



REQUIRED MINIMUM DISTRIBUTION (RMD) REQUEST FORM

Annuitant Information

Name \_\_\_\_\_ SSN \_\_\_\_\_

Mailing Address \_\_\_\_\_

Annuity Contract Number (must have separate form for each) \_\_\_\_\_

Distribution Information

Withdrawal Amount (select one):

Minimum Distribution

Other Amount \$ \_\_\_\_\_

Withholding Amount (select one):

Please do not withhold for tax purposes

Please withhold \_\_\_\_\_% for tax purposes

Annuitant Certification Authorization

I authorize National Farm Life (herein called "the Company") to distribute funds from the above mentioned annuity contract based on the terms contained on this form. I understand that it is my responsibility to consult with my personal tax advisor regarding the tax consequences of the above withdrawal. Furthermore, I will not hold the Company liable for any direct or indirect damage or loss including (without limitation to) taxes suffered or incurred by me or my beneficiary(ies) as a result of those matters.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR HOME OFFICE USE ONLY

Date Processed \_\_\_\_\_ By \_\_\_\_\_