



AuguStar<sup>SM</sup> Life Insurance Company  
AuguStar<sup>SM</sup> Life Assurance Corporation

Post Office Box 5308 Cincinnati, Ohio 45201-5308  
Telephone: 888.925.6446

### Annual Automatic Minimum Distribution Election Request

Please Print

Contract Number	Annuitant	Owner
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Please select either option 1 or option 2 - only one can be applicable.

**Option 1: Required Minimum Distribution (RMD)\* - Applicable for qualified contracts only**

Please select one of the following:

- Single Life Expectancy: I have/will have obtained age 72 by the end of the calendar year in which I am requesting this withdrawal.
- Single Life Expectancy with designated beneficiary: (Applicable only if the spouse is the beneficiary and is more than 10 years younger)

Beneficiary Name \_\_\_\_\_ Beneficiary Date of Birth \_\_\_\_\_

**Option 2: Inherited Required Minimum Distribution (RMD)\***

Required for qualified and non-qualified stretch contracts and on non-Roth 10-Year Continuations if the Annuitant had reached the Required Beginning Date for RMDs prior to death.

**Inherited RMD.** Date of death of the original annuitant was \_\_\_\_\_

*Please note if there are multiple beneficiaries, the calculation will be based on the age and life expectancy of the oldest beneficiary*

### December 31 Value

If your contract was issued within the contract year the payout is to begin, please provide the prior contract's year-end fair market value.

December 31 Prior Year Value: \_\_\_\_\_

### Payment Options\*

Please complete **both** A & B

A: Payment Frequency:  Annually  Monthly\*\*

B: Payment Schedule:  As soon as possible  Please begin payment: \_\_\_\_/\_\_\_\_/\_\_\_\_ (cannot occur after 28<sup>th</sup> each month)

To have funds directly deposited to your checking or savings accounts via Electronic Funds Transfer (EFT), please complete the EFT section on the back of this form. If the EFT agreement is not completed, checks will be mailed to the address of record. Please note in order to receive your distributions by check, each individual withdrawal must meet the minimum withdrawal amount as specified in your contract. **If the withdrawal does not meet the minimum contractual withdrawal amount, the distribution must be sent via EFT for direct deposit to your checking or savings account.**

### Taxation

Federal Taxation: If you do not select an option below, we are required to withhold at least 10% of the taxable amount.

- I DO NOT want to have federal income tax withheld from this payment.
- I DO want to have \_\_\_\_% federal income tax withheld from this payment (must be less than 100%)

State Taxation: We will withhold state income tax on the taxable income if: (1) you specifically request that we do so on this form and we are able to do so for your state; or (2) we are required to do so under state law. If you have any questions regarding mandatory state withholding, please contact our Annuity Client Services Department at the number listed above.

- I DO NOT want to have state income tax withheld from this payment.
- I DO want to have \_\_\_\_% state income tax withheld from this payment (must be less than 100%)

*Other federal or state mandatory withholding rules may apply to your withdrawal.*

I understand that I am liable for payment of federal and state income tax on any taxable portion of the requested payment and could be subject to tax penalties under the estimated tax payment rules if payments are not adequate.

**PLEASE COMPLETE BOTH PAGES OF THIS FORM AND SIGN**

\*RMDs that exceed the free amount as defined by your contract may be subject to a contingent deferred sales (surrender) charge. Please refer to your contract for specific charges and limitations.

\*\*The remaining RMD amount will be divided over the remaining months in the calendar year.

Please note: This form supersedes any previous systematic withdrawal request. Any previously established systematic withdrawal will be terminated at this time.

