



AuguStarSM Life Insurance Company
AuguStarSM Life Assurance Corporation
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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 28th 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.

*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.

Electronic Funds Transfer (EFT) Agreement for Direct Deposits

If not elected, a check will be mailed to the owner's address of record. Please note EFT may not be an option for a custodial-owned contract.

☐ 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:*

Type of account: ☐ Checking (please attach a voided check) ☐ Savings (please attach a voided pre-encoded deposit slip)

Name of the Financial Institution:	Account Number
ABA/Transit Routing Number	Name(s) as it appears on the account
Address of the Financial Institution	Telephone Number of Financial Institution

For credit to my/our account all funds payable AuguStarSM Life Insurance Company or AuguStarSM Life Assurance Corporation (hereafter referred to as AuguStarSM) representing payment from my/our contract referenced on page 1.

This authority is to remain in full force and effect until AuguStarSM has received notification at our home office in Cincinnati, OH from me/us of the termination of this agreement in such time and manner as to afford AuguStarSM and the Financial Institution reasonable opportunity to act on it.

I/We authorize the Financial Institution named above to reimburse AuguStarSM, 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.

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on this form, and further understand that AuguStarSM will not be liable for any losses or charges due to incorrect, outdated or incomplete information that has been provided on this form.

The undersigned hereby consents to the provisions contained herein:

Owner Signature*** Date

Daytime Phone Number

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

Owner Social Security Number*****

Please note: In order to validate information with your Financial Institution, please allow up to 14 days to process your initial request.

*Payments must be made to the contract owner(s). AuguStarSM is unable to pay or direct deposit to a third-party account.

***If 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.)

******Certification:** I hereby certify that I, the above-signed, am the owner of this annuity contract or, if the contract is trust, custodial, corporate or partnership owned, that I am an authorized signatory thereof and that this request is being submitted in my capacity as an authorized signatory of the trust, custodial account, corporation or partnership. The above-signed hereby agrees, for ourselves, and, if any, our subsidiaries, agents, employees and directors at all times to indemnify and hold harmless The AuguStarSM Life Insurance Company, 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.

*******Certification:** Under the penalties of perjury, I certify that the information provided on this form is true, correct, and complete. I have not been notified by the Internal Revenue Service that I am subject to withholding for underreporting under Section 3406 (a)(1)(c). I am a U.S. Citizen or a U.S. resident alien.