You may be able to claim a credit for any amounts withheld when you file your tax return with the IRS.

State Income Tax Withholding Information:

If you reside in the US, your state of residence may require or permit us to withhold state income tax. Some states may require you to use specific state forms. If you do not use the proper form or otherwise fail to properly communicate your withholding choice to us, we may withhold in accordance with state default withholding rules. It is your responsibility to determine any applicable state forms that may be required and to provide them to us.

- If your state allows voluntary withholding, you may be able to choose a state withholding rate that differs from the default rate or you may choose not to have state withholding apply.
- No state tax withholding will be taken for states where withholding is not available.
- If your state requires withholding at an amount greater than that indicated below, we will withhold the amount required by your state.
- State specific tax withholding requirements are subject to change at any time. Please consult a tax preparer or your state Department of Revenue for more information.

(select one option only):

- Do not withhold state income tax from my payment (if allowed).
- Withhold state income tax at the default rate applicable for my state.
- Withhold state income tax at _____% (if allowed).
- Withhold state income tax for the flat dollar amount of \$_____ (if allowed)

Additional Withholding Information:

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.

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.

**AUTOMATIC DEPOSIT
AUTHORIZATION AGREEMENT**

EquiTrust Life Insurance Company®

7100 Westown Parkway, Suite 200
West Des Moines, Iowa 50266-2521
(866) 598-3692 Fax: (515) 226-5101
www.EquiTrust.com
Mailing Address: PO Box 14500
Des Moines, Iowa 50306-3500

NOTE: Only one bank account may be on file per client. If automatic deposit is already established, use this form only to revise or update bank account information.

1. OWNER INFORMATION – Please print

Contract/Policy Number	
Owner	Joint Owner (if any)
Owner Social Security Number	Joint Owner Social Security Number
Owner Telephone No. (REQUIRED)	Joint Owner Telephone No. (REQUIRED)
Email Address	State(s) in Which Taxes are Filed (REQUIRED)

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 if 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.

2. BANK ACCOUNT INFORMATION

Name of Bank Account Owner (as it appears on the account)		Name of Joint Bank Account Owner (as it appears on the account)	
Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Must be a checking or savings account. Money Market or Brokerage accounts are not accepted.			
Bank Name			
Street Address		City	State
Bank Routing Number (9 digits)		Bank Account Number	
SIGNATURE(S) (REQUIRED)			
Bank Account Owner Signature	Date	Joint Bank Account Owner Signature	Date
EquiTrust Owner Signature		EquiTrust Joint Owner Signature	

IMPORTANT NOTES

- Distributions greater than \$50,000 will 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.
- Lump Sum death claim elections are not eligible for automatic deposits.