

Required Minimum Distribution (RMD) Request Form



MERIT LIFE INSURANCE CO. | 1900 SOUTH BLVD., SUITE 300 | CHARLOTTE, NC 28203 | 833-637-4854

General Information

Use this form to request a one-time or recurring Required Minimum Distribution (RMD) from your qualified contract. If you would like to request annuity withdrawals other than RMDs, please submit the Withdrawal Request Form.

Please submit completed form via email to customerservice@knightheadinsurance.com. Changes are considered effective when they are received, deemed in good order and acknowledged by us in writing.

1. OWNERSHIP INFORMATION

Contract Number	
Owner Name (<i>First, MI, Last</i>)	SSN/TIN
Company or Trust Name (<i>if applicable</i>)	Date of Birth/Formation Date
Email	Telephone
Joint Owner Name (<i>if applicable</i>)	

2. REQUIRED MINIMUM DISTRIBUTION INFORMATION

a. Elect RMD Amount

- Calculate and distribute the RMD for the current year.
- I have calculated the RMD amount*.

to withdraw \$ _____

- I will satisfy my annual RMD elsewhere.

Note, RMDs are considered taxable income. Please consult with your personal tax advisor before making any final decision regarding the amount of the RMD for this contract or other qualified account.

*Any amount taken above the annual RMD calculated for this contract may be subject to surrender fees.

b. Option for Recurring Distribution

- Would you like this to be a recurring distribution? Yes No

(If you elect No, you will be required to submit the RMD request on an annual basis.)

- If "yes", please elect a distribution frequency:
 - Monthly
 - Quarterly
 - Semi-Annual
 - Annual

- Distribution Start Date: _____ (dd/mm/yyyy)

Please note that RMD distributions will be sent on the 15th day of the month for the elected distribution frequency. If the 15th falls on a weekend or holiday, the withdrawal will be processed on the next business day.

c. Distribution Method

Select your withdrawal distribution method from the options below. If no option is selected, a check payable to the Owner will be sent to the address of record by regular mail.

- Address of Record** or **Alternate Address** (below)

Street Address		
City	State	Zip

- Direct Deposit** - We will deposit the funds directly in the bank account indicated below using Electronic Funds Transfer (EFT) provided the name on the bank account is the same as the owner of the annuity contract.

Type of Account:

- Checking – Please attach voided check for the listed account.
- Savings – Please include a bank statement, deposit slip, or letter from the bank for the listed account.

Account Name (as it appears on the account)	Bank Name
Routing Number (bottom left of check)	Account Number (bottom center of check)

By providing bank information and signing this form, you are authorizing Knighthead Life to credit annuity payments and debit amounts to recover any payment(s) made in error. Note, EFT for surrenders is not available unless accompanied by an original Medallion Signature Guarantee.

3. TAX WITHHOLDING ELECTION NOTICE AND ELECTION

Federal Income Tax Withholding (Select One Option Only)

Withdrawals from your annuity contract are subject to federal income tax withholding. The portion of your withdrawal included in taxable income is subject to a default 10% federal tax unless you elect otherwise. You may elect not to have taxes withheld by completing IRS form W-4R.

If no election is made, the federal income tax of 10% will be withheld from the taxable portion of each payment.

- DO NOT withhold federal income taxes (complete W-4R).
- WITHHOLD federal taxes at the default rate.
- WITHHOLD federal taxes at a rate of ____% (complete W-4R).

- The IRS requires form W-4R to be completed when an amount different than 10% is requested to be withheld.
- These forms are accessible through IRS.gov, our website or upon request.

Not withholding federal taxes or withholding insufficient 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. Please consult a tax advisor regarding tax withholding as it pertains to your individual situation.**

State Income Tax Withholding (*Select One Option Only*)

Depending on your state of residence, state income tax withholding may be required. Some states allow you to opt out of withholding. If your state requires a specific form to opt out, we must receive that form before processing your election.

- DO NOT withhold state income tax from my payments
- WITHHOLD state income tax at a rate of _____ % OR in the amount of \$ _____.

Please refer to the “State Tax Withholding Table” for instructions regarding specific state withholding information.

4. CERTIFICATION & SIGNATURES

- 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 the owner(s) and that the owner(s) is (are) not under guardianship or any legal disability.
- I understand that requesting one-time or, systematic withdrawal(s) from my annuity contract may result in tax consequences.
- If direct deposit applies, by completing the direct deposit section of this form and signing below, I hereby authorize the Company to deposit withdrawals from the annuity contract listed in the Contract 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 Knighthead Life to initiate, if necessary, debit entries and adjustments for any credit entries.

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.
- 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 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.
- I am a U.S. citizen or U.S. resident for tax purposes.

Signature of Owner X	Date
Signature of Joint Owner (if applicable) X	Date