



IRA/TSA Required Minimum Distribution Election Form

American National / One Moody Plaza, Galveston, TX 77550-7947

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Overnight Address Mail Processing Center, Attn: Annuity 10427, 1949 E. Sunshine St.
Springfield, MO 65899-0001 / **Phone** 1-800-252-9546
Mailing Address PO Box 10427, Springfield, MO 65808-0427



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For Use With the Following Companies

American National Insurance Company
American National Life Insurance Company of Texas
Business is conducted in New York by American National Life Insurance Company of New York, headquartered in Glenmont, New York.
American National Life Insurance Company of New York
Standard Life and Accident Insurance Company

Important Information

Use this form to authorize American National or its affiliates to automatically pay you an annual withdrawal to satisfy IRS Required Minimum Distribution requirements. If you choose our Automatic Withdrawal Option our automated system will calculate your annual lifetime required amount based on the 2002 Final Regulations. Distributions will be deposited into an account of your choice.

1 Owner Information

Policy Number _____ Social Security Number _____
First Name _____ M.I. _____ Last Name _____ Date of Birth _____
Street Address _____ City _____ State _____ ZIP _____
Phone Number _____ Email Address _____

2 Life Expectancy Calculation (Check A or B)

- A. _____ Single Life Expectancy (Unless you qualify for and would like to elect "B" below, this is the only option available to you.) This indicates that the RMD is based only upon the contract owner's life factor and will be calculated using the Uniform Lifetime Table as permitted by the IRS.
- B. _____ Joint Life Expectancy - Recalculated annually (This option is only available if your spouse is your sole primary beneficiary and is more than 10 years younger than you.)

Name of Spouse _____ Date of Birth _____ Social Security Number _____

3 Distribution Payment Instructions

► **Note:** All disbursement requests will be distributed as a secure ACH remittance. No paper checks will be issued.

Would you like to participate in our automated required distribution program?

A. _____ Yes. Please automatically re-calculate and send my distribution each year.

B. _____ No. I only want to take this year's required distribution.

C. _____ No. I wish to satisfy my RMD from other source.

If you selected option A or B, please indicate the start date and frequency for which you would like to receive your distribution payments. If no frequency is selected, the default will be Annual.

_____ **Start Date:** Month / Day / Year **Frequency:** ☐ Annual ☐ Semi-annual ☐ Quarterly ☐ Monthly

4 FMV of IRA/TSA Ceding Account

\$ _____ FMV of Ceding IRA/TSA Account

5 Bank Account Information

☐ Use Account on File ☐ New Bank Account

Bank Account Owner Name

Account Number

Routing Number

☐ Checking ☐ Savings

6 Withholding Instructions

The distribution or withdrawal elected above may be subject to Federal, and potentially State, income tax withholding. Withholding will only apply to the portion of your distribution or withdrawal that is included in your taxable income. **If you do not make an affirmative withholding election below, Federal income tax will be withheld at the default rate of 10%.** If you have too little tax withheld, you will generally owe tax when you file your tax return, and you may owe a penalty unless you make timely and sufficient payments of estimated tax throughout the year. If you have too much tax withheld, you will generally be due a refund when you file your tax return. You should consult with your personal financial or tax advisor with respect to the tax implications of your distribution or withdrawal.

- ☐ Do not withhold taxes. I understand I am responsible for the payment of estimated taxes and that I may incur penalties if my payments are not enough.
- ☐ I do want taxes withheld. (Please check all that apply)
- ☐ I want to have _____% Federal Income Tax withheld from the taxable amount of the distribution.
- ☐ I want to have _____% State Income Tax withheld from the taxable amount of the distribution. (If applicable)

Owner Taxpayer Identification Number _____ ☐ SSN ☐ ITIN ☐ EIN

IRS regulations state that if your taxpayer identification number (social security or employer identification number) is not furnished, we will be required to withhold at the current applicable withholding rate. Under penalty of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
2. I am not subject to backup withholding because:
 - (a) I am exempt from backup withholding.
 - (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest/dividends.
 - (c) The IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a U.S. resident alien).

7 State Specific Fraud Language

For California Residents:

For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

8 Authorization

I agree to be bound by the rules of the National Automated Clearing House Association ("Nacha") and with applicable law. I hereby authorize American National and its affiliates (the "Company") to electronically credit my account, and if necessary, to electronically debit my account to correct any erroneous credits in accordance with Nacha rules. I understand that this authorization will remain in full force and effect until I notify the Company that I wish to revoke the authorization. I understand that revocation of this authorization must provide the Company a reasonable opportunity to act before the initiation of a credit or debit entry. The Company requires 10 days prior notice to revoke this authorization. Such notification must be in writing to the mailing address at the top of this form. The applicable policy or contract number(s) must be included in the notification.

9 Signatures

The policy owner must sign this form. **Please sign with any applicable designation such as trustee, Power of Attorney, Partner, etc.** The effective date of this request will be the date received in the Home/Administrative Office of American National and its affiliates.

X _____
Signature of Owner (Required)

Date: Month / Day / Year