



Americo Financial Life and  
Annuity Insurance Company  
PO Box 410288  
Kansas City, MO 64141-0288

Dear Policyowner:

IRS regulations require that distributions from your qualified plan must begin no later than April 1 following the calendar year in which you attain the age of 73. Failure to comply with this regulation may subject you to tax penalties.

If you received a 10% surrender penalty free withdrawal or received monthly interest checks from the above policy, you may have already satisfied your required minimum distribution. Interest payments made to you are considered distributions from the Accumulation Value and are considered a portion of the 10% free amount available to you annually.

If you have more than one IRA plan, each must meet the requirement separately. However, such amounts may then be totaled and the total distribution taken from any one or more of the plans. If you would like us to calculate the required minimum distribution for the above IRA, please contact us. We also recommend that you consult your tax advisor to be sure you are in compliance with this regulation.

Please complete the form on the next page and mail it to our office at the address listed at the top of this letter. If you have any questions, please call us at the number listed above and a service representative will be happy to assist you.

Sincerely,

Americo Policy Holder Services



**Required Minimum Distribution  
Withdrawal Request Form**

04-146-1 (09/24)

Americo Financial Life and Annuity Insurance Company  
Phone: 800.231.0801 • Fax: 800.395.9238 • Email: forms@americo.com

|   |                       |               |
|---|-----------------------|---------------|
| Owner's Name  |                       | Policy Number |
| Daytime Phone Number  | Owner's Email Address |               |
| Owner's Street Address (Include City, State, and ZIP)   |                       |               |
| <p>I wish to begin receiving the required minimum distribution as set forth by the Internal Revenue Code.</p> <p><input type="checkbox"/> Individual Life Expectancy</p> <p><input type="checkbox"/> Joint Life Expectancy (Available when a spouse is the designated beneficiary and is more than 10 years younger than you.)</p> <p><b>Frequency:</b></p> <p><input type="checkbox"/> One-Time Transaction</p> <p><input type="checkbox"/> Automatically Each Year: _____ Date to be Processed</p> <p><b>Distribution Method:</b></p> <p><input type="checkbox"/> Regular Mail</p> <p><input type="checkbox"/> EFT This authorization is to remain in full force and effect until the Company has received written notification of its termination in such time and in such manner as to afford the Company and the Depository reasonable opportunity to process. (Attach Voided Check)</p> <p><input type="checkbox"/> Overnight \$20.00 Fee (physical address required)</p> |                       |               |
| Spouse (If joint life expectancy elected)   |                       | Date of Birth |

**Federal/State Withholding Instructions**

Even if you elect to not have Federal/State income tax withheld, you are liable for the Federal/State income tax on the taxable portion of your benefits. We are REQUIRED to withhold Federal income tax at the required rate if you fail to check a box below.

If you elect to have withholding applied to your payment, additional tax consequences may still apply. **Note:** the amount of withholding from your payment is estimated based on your current value at the time of the request and is subject to change before the distribution payment is issued.

- I **do not** want Federal income tax withheld from my payment.
- I **do** want Federal income tax withheld from my payment. If your state requires withholding for state income tax, we will use your Federal election unless you file a state withholding form.

If an option is not selected we will withhold if required.

1. Under penalties of perjury, I certify that I am a US citizen or other US person, and that 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, 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.  
 **Check the box if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest or dividends on your tax return.**
3. I am exempt from FATCA (Foreign Account Tax Compliance Act) reporting.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

|  |               |   |
|--|---------------|---|
| <b>X</b> _____<br>Signature of Owner   | _____<br>Date | _____<br>Tax Identification Number of Owner |
| <b>X</b> _____<br>Signature of Plan Administrator with Title (403b/457 plans only) | _____<br>Date |   |
| <b>X</b> _____<br>Signature of Notary Public (If required)                         | _____<br>Date | _____<br>Stamp/Seal of Notary Public        |

**NOTE: The release of policy values may affect the guaranteed elements, non-guaranteed elements, face amount, or surrender value of the policy from which the values are released. The policy owner(s) has the right to receive information regarding the existing policy or contract values including, if available, an in force illustration or policy summary.**