

REQUIRED MINIMUM DISTRIBUTION (RMD) FORM IRA OWNER/PLAN PARTICIPANT

INSURER: FIDELITY & GUARANTY LIFE INSURANCE COMPANY OF NEW YORK

Use this form to request minimum distribution payouts from your individual retirement annuity (IRA), Simplified Employee Pension (SEP) Plan or 403(b) (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	Annuity Number
Contact Telephone Number		
Address		City, State, Zip

SECTION 2 – NO ELECTION

Choosing either option below, will waive the RMD. Please proceed to signature section once your selection is marked

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

Fidelity & Guaranty Life will assume you have chosen this election in future years unless we are notified otherwise.

SECTION 3 – DISTRIBUTION ELECTION

- Start New Update Existing election Terminate

Your distribution 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
	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.
	** 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. Note: To withdraw funds from one contract to satisfy required minimum distributions 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 & ELECTION OF TAX WITHHOLDING

The taxable portion of your distribution is subject to 10% Federal Income Tax withholding. The Company will withhold as required by law unless you **elect not** to have any withholding. You can make **Federal Income Tax** withholding elections by filing Form W-4P or by completing this substitute form with the Company as contained on the form. This form should only be used for RMD payments which are payable on demand.

Additional Amount to be withheld – if you elect to have an additional amount withheld you must submit Form W-4P and complete line 3. Please note that the maximum amount withheld may not exceed the taxable amount.

The election to have no withholding is available only to individuals who are U.S. Citizens or resident aliens and have a residential 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. withholding requirements apply.

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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.

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. You are required to furnish your states withholding form where applicable.

Please Check Election

Do not Withhold Federal or State Income Taxes

Withhold State Income Tax ____% or \$_____

The percent or dollar amount cannot be less than the minimum required by your state of residence. If you do not enter a percent or dollar amount we will withhold the required default amount.

This election will remain in effect until you revoke it. 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.

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)	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Account Number	ABA or Bank Routing Number

PLACE VOIDED CHECK FOR CHECKING ACCOUNT OR
DEPOSIT SLIP FOR SAVINGS ACCOUNT

SECTION 6 – CERTIFICATION & AUTHORIZATION

- As owner of the above-referenced policy/contract, I certify that the above information supplied by me is true and correct to the best of my knowledge.
- I understand that I can terminate this agreement at any time by notifying the company in writing, or submitting a new form.
- I certify that I have read and understand all of this form and that I have completed all applicable sections.
- The Company will calculate your RMD from this contract in a manner that satisfies IRS Guidelines provided that (1) all information that I provide is accurate and complete, and (2) I will immediately notify the Company of any changes which affect my calculation.
- 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 affiliates, employees or agents, may provide tax or legal advice, nor have I relied on any of these parties for such advice.

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6. Generally, when calculating the RMD the Company will take into account any withdrawals processed in the current calendar year so that the amount of the RMD distribution will be net of previous withdrawals, resulting in a total annual distribution of only the RMD amount. The distributions will be taken proportionately from all your investment options.
7. When distributions made during the contract year, exceed the greater of the free withdrawal amount or the amount necessary to satisfy the RMD, for this contract only, then the distribution may be subject to surrender charges and/or market value adjustment (MVA).
8. I understand that if my annuity product offers a GMWB, guaranteed withdrawal payment, that the GMWB calculation may not satisfy my RMD for the calendar year.
9. I have read, understand and made my elections in the Notice and Election of Tax Withholding section or provided Form W-4P and any applicable State Income Tax Withholding form. You must sign in the Authorization section of this form in order for the withholding elections you make to be effective. Otherwise the Company will withhold as required by Law)
10. I certify that my Social Security/Taxpayer identification number on this form is correct, that I am a U.S. person (U.S. citizen or resident alien). **The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**
11. I certify that I am not subject to backup withholding due to failure to report interest and dividend income
12. By not furnishing or not furnishing the correct taxpayer identification number I may be subject to additional IRS penalties imposed by the Internal Revenue Service for failure to furnish the correct information.

Owners Signature	Date
Witness to all signatures	Irrevocable Beneficiary, if any

Please return the completed form by mail or fax to:

Fax: 1-402-328-2258

Mailing Address:
Fidelity & Guaranty Life Insurance Company of New York
PO Box 81337
Lincoln, NE 68501

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