

Use this form to make a one-time, tax-reportable Qualified Charitable Distribution ("QCD") from a Traditional, Rollover, Roth, inactive SEP, inactive SIMPLE, or Inherited IRA.



**EMAIL TO:**  
inforceannuities@rsl.com



**FAX TO:**  
267.256.4713



**MAIL TO:**  
Retirement Services Operations - Inforce  
Reliance Standard Life Insurance Company  
1700 Market Street, Suite 1200  
Philadelphia, PA 19103

**QUESTIONS? Call Customer Care at 1.800.435.7775**

- You **MUST** be age 70 ½ or older on the date of the distribution.
- A QCD will count toward satisfying any minimum required distributions (RMD).
- QCDs are federally tax free and are limited to the amount that would otherwise be taxed as ordinary income. State tax rules may vary.
- The maximum annual exclusion per individual is \$100,000.
- As a QCD is not subject to tax withholding, tax withholding will not be applied to this request.
- The distribution must be made payable directly to the qualified charity by the custodian.
- The charity must qualify as a 501(c)(3) organization and be eligible to receive tax-deductible contributions.
- Certain charities do not qualify; sponsoring charities of donor-advised funds, private foundations, and supporting organizations.
- Any QCD from an Inherited IRA or Inherited Roth IRA will be reported as a death distribution on your 1099-R. A QCD from any type of non-inherited IRA will be reported as a normal distribution.
- Please consult a tax advisor to discuss this option and for state-specific guidance.
- Each check will be made payable to the qualified charity, and list your name as donor. Note: You should follow up with the charity directly for a receipt of your donation.
- It is your responsibility to ensure that your IRA distributions comply with IRS rules. All transactions made using this form are reported to the IRS as an IRA distribution. You may want to consult a tax advisor as such distribution generally results in taxable income to you.
- If you are making withdrawals from more than one IRA, you must complete a separate form for each account. Note: The maximum total distribution amount that can be requested via this form is \$100,000. RSLI has a limit of five (5) QCD withdrawals per calendar year.
- To allow adequate time for processing, return this form no later than November 30 or March 1, as applicable. Reliance Standard Life cannot assume responsibility for making your distribution by the April 1 IRS deadline for your initial RMD or the December 31 deadline for subsequent year RMD.

Contract Number(s) \_\_\_\_\_ If additional security has been requested, you must indicate the PIN here in order for the transaction to be processed. \_\_\_\_\_

**SECTION 1 | Contract Owner Information**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Entity/Trust Name \_\_\_\_\_

SSN/TIN \_\_\_\_\_ Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

## SECTION 2 | Selection of Distribution Method

Distribution Options: Please only select one of the two available options.

- Mail to my Address of Record:** QCD check will be payable to the charity and *mailed to the address of record*.
- Mail to the Charity Address:** QCD check will be payable to the charity and *mailed to the charity address*.

Net Check Amount \$ \_\_\_\_\_

Qualified Charity Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

For Benefit of / Attention:

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

## SECTION 3 | Existing Systematic Withdrawal Update

If you are currently receiving a Systematic Withdrawal from your Annuity Contract, you must check one of the boxes below.

- Discontinue Systematic Withdrawal
- Continue Systematic Withdrawal (please verify that the entire amount withdrawn during the contract year does not exceed your penalty free amount)
- Modify the Systematic Withdrawal (please complete for EF-3454)

I understand that surrender charges, and if applicable a market value adjustment of \$ \_\_\_\_\_ will be deducted from the total amount withdrawn from the Annuity Contract as part of this request.

## SECTION 4 | Signature and Date

By signing below, you:

- Acknowledge that non-Roth IRA distributions will generally be taxed as ordinary income.
- Acknowledge that distributions from a Roth IRA that are attributable to earnings may be taxed as ordinary income unless certain conditions are met.
- Acknowledge that the withdrawal requested satisfies the requirements under Internal Revenue Code Section 408(d)(8) and that no tax withholding will be applied.
- Indemnify RSL from any liability in the event that you fail to meet any IRS requirement.
- Confirm that you are a U.S. person or have a U.S. tax-filing requirement.

Contract Owner Signature

Signature Date (MM/DD/YYYY)

\_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Irrevocable Beneficiary Signature

Signature Date (MM/DD/YYYY)

\_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

In order to sign on behalf of the owner, proper legal documentation must be on file with RSL. Please include the documentation if it has not already been provided to RSL. If we do not have the correct documentation, we will be unable to process your request until it is received. Please select the capacity in which you are signing on behalf of the owner below.

- Power of Attorney     Guardian     Conservator     Assignee

Signature (If applicable)

Signature Date (MM/DD/YYYY)

\_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_