Wichita National Life Insurance Company
Phone 800.522.1625
Fax 888.453.2290
Email WNL@wnlic.com

Required Minimum Distribution (RMD) Election Form

Contract Number	Annuitant	Owner (if other than Annuitant)

DISTRIBUTION ELECTION

☐ Withdraw my _____ (year) Required Minimum Distribution

☐ Withdraw $_____ (if amount exceeds your Wichita National contract(s) Required Minimum Distribution, excess may be subject to withdrawal charges as stated in the contract.)

PAY VIA (select one)

☐Check (mailed to Owner address of record)

☐EFT (complete the attached EFT form)

WHEN DO YOU WANT YOUR DISTRIBUTION?

Please send my distribution on ____/____/_____ (MM/DD/YYYY).

☐I would like my Required Minimum Distribution automatically forwarded to me ($250 minimum) occurring ☐Monthly ☐Quarterly ☐Semi-Annually ☐Annually.

TAX WITHHOLDING

You must indicate if Federal/State income taxes should be withheld from your payment. State taxes will be withheld only if required by your state. Even if you elect not to have Federal/State income taxes withheld, you are liable for Federal/State income taxes on the taxable portion of your benefits. You may also be subject to tax penalties under the Estimated Tax Payment rules if your payments of estimated tax and withholding, if any, are not adequate. If no election is made, 10% Federal income tax will be withheld. Please consult your tax advisor for the proper withholding that applies to your situation.

Withhold Federal Taxes (select one): ☐No ☐ Yes_____%

Withhold State Taxes (select one): ☐No ☐ Yes_____%

Signature of Owner **Date**

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Electronic Funds Transfer (EFT) Deposit Authorization

Contract Number	Annuitant	Owner (if other than Annuitant)

Accountholder Name
Account Type ☐ **Checking Account** ☐ **Savings Account**
Bank Name
Account Number
Routing Number (the 9-digit number at the bottom of your check)

To ensure accuracy, submit a voided check.

AUTHORIZATION

I authorize Wichita National Life Insurance Company to deposit any funds payable to me via electronic funds transfer.

***Signature of Owner** **Date**

***Signature of Joint Owner (if applicable)** **Date**

***If trust, custodial, corporate, or partnership owned, must include a title after the signature (e.g., Trustee, Custodian, etc.). If signing pursuant to a power of attorney, must indicate this after signature (e.g., POA, Attorney-in-Fact, etc.**