

Regular Mail

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Overnight Delivery

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Guaranteed Lifetime Withdrawal Benefit (GLWB) Monthly RMD Election

Annuity Contract Number: _____

Annuitant Name: _____

Owner Name: _____

IMPORTANT Information Regarding This Form

This form is used to elect the GLWB rider's Monthly Required Minimum Distribution Treatment (Monthly RMD) provision. **Only** use this form if your contract was issued with a GLWB rider.

A Monthly RMD will provide you the greater of 1/12th of the rider's Maximum Annual Withdrawal (MAW) Amount or the RMD amount. This ensures that you will always receive at least your RMD amount but also enables you to take advantage of the MAW amount if it is higher.

To qualify for Monthly RMD:

- Your contract must be tax-qualified and subject to the required minimum distribution rules as set by the IRS
- Your contract must have been active on December 31st of the previous year
- You must have attained age 72 by the end of the calendar year

Important notes about the rider's Monthly RMD provision:

- The provision must be elected prior to January 25th of any year after you meet the qualifications above, and the withdrawal must begin that same January
- Once the provision is elected the withdrawal will take place on the same day every month and cannot be changed
- Amounts less than \$500 must be paid by Electronic Funds Transfer (EFT) to your checking or savings account (not applicable to custodial contracts)
- Once you begin receiving withdrawals under the provision, these withdrawals cannot be terminated except upon death
- If you are currently receiving an RMD payout for this contract, that payout will terminate and this monthly withdrawal will take its place

You may, by contacting AuguStar, elect not to take one or more monthly withdrawals, but, if you do not take a withdrawal in a month, you may not make up that withdrawal without it being considered an excess withdrawal under the GLWB rider. Any additional withdrawal in any contract year after you have elected Monthly RMD treatment will be considered an excess withdrawal.

Monthly RMD Provision Election

I choose to begin my GLWB rider RMD elections on January _____ (date must occur between the 1st and 25th of the month.)

Tax Withholding Options

Federal Tax Withholding Options

If you do not select an option below, we are required to withhold 10 percent of the taxable amount (20 percent if taking an eligible rollover distribution).

I **DO NOT** want to have federal income tax withheld from my withdrawal.

I **DO** want to have _____ % or \$ _____ federal income tax withheld from my withdrawal (must be less than 100 percent).

State Tax Withholding Options

We will withhold state income tax on the taxable amount 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 questions regarding mandatory state withholding, please contact Annuity Customer Service at **888.925.6446**.

I **DO NOT** want to have state income tax withheld from my withdrawal.

I **DO** want to have _____ % or \$ _____ state income tax withheld from my withdrawal.

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

The withdrawal(s) you receive may be subject to federal income tax withholding unless you are eligible to elect out of withholding by completing the withholding election above. It is important that we receive your correct SSN/TIN, if we do not, then we will be required to withhold at least 10 percent for federal income tax withholding.

For states that require mandatory withholding, we will withhold the mandatory amount unless you request a higher amount. Please consult with your tax advisor for information regarding your resident state's specific withholding requirements.

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

Electronic Funds Transfer (EFT/ACH)

As part of your EFT verification process, we utilize a third-party service. **If we are unable to verify your bank account information using this service, we will still process the requested withdrawal, but proceeds will be sent via check to the owner's address of record.** We allow **10 business days** for delivery by regular mail before issuing any replacement checks. Contact Annuity Customer Service at **888.925.6446** for more information. A **voided check or a copy of a voided check** must be attached for us to process the withdrawal. There is a maximum **distribution limit of \$50,000 for EFT**. NOTE: EFT may not be an option for a custodial-owned contract. NOTE: Payments must be made to the contract Owner(s). AuguStar is unable to pay or direct deposit to a third-party account.

I elect to have my systematic withdrawal directly deposited to my checking or savings account via EFT. You are hereby authorized and directed to pay to:

Additional Information Required for EFT/ACH or Wire Transfers

Type of account: Checking (please include a voided check)

Savings (please attach a voided pre-encoded deposit slip)

Name of the Financial Institution

Telephone Number of the Financial Institution

Address of the Financial Institution

ABA/Transit Routing Number

Account Number

Name(s) as it/they appear on the Account

Certification

The undersigned hereby consents to the provisions contained herein:

I/We understand that AuguStar is relying on the information that I/we provided on this form and further understand that AuguStar will not be liable for any losses or charges due to incorrect, outdated, or incomplete information that has been provided on this form.

I/We authorize the Financial Institution named above to reimburse AuguStar, from this or any other account I/we may hold in such institution, for any payment received by the Financial Institution to which I/we was/were not entitled due to death prior to the due date of the payment.

For credit to my/our account, all funds payable by AuguStar represent payment from my/our contract referenced above.

Tax Certification

Under penalties of perjury, I certify all of the following:

1. The number shown on this form is my correct identification number (or I am waiting for a number to be issued to me,) and
 2. I am not subject to back up 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, and
 3.
 - a. I am a U.S. citizen or U.S. resident alien, as indicated above, or
 - b. A partnership, corporation, company or organization created or organized in the United States under laws of the United States, or
 - c. An estate (other than a foreign estate,) or
 - d. A domestic trust (as designed under Regulations section 301.7701-7,) and
 4. I am exempt from FATCA reporting.
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Signature(s)

Owner* Signature**

Date

Owner Name (print)

Owner Social Security Number

Joint Owner* Signature** (if applicable)

Date

Joint Owner Name (print)

***Certification:** I/We hereby certify that I/we, the above-signed, am/are the Owner of this annuity contract or, if the contract is trust, custodial, corporate or partnership owned, that I/we am/are an authorized signatory thereof and that this request is being submitted in my/our capacity as an authorized signatory of the trust, custodial account, corporation or partnership. I/we agree/s, for ourselves, and, if any, our subsidiaries, agents, employees and directors at all times to indemnify and hold harmless the AuguStar, each of its subsidiaries, agents, employees and directors against any and all claims, liabilities, damages, demands, actions, controversies, charges, expenses and losses sustained or incurred by AuguStar's actions in making the change requested above and release the same from any liability arising from the execution of this transaction.

**If you are signing pursuant to a power-of-attorney, guardian, or conservator, you must indicate this after the signature (e.g., Attorney-in-Fact, Guardian, Conservator, etc.)