RELIANCE STANDARD

A MEMBER OF THE TOKIO MARINE GROUP

REQUIRED MINIMUM DISTRIBUTION REQUEST



EMAIL TO: inforceannuities@rsli.com



FAX TO: 267.256.4713



MAIL TO: Reliance Standard – Retirement Services 1700 Market Street, Suite 1200 Philadelphia, PA 19103

QUESTIONS? Call Customer Care at 1.800.435.7775

Contract Number _____

SECTION 2 | Do you want us to withhold taxes? (Read an Important Tax Notification below.)

For Federal Income Tax Withholding (Only select one option):

Withdrawals received from an annuity contract are subject to federal tax withholding at a rate of 10%. Withholding only applies to the portion of the disbursement that is taxable. You may elect not to have taxes withheld by completing IRS form W-4R for one-time withdrawals or W-4P for reoccurring payments. Federal income tax of 10% will be withheld from the taxable portion of each payment if no election is made.

- O I do not want federal income tax withheld from my payment.
- O Please withhold the default rate of 10% for federal income tax.
- O Please use the enclosed W-4R or W-4P for federal income tax withholding.
 - The IRS now requires form W-4R for Non-periodic payments or W-4P for periodic payments to be completed when an amount different than 10% is requested to be withheld.
 - These forms are accessible through the IRS.gov website.

Not withholding federal taxes or not withholding sufficient federal taxes may impact the need for you to pay estimated taxes. You are responsible for the payment of estimated taxes as indicated by the IRS on forms W-4R and W-4P. Please consult a tax advisor regarding tax withholding as it pertains to your individual situation.

For State Income Tax Withholding (Only select one option):

O I do not want state income tax withheld from my payment.

O Please withhold _____% or \$______state income tax from my payment.

SECTION 3 Required Minimum Distribution (RMD) Frequency				
Select the type of RMD withdrawal by choosing one of the two options below.				
0	A single, immediate lump sum RMD withdrawal of the exact RMD amount for the current tax year, which will be processed upon receipt of your request.			
0	Schedule RMD withdrawals for the exact amount of my RMD for this contract each year, as indicated below. Indicate the first payment date below.			
	(MM/DD/YYYY) / /			
	Confirm the frequency by choosing one of the four options belo			
	O Monthly O Quarterly O Semi-annually O	Monthly O Quarterly O Semi-annually O Annually		
If your annuity contract was effective in the current year, enter the prior year December 31st fair market value in dollars below.				
\$				
Note: If your annuity contract was funded through one or more transfers provide only the part of the December 31st fair market value that funded your annuity contract.				
	For Qualified Charitable Distributions, please complete form EF-3443.			
SECTION 4 How would you like your funds sent to you?				
your O O Act	thow you would like your withdrawal sent to you from the options below. If no option is selected, a check payable to the Owner will be sent to address of record by regular mail. Address of Record Overnight – Send the proceeds via Overnight Mail to my address of record. I am aware there will be a charge of \$25.00 deducted from the withdrawal amount. (This option is not available if your address is a PO Box or if you are requesting a systematic withdrawal.) EFT - To provide faster access to your money, we will deposit your money directly in your bank account using Electronic Funds Transfer (EFT) providing there is existing bank information ALREADY ON FILE. (This option is not available if you do not have bank information on file with RS or you are requesting to change your bank information along with a disbursement request). ount Name (as it appears on the account) Bank Name atting Number (Bottom left of check): Account Number (Bottom center of check):			
in ord O	e of account: (Your name must appear on the account rder to process your request.) Checking - Please attach a voided check	Bank Name →	Joe Smith 1234 128 Any Street Date Any City, US 12345 Date Pay to the order ofS Dollars	
	for the listed account. Savings - Please include a bank statement for the listed account		ABC Bank PO Box 111 Any City, US 11111	
			Memo	
			Transit /ABA No. Checking Account Check Number	
Please note when selecting EFT:				
•	Bank information must already be on file in order to receive payments via EFT. If bank information is not on file, your first payment will be			
	sent via check.			
•	The initial setup time for contracts that do not currently have banking information on file is 5 business days.			
•	A copy of a voided check, account statement, or signed letter by a bank officer is required to verify the information provided.			
•	Funds can only be deposited into a bank account with the same owner information as the Reliance Standard annuity contract.			

- These instructions will apply to all Reliance Standard annuity contracts owned by the same person and will remain in effect until Reliance ٠ Standard is instructed to replace this information.
- By providing bank information and signing this form, you are authorizing Reliance Standard to credit annuity payments and debit amounts in ٠ order to recover any payment made in error.

Add specific withdrawal instructions (if any) below.

If additional security has been requested on the contract through the use of a PIN, you must indicate the PIN here in order for

the transaction to be processed.

SECTION 6 | You must complete this Section. Read this section IN ITS ENTIRETY before signing.

- I certify that the contract number shown on this form is my contract number. I further certify that this contract is neither assigned nor pledged as collateral to any other person or corporation and that no proceedings in bankruptcy or insolvency, voluntary or involuntary have been instituted by or against the owner(s) and that the owner(s) is (are) not under guardianship or any legal disability.
- If direct deposit applies, by completing the direct deposit section of this form, and by my signature, below, I hereby authorize RSL to deposit
 withdrawals from the annuity contract listed in the owner information section of this form to the bank account specified. In the event an
 overpayment(s) should be credited to my account, I hereby authorize RSL to initiate, if necessary, debit entries and adjustments for any credit entries.
- The social security number shown on this form is my correct social security number or taxpayer identification number.
- 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,
- I am a U.S. citizen or U.S. resident for tax purposes.

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

U.S. Citizen or U.S. Resident Contract Owner Signature

(MM/DD/YYYY) _____ / _____ / _____

U.S. Citizen or U.S. Irrevocable Beneficiary Signature

(MM/DD/YYYY) _____ / _____ / _____

An original Medallion Signature Guarantee is required for any withdrawal/surrender requests when:

- The request includes mailing checks to an address other than the address of record (a "special" mailing).
- The address of record has changed within the last 30 calendar days.
- RSL reserves the right to request a signature guarantee to protect all parties.

A notary seal/stamp is NOT a Medallion signature guarantee. The space below is reserved for Medallion Signature Guarantee (if required).