



Sagikor Life Insurance Company
 4343 N. Scottsdale Rd., Suite 300
 Scottsdale, Arizona 85251
 Ph: (888) 724-4267 / Fax: (480) 425-5139

**REQUIRED MINIMUM DISTRIBUTION
(RMD) FORM**

INSTRUCTIONS:

- Please consult your tax or legal advisor regarding any potential tax implications related to a Required Minimum Distribution (RMD).
- Use this form only if you are age 70 ½ or older and you would like Sagikor Life Insurance Company (Sagikor) to calculate and distribute your RMD.
- Please complete each section of the form and print clearly using blue or black ink. If any corrections are made, please initial and date the change.
- If you have multiple contracts, please complete a separate RMD form for each contract.
- If you are a nonresident alien without a Social Security Number, you must complete IRS Form W-8BEN and submit it with this form.
- This form should not be used for Beneficiary or Inherited IRA contracts. Please contact the Client Services Department at 888-724-4267 for assistance with Beneficiary or Inherited IRA contracts.

CONTRACT INFORMATION	
Owner's Name (First, Middle, Last)	Contract Number
Owner's Social Security Number	Owner's Date of Birth
Previous Year End Contract Value*	Owner's Daytime Phone Number

**If this contract was established after 12/31 of the prior year, please provide the fair market value as calculated by the previous carrier.*

REQUIRED MINIMUM DISTRIBUTION AMOUNT

Please indicate your preferred method for determining the RMD amount. **(Check one.)**

OPTION 1: CALCULATE MY RMD BASED UPON IRS PUBLICATION 590 TABLES. Sagikor will calculate your RMD each year by using the IRS Uniform Lifetime Table, unless you qualify for the spousal exception below.

- Spousal Exception. If your spouse is the sole beneficiary and is more than 10 years younger than you, provide your spouse's date of birth to use the Joint Life and Survivor Table to calculate your RMD: _____ (mm/dd/yyyy).

OPTION 2: ANNUAL 10% PENALTY FREE WITHDRAWAL. This may not be available under your contract. Refer to your Individual Annuity Contract for more information.

OPTION 3: CASH DISTRIBUTION. Distribute the following amount \$_____. Please be advised that this option may be subject to surrender charges, if applicable. Refer to your Individual Annuity Contract for more information.

DISTRIBUTION INSTRUCTIONS

Please indicate your preferred method of distribution. **(Check one.)**

OPTION 1: ANNUAL RMD OPTION. Sagikor will calculate and distribute the RMD for the current year and all subsequent years until we are notified in writing to discontinue distributions. Subsequent RMDs will be taken annually after each contract anniversary date.

OPTION 2: ONE-TIME RMD OPTIONS. If a one-time request is made, Sagikor requires a new request form to be submitted each year. Sagikor will process your RMD request when this form is received. **(Check one.)**

- RMD payment for the **current tax year**.
- First RMD payment for the **previous tax year** (only available for the first RMD taken after reaching age 70 ½).

FEDERAL TAXPAYER IDENTIFICATION NUMBER CERTIFICATION (W-9)

Under penalties of perjury, I certify that:

(1) The tax identification number shown on this form is my correct, and

(2) I am not subject to backup withholding either 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, and

(3) I am a U.S. citizen or other U.S. person (defined in the W-9 instructions), and

(4) I am exempt from FATCA reporting.



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TAX WITHHOLDING ELECTION

Distributions from your IRA are generally subject to federal (and possible state) income tax. **Your withholding election will remain in effect until it is revoked by you. Please consult your tax advisor, if needed, before making a withholding election.**

We will withhold federal income taxes at a minimum rate of 10% of the taxable portion of the distribution and forward that amount to the Internal Revenue Service (IRS) on your behalf. Alternatively, you can elect not to have taxes withheld from the distribution. If federal withholding of less than 10% is requested or if no election is made, the distribution will be processed with 10% withholding.

In addition to federal income tax withholding requirements, state income tax, if applicable, will be withheld. Please note, there is no state income tax withholding for the following states: **AK, FL, NV, NH, SD, TN, TX, WA, WY**. In addition, Sagicor does not process state income tax withholding for the following states: **NY** and **CT**. For these states, Sagicor will not withhold state taxes even if you elect to do so. Choosing not to have either federal or state (if state is applicable) income taxes withheld may result in personal income tax liability when your taxes are filed. Consult your tax advisor for more information.

FEDERAL – If no election is made below, IRS regulations require federal income tax to be withheld at the rate of 10% from your withdrawal. **(Check one.)**

- Option 1: Please **DO NOT** withhold Federal Income Tax from my distribution.
- Option 2: Please withhold Federal Income Tax. **(Check one.)**
 - _____% (minimum 10%)
 - _____ (dollar amount must be greater than 10% of taxable amount)

STATE – (Check one.)

Please note:

- If state income tax withholding is mandatory based upon your address of record and you do not make an election or if your election is less than the state minimum rate, we will automatically withhold state income tax (if required) at the rate required by your state.
- If state income tax withholding is voluntary based upon your address of record and you do not make an election, we will not withhold state income taxes from your distribution.
- If your request results in a withholding amount that is less than the minimum amount your state will accept, we will not withhold state taxes from your distribution

- Option 1: Please **DO NOT** withhold State Income Tax from my distribution.
- Option 2: Please withhold State Income Tax in the amount of \$ _____ or at a rate of _____%.

AUTHORIZATION AND SIGNATURE

By signing this form, I acknowledge that I have read the information on this form and certify the information I have provided in correct and accurate. I authorize Sagicor Life Insurance Company (Sagicor) to make a distribution from my account based on the information I have provided. I understand the distribution from this contract shall be subject to the contract's provisions, including surrender charges, if any.

I am aware of the IRS required minimum distribution requirements, and I understand that it is my obligation to comply with these requirements and Sagicor assumes no responsibility for ensuring I have complied with these requirements. I understand, acknowledge, and agree that I am solely responsible for verifying the accuracy of Sagicor's calculations and the distribution amount when I receive it.

I agree to indemnify and hold harmless Sagicor and its affiliates for any claims, expenses, or taxes (including penalties and interest) incurred due to the distribution made in accordance with this form.

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

Owner's Signature	Date
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