



FARMERS LIFE INSURANCE COMPANY

Required Minimum Distribution (RMD) Form

1. Contract Information

Name of contract owner SSN of owner
Name of annuitant Contract number
Street address City State ZIP
Phone number Joint owner full name if applicable

2. Distribution Election

If you have a paperless/online account, please include a letter from the bank showing the owner name(s) of the account. If the bank's letter lists joint owners, both must sign this form.

- Calculate and distribute the RMD starting calendar year first following my contract's Issue Date...
I qualify under IRS rules to defer my first RMD until April 1...
Calculate and withdraw the RMD for ONLY this current tax year.

*Required Beginning Date (RBD) is April 1 following the calendar year in which you attain your RMD age**.

**Your RMD age could vary depending upon the year you were born. Farmers Life Insurance Company will calculate your RMD age based on your date of birth as provided on your Application.

Note: Farmers Life Insurance Company will not render tax advice. We suggest you consult your tax advisor regarding your financial situation.

3. Calculation Method

Single Life Expectancy Uniform Lifetime Table

Joint Life Expectancy (*Available only when a spouse is the designated sole beneficiary and is more than 10 years younger than you*). My spouse's date of birth is ____/____/____.

4. Frequency, Distribution Method and Payment Date*

Please answer all three items below.

Frequency Annually Semi-Annually Quarterly Monthly (*Monthly payments are only available through ACH and require an Electronic Funds Deposit Authorization form.*)

Distribution Method Check Direct Deposit (*Please complete the Electronic Funds Deposit Authorization form.*)

First Payment Date ____/____/____ (MM/DD/YYYY)

Checks and electronic fund transfers (EFTs) are processed from the 1st through the 25th of each month.

Subsequent payments will be generated on the same day, depending on the frequency of the payment. If this day is not a business day, the payment will be generated on the next business day.

*The payment must be at least \$100.00. If distribution is requested by direct deposit, please fill out the Electronic Funds Deposit Authorization Form.

5. Income Tax Withholding

Federal Withholding *Please check one* (If no election is made, federal income tax will be withheld.)

Withhold 10%

Withhold another amount \$_____, or _____ %

Do not withhold Federal Income Tax

State Withholding *Please check one*

Withhold the amount required by law.

Withhold another amount \$_____, or _____ %

Do not withhold. I live in a state that allows me to opt out.

Notice: Federal law requires withholding a minimum of 10% federal income tax from taxable distributions, unless you elect not to have taxes withheld, or specify a different withholding amount. Withholding will only apply to that portion of your distribution that is includable in your income subject to federal income tax. You may revoke this withholding election at any time by contacting Farmers Life Insurance Company in writing unless the distribution is from a tax-sheltered annuity or qualified plan that is eligible to be rolled over to an IRA or qualified plan. In these cases, the distribution will be subject to a 20% mandatory withholding therefore you may not elect to waive the federal income tax withheld. Electing not to withhold at this time does not release the liability for payment of federal and, if applicable, state income tax on the taxable portion of your payment. You may incur tax penalties if your withholding and tax payments are not adequate.

Farmers Life Insurance Company will not render tax advice. We suggest that you consult your tax advisor regarding your financial situation.



6. Certification of Taxpayer Identification Number

Under penalties of perjury, I certify that:

1. The Social Security Number or Taxpayer Identification Number shown on this form is correct (or I am waiting for a number to be issued to me), and;
2. 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, and;
3. I am a U.S. citizen or other U.S. person (as defined in the General Instructions of IRS Form W-9), and;
4. The FATCA code(s) entered on this form, if any, indicating that I am exempt from FATCA reporting is correct. Exemption from FATCA reporting code, if any: _____ (FATCA reporting codes can be found in the General Instructions for IRS Form W-9.) If you are only submitting this form for an account you hold in the United States, you may leave this field blank.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your return.

7. Signature

Signature of owner

Date signed

Signature of joint contract owner *if applicable*

Date signed

Please mail or fax this completed form to the following:

Regular Mail: P.O. Box 21538, Oklahoma City, OK 73156

Express Mail: 13931 Quail Pointe Dr., Oklahoma City, OK 73134

Fax: 580.255.0951

Questions? Contact our Policy Holder Services team at 888.594.4484.

