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, and continuing for all subsequent tax years. I elect the RMD to be paid to me _____ *(monthly, quarterly, annually)* beginning _____ *(month, quarter, year)* and each _____ *(month, quarter, year)* thereafter.

☐ I qualify under IRS rules to defer my first RMD until April 1, _____ *(indicate year)* immediately preceding my Required Beginning Date*. Calculate and distribute the RMD for the prior tax year, the current year and all subsequent tax years. I elect the RMD to be paid to me _____ *(monthly, quarterly, annually)* beginning _____ *(month, quarter, year)* and each _____ *(month, quarter, year)* thereafter.

☐ Calculate and withdraw the RMD for **ONLY** this current tax year. The prior year's December 31 value on which to calculate the RMD for this current tax year was $ _____.

☐ Calculate and withdraw the RMD for **ONLY** this current year and send it to my elected charity as a Qualified Charitable Distribution (QCD).***

Charity name _____ Tax ID _____

Street address _____ City _____ State _____ ZIP _____

*Required Beginning Date (RBD) is April 1 following the calendar year in which you attain your RMD age**. If you are a participant of a government or church 403(b) plan, the RMD is the later of April 1 following the calendar year in which you (1) attain your RMD age**, or (2) retire from employment.

**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.

***RMD can only be distributed to one person or entity.

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.

FARMERS LIFE INSURANCE COMPANY

Electronic Funds Deposit Authorization

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. Bank Account Information

Type of Account ☐ Checking ☐ Savings

Name of financial institution

Full name on account

Additional name(s) on account

ABA routing number (9 digits)

Bank account number (4-17 digits)

Please attach a VOIDED check for checking accounts to be used for account information verification.

☐ Check this box for paperless and online accounts, and ensure that both the routing number and account number is entered in the spaces above.

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.

ATTACH VOIDED CHECK HERE

3. Authorization For Electronic Funds Deposit

As the bank account owner, I authorize Farmers Life Insurance Company to:

- Automatically deposit funds, for all withdrawals from this annuity contract, to the checking or savings account referenced above.
- Withdraw funds which may be inadvertently deposited to the account referenced above. This includes, but is not limited to, any payments made after the death of the annuitant.

This authorization will remain in effect until written notice of a change of account, or termination, is delivered to Farmers Life Insurance Company in a timely manner, so as to afford the company an opportunity to act thereon. (Such requests should be received no less than 10 business days prior to due date of the next payment. Checks and electronic fund transfers (EFTs) are processed from the 1st through the 25th of each month.) **In no event shall a "change" or "termination" request include entries processed prior to receipt of such notice.**

Name of bank account owner

Signature of bank account owner | Date signed

Name of joint bank account owner *if applicable*

Signature of joint bank account owner *if applicable* | Date signed

4. Acknowledgment of Contract Owner(s) (If not the same as the bank account owner)

By signing where indicated below, I hereby acknowledge my approval for Farmers Life Insurance Company to withdraw funds from the annuity contract, and request that those funds be deposited into the bank account referenced above.

Name of contract owner

Signature of contract owner | Date signed

Name of joint contract owner *if applicable*

Signature of joint contract owner *if applicable* | Date signed

243 North Peters Road, Knoxville, TN 37923
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