

To request a Required Minimum Distribution (RMD) from your qualified annuity contract, please use this form. You must be 73 or older for Reliance Standard Life (RSL) to process an RMD from your contract. For Qualified Charitable Distributions (QCD), please use form EF-3443.



EMAIL TO:
inforceannuities@rsl.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 _____ 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 _____
Or Entity _____ SSN/TIN _____
Email Address _____
Telephone Number _____ Mobile Telephone Number _____
Street Address _____
City _____ State _____ Zip _____

SECTION 2 | Tax Withholding

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 recurring payments. Federal income tax of 10% will be withheld from the taxable portion of each payment if no election is made.

- I do not want federal income tax withheld from my payment.
- Please withhold the default rate of 10% for federal income tax.
- 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):

- I do not want state income tax withheld from my payment.
- Please withhold _____% or \$ _____ state income tax from my payment.

SECTION 4 | Payment Method (continued)

Please note when selecting EFT:

- RSL will use third party software to assist in validating the bank account information provided. If RSL is unable to authenticate your account information, your payments will be sent to your address of record via regular mail.
- 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 RSL annuity contract. Jointly owned contracts must have both owners listed on the bank account.
- Payments cannot be made to third parties, a power of attorney, or to the trustee of a trust.
- These instructions will apply to all Reliance Standard annuity contracts owned by the same person and will remain in effect until RSL is instructed to replace this information.

SECTION 5 | Special Instructions

Add specific withdrawal instructions (if any) below.

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 me (us) and that the I (we) am (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 Reliance Standard 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 Reliance Standard to initiate, if necessary, debit entries and adjustments for any credit entries.
- For Keystone Equity Contracts beginning with K and Reliance Accumulator Contracts beginning with RA, by signing this form, you acknowledge any withdrawal taken on a date other than the anniversary date of the contract will reduce the total amount of interest earned in the index strategies unless there are sufficient funds in the Fixed Interest Strategy equal to the amount of the withdrawal.

If you are a U.S. Citizen, complete the information below. Under penalties of perjury, I certify that as a U.S. Citizen or U.S. Resident Contract Owner:

- The social security number shown on this form is my correct social security number or taxpayer identification number; and
- 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 because 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
- I am a U.S. citizen or U.S. resident for tax purposes.

Check this box if the IRS has advised you are subject to backup withholding.

Check this box if you are a Non-U.S. Citizen and include a signed IRS Form W-8 BEN instead of agreeing to this certification.

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

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 our 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)

____ / ____ / _____