



# Required Minimum Distribution (RMD) Form IRA Owner/Plan Participant

Fidelity & Guaranty Life Insurance Company - Home Office: Des Moines, IA  
 Administrative Office: P.O. Box 81497, Lincoln, NE 68501-81497  
 Phone: 800.445.6758 Fax: 800.281.5777

Use this form to waive or to request required minimum distribution (RMD) payouts from your Individual Retirement Annuity (IRA), Simplified Employee Pension (SEP) Plan or 403(b) Tax Sheltered Annuity (TSA). Please use a separate form for each annuity contract. Not for use with Beneficiary Annuity contracts.

## SECTION 1 – OWNER INFORMATION

Owner Name (First, Middle, Last Name)	Social Security Number	Contract Number
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## SECTION 2 – NO ELECTION

Choosing either option below, will waive the RMD attributable to the annuity referenced above and will apply to future years unless we are notified otherwise. Please proceed to signature section once your selection is marked.

- I have chosen to take my RMD payment from other qualified funds. This includes Fidelity & Guaranty Life contracts  
 The annuity referenced above is a 403(b) TSA sponsored by my current employer and therefore I am not required to take a minimum distribution at this time.

## SECTION 3 – DISTRIBUTION ELECTION

Start New  Update Existing Election  Terminate Requested Start Date \_\_\_\_\_

Your RMD will **AUTOMATICALLY be sent annually after you have made your initial elections unless you elect otherwise.** Your RMD is calculated using the Uniform Life Table unless you indicate otherwise. Please review the following options:

Payment Option	<input type="checkbox"/> Current Year Only – I do not want the Company to send my RMD automatically in future years (Payment will be sent by check).
	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual – If your annuity is a fixed indexed deferred annuity, payment date may not conflict with a buy date or certain days of the month 1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> , 22 <sup>nd</sup> , 29 <sup>th</sup> , 30 <sup>th</sup> , 31 <sup>st</sup>
	Specific Dollar Amount \$ _____ ** <input type="checkbox"/> I performed my own calculation and am requesting the aggregate of all my IRA accounts. I understand that my request may be subject to surrender charges and any applicable market value adjustment.
	** This section not available for use with 403(b) TSA contracts. Only the calculated RMD amount will be paid with this request. Please submit a 403(b) TSA distribution request form for amounts in excess of the calculated RMD.  <b>Note:</b> To withdraw funds from one contract to satisfy required minimum distribution requirements for other contracts, the contracts must be the same contract type (e.g., all contracts must be IRAs or all must be 403(b) contracts).
<input type="checkbox"/> Joint Life Expectancy with spouse who is more than 10 years younger and sole designated beneficiary Spouse's Date of Birth ____/____/____	

In certain instances, you must provide us with a December 31 account value or an adjustment to your December 31 account value in order for us to calculate your RMD. If your Fidelity & Guaranty Life annuity did not have an account value on December 31 of the year prior to your minimum distribution year, please provide the December 31 fair market value (account value) \$ \_\_\_\_\_

## SECTION 4 – NOTICE OF WITHHOLDING (MUST BE COMPLETED)

The Company will withhold Federal Income Taxes from the taxable portion of your distribution unless you elect not to have any withholding. By not making an election the Company will withhold as required by Law.

**Election** – The election to have no withholding is available only to individuals who are U.S. Citizens or resident aliens and have a mailing address in the United States. If the distribution is being delivered outside the United States, or in care of a person in the U.S. additional withholding requirements apply.

**Signature** – You must sign in the certificate section of this form in order for the withholding elections you make to be effective. Otherwise the Company will withhold as required by Law.

**Before 59 ½** - The Internal Revenue Service may impose tax penalties on distributions prior to age 59 ½.

**Tax Advisor** – Please consult a tax advisor regarding your specific situation and then make your election.



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**Tax** - If you do not have enough Federal Income Tax withheld from your payments, you may be responsible for the payment of estimated taxes. You may incur tax penalties if you elect not to have withholding apply and do not pay sufficient taxes.

**Withholding Election** – You can make Federal Income Tax withholding elections by filing Form W-4P or by completing the substitute form with the Company as contained in the form. This form should only be used for IRA payments which are payable on demand.

**Roth IRA** – A Roth IRA generally is not subject to withholding, but you may request withholding if you wish.

**Revoking the Exemption from Withholding** – If you want to revoke your previously filed exemption from withholding, file a Form W-4P with the Company and check the appropriate box on the form.

**State Income tax withholding** – Some states allow us to follow your federal income tax withholding instructions, but others require us to withhold. In states where withholding is not required or voluntary we do not withhold State Income taxes.

**State Form** – You are required to furnish your states withholding form where applicable, please contact your tax advisor or your state's taxing authority for questions and forms.

**Federal Income Tax and State Income Tax – Make elections by selecting from the options below.**

Distributions are generally subject to 10% federal income tax withholding unless you elect to not withhold.

Do not withhold federal income tax from my payments.

I elect to have federal and state income tax withheld from the taxable portion of any payment made, as indicated below:

Federal: \_\_\_\_\_ %

State: \_\_\_\_\_ %

**SECTION 5 – PAYMENT INSTRUCTIONS**

I hereby authorize Fidelity & Guaranty Life Insurance Company to make all payments due to me under this election by direct deposit to the bank account designated below. This authorization shall be effective until Fidelity & Guaranty Life Insurance Company receives written notice from me to the contrary, in a form satisfactory to Fidelity & Guaranty Life Insurance Company.

I elect **NOT** to receive electronic payments. I am electing to receive payment in the form of a check.

Please attach below a voided check for  
checking accounts or  
Deposit slip for savings – Type of account

Bank Name

Telephone Number

Joint Owner's Name (if applicable)

Checking  
 Savings

Bank Account Number

ABA or Bank Routing Number

**SECTION 6 – TAX IDENTIFICATION CERTIFICATION (SUBSTITUTE W-9)**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; 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 other U.S. person (as defined in IRS Form W-9 instructions); and
4. The FATCA code(s) (as defined in IRS Form W-9 instructions) entered on this form (if any) indicating that the Owner(s) is exempt from FATCA reporting is correct. Exemption from FATCA reporting code (if any).

Certification Instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. If you are not a U.S. citizen or other U.S. person for tax purposes, please cross out certifications 3 and 4 and complete and return to us the appropriate IRS documentation.



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## Taxpayer Identification Number (MUST BE COMPLETED)

\_\_\_\_\_  
(SSN, EIN, ITIN)

### Qualified Annuities only

Please complete this section ONLY if your annuity contract is a traditional IRA (does not apply to Roth IRAs)

Would you like us to automatically adjust your Guaranteed Minimum Withdrawal Benefit (GMWB) payments to satisfy your Required Minimum Distributions for each year? (Any increase to your payments will not be treated as a withdrawal in excess of your free-withdrawal amount under your contract)

- Yes, please adjust my GMWB payments to satisfy my RMDs       No, please do not adjust my GMWB payments

Distributions prior to age 59 ½ may be subject to tax penalties. We do not represent that any payments from your annuity contract will satisfy any required distributions. Please consult your tax advisor.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

Please return the completed form by mail or fax to:

Mailing Address:  
Fidelity & Guaranty Life Insurance Company  
PO Box 81497  
Lincoln, NE 68501

Overnight Deliveries:  
Fidelity & Guaranty Life Insurance Company  
777 Research Drive  
Lincoln, NE 68521

Fax:  
1-402-328-2266

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