



Annuity Distributions Change Form

Policy Information

Owner Name: _____

Policy #: _____

Authorization for Direct Deposit

(Attach a Voided Check)

Please deposit the periodic distributions from my annuity policy listed above to this bank account:

Account Owner: _____

Bank Name: _____

Account Type: ☐ Checking ☐ Savings

Routing Number: _____

Account Number: _____

Tax Withholding

Federal tax withholding

☐ I DO NOT want Federal Income Tax Withheld☐ I DO want to have Federal Income Tax withheld. Taxes will be withheld at a rate of ten percent (10%), unless a higher percentage is indicated here _____%

You and the Internal Revenue Service will be provided with a 1099-R form after the close of the calendar year. A withdrawal of any type, prior to age 59 1/2, may subject you to an IRS Penalty Tax.

State tax withholding

State: _____

☐ Do not withhold state income tax☐ Withhold _____% state income tax

RMD Distributions

Start date change: please change the RMD start date to _____.**Frequency:** please change the RMD frequency to:☐ Annual ☐ Semi-annual ☐ Quarterly ☐ Monthly

Signatures

Owner Name_____
Owner Signature_____
Date

Spouse signature is required for all changes to all IRA/qualified plans.

If you do not have a spouse, please confirm by checking the box: ☐ I confirm I do not have a spouse_____
Spouse Name_____
Spouse Signature_____
Date