

GUARANTY

INCOME LIFE INSURANCE COMPANY

IRA REQUIRED MINIMUM DISTRIBUTION REQUEST

The IRS requires you to begin taking Required Minimum Distributions (RMDs) every year from your IRA when you reach age 70½. As a service to our annuity owners, Guaranty Income Life Insurance Company can automatically distribute the RMD from your IRA. Please assist us by providing the information requested below.

If you have questions about your IRA or RMD, you may call our Client Services Department toll free at 1.800.535.8110 or contact us by email at pos@gilico.com.

<u>Policy Number</u>		<u>Owner/Annuitant</u>	
Beneficiary Information	Is your beneficiary your spouse? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, and he/she is more than 10 years younger than you, please provide his/her date of birth: _____		
Distribution Information	<input type="checkbox"/> <u>No Distribution</u> (Do not make RMD from this annuity. My RMD will be taken from another IRA, for all years, until I notify you in writing.) <input type="checkbox"/> <u>Life Expectancy Distribution</u> . I authorize <u>automatic</u> distributions to be made <input type="checkbox"/> monthly <input type="checkbox"/> quarterly, <input type="checkbox"/> semi-annually, <input type="checkbox"/> annually, beginning _____ Month Day Year and continuing until I notify you in writing to terminate the distributions.		
Payment Method	<input type="checkbox"/> <u>Automatic Deposit</u> into my bank account. <input type="checkbox"/> Checking Account No. _____ <input type="checkbox"/> Savings Account No. _____ With _____ Name of Financial Institution Routing Number <input type="checkbox"/> <u>Mail check</u> to me at the address on record.		
Election For Withholding	<input type="checkbox"/> I elect NOT ; <input type="checkbox"/> I elect TO HAVE ; to have Federal income tax withheld from my IRA distribution. <u>In addition</u> to the usual 10% withholding, I elect the following be withheld from my IRA distributions: ° Additional dollar amount of \$ _____ or ° Additional percentage of _____%. <input type="checkbox"/> I elect NOT ; <input type="checkbox"/> I elect TO HAVE ; State income tax withheld from my IRA distribution. (Michigan residents must also complete form MI W-4P – Withholding Certificate for Michigan Pension or Annuity Payments.)		
I hereby accept the elections made above and agree with the terms of this form and its instructions. I acknowledge that Guaranty Income Life Insurance Company (GILICO) employees, agents or representatives do not give tax, legal or accounting advice. I agree to consult with my own attorney, accountant or professional tax advisor for details relating to my specific situation. I understand that I am responsible for calculating and withdrawing my Required Minimum Distributions, including all tax liability and other possible consequences which may be involved. I acknowledge that GILICO is not responsible and I agree to indemnify and to hold GILICO harmless from any resulting liabilities. PLEASE SIGN BELOW			
Dated at _____ this _____ day of _____, _____. City/State			
_____		_____	
Social Security No.		Signature of Owner/Annuitant	
Please provide a daytime number where you can be reached should we have any questions concerning your request: (____) _____			