



PO BOX 410288  
Kansas City, Missouri 64141-0288

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**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 70½. 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 toll free at 800.231.0801 and a service representative will be happy to assist you.

Sincerely,

Americo Life Customer Service Dept.

**Required Minimum Distribution  
Withdrawal Request Form**

04-146-1 (11/11)



Owner's Name	Policy Number	Social Security Number
Owner's Address		Phone Number

I wish to begin receiving the required minimum distribution as set forth by the Internal Revenue Code.

- Individual Life Expectancy (Based on 2002 Uniform Distribution Table)
- Joint Life Expectancy (Available when a spouse is the designated beneficiary and is more than 10 years younger than you.)

**Frequency:**

- One-Time Transaction
- Automatically Each Year: \_\_\_\_\_ Date to be Processed

**Distribution Method:**

- Regular Mail
- EFT \$5.00 Fee (please provide voided check)
- Overnight \$20.00 Fee (physical address required)

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
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.

- 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.

**Under penalty of perjury, I certify that the Social Security Number provided on this form is true, correct, and complete. I understand that failure to furnish my Social Security Number could subject me to backup withholding. I certify that I am not subject to backup withholding.**

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Plan Administrator with Title (for qualified plans only)

\_\_\_\_\_  
Date