



PO Box 11609, Winston-Salem, NC 27116-1108
Phone: (833) 658-2841 Fax: (303) 220-8056

Required Minimum Distribution Form

Annuity Contract No. _____ Annuitant _____

- Married
- Single
- Widowed
- Divorced – Please Specify – Date _____ State _____

Initial Distribution Date: ____/____/____

Distribution Frequency: (Check one):

- Monthly
- Quarterly **must be chosen prior to 3/31/2021*
- Semi Annual **must be chosen prior to 6/30/2021*
- Annual

Direct Deposit (ACH) to a Bank

Please allow 3-5 business days from the processing date to receive the funds in your bank account.

Note: Payments made via EFT/ACH to a party other than the owner are not permitted.

Bank Name _____

Bank account number _____

ABA routing number (To ensure accuracy, verify with your bank.) _____

Type of Account Checking Savings

Name of depositor on bank records (first, middle initial, last name) _____

NOTICE OF WITHHOLDING OF WITHDRAWAL FROM TAX DEFERRED ANNUITIES

The withdrawal you receive from Colorado Bankers Life Insurance Company may be subject to Federal Income Tax Withholding. Withholding will only apply to the portion of your withdrawal that can be includible as income and subject to Federal Income Tax.

You may be subject to penalties under the estimated tax payment rules if you elect not to have tax withheld and payments of estimated tax and other withholdings are not adequate to satisfy tax liability.

I elect:

- Not to have Federal income taxes withheld.
- To have 10% Federal income taxes withheld on the taxable portion of my distribution.
- To have more than 10% Federal income taxes withheld on the taxable portion of my distribution, as indicated Other amount.%

NOTE: IF NO SELECTION IS MADE ABOVE, A RATE OF 10% WILL BE WITHHELD FOR FEDERAL INCOME TAXES ON QUALIFIED/NON-QUALIFIED PLANS. FOR TSA PLANS, 20% WILL AUTOMATICALLY BE WITHHELD.

SPOUSAL CONSENT (If residing in a Community Property State – AZ, CA, GU, ID, LA, NV, NM, TX, WA, or WI:

- Not married

I, _____, Spouse Former Spouse of the owner of the above-reference policy, relinquish all of my rights to any interest which I may have in the policy, now or in the future, by virtue of the Community Property Laws of the State or territory of _____.

Signature of Owner’s Spouse or Former Spouse

Spouse or Former Spouse’s Name Printed

I have carefully read the request and agree that it is properly and fully completed. I understand that this request is subject to the provisions and conditions of the policy and that Colorado Bankers Life Insurance Company may require additional information or requirements.

I certify that the policy is not pledged or assigned to any other person or corporation, and that no proceedings of bankruptcy or insolvency have been filed and are now pending against the undersigned.

Signature Owner

Date Signed

Address

Social Security Number (Required)