



American Century Life Insurance Company of Texas

(a stipulated premium company)

1333 W. McDermott Dr., Suite 150

Allen, TX 75013

Phone (855) 966-1111, Fax (855) 855-0181

IRA Required Minimum Distribution Request

Use this form to request a withdrawal from your individual retirement annuity (IRA) to satisfy your IRS Required Minimum Distribution (RMD). If you have any questions regarding your RMD, please consult with your personal tax advisor.

Policy #: _____ Annuitant: _____ Owner: _____

SECTION 1 – ELECTION OF REQUIRED MINIMUM DISTRIBUTION (RMD)

I **do not** want American Century Life Insurance Company of Texas to calculate and distribute my RMD payment. I will take my RMD from another IRA for all years until I notify you in writing.

I elect an automatic RMD distribution to be made:

Annually Semi Annually Quarterly Monthly, beginning the month of _____ and continuing until I notify you in writing to terminate the distributions.

Is your beneficiary your spouse? Yes No

If YES, and he/she is more than 10 years younger than you, please provide his/her date of birth: _____

SECTION 2 – DISTRIBUTION METHOD

Indicate below how you wish to receive your Automatic RMD payment

Option A: By Check. Checks will be made payable to the policy owner and mailed to the address on record.

Option B: Automatic deposit into my account shown below by Electronic Funds Transfer (EFT).

Bank Name: _____ Account Type: Checking Savings

Account Number: _____ Routing Number: _____

SECTION 3 – ELECTION FOR WITHHOLDING

I certify that I have not assigned or pledged the above certificate for any purpose whatsoever, and that no bankruptcy proceedings are pending against me. Please check only **one** of the boxes below.

I elect not to have Federal income tax withheld from the taxable portion of the distribution.

I elect to have _____% Federal income tax withheld from the taxable portion of the distribution. (Cannot be less than 10%)

I hereby accept the elections made above and agree with the terms of this form and its instructions. I acknowledge that American Century Life Insurance Company of Texas employees, agents or representatives do not give tax, legal or accounting advice. I agree to consult with my own attorney, accountant or professional tax advisor for details relating to my specific situation. I understand that I am responsible for calculating and withdrawing my Required Minimum Distributions, including all tax liability and other possible consequences which may be involved. I acknowledge that American Century Life Insurance Company of Texas is not responsible and I agree to indemnify and to hold American Century Life Insurance Company of Texas harmless from any resulting liabilities

PLEASE SIGN BELOW

Owner Signature

Social Security No.

Date

I hereby agree to the above cash surrender and waive any community property or Uniform Marital Property Act (UMPA) rights, as applicable, that I may have in the subject of this cash surrender. If the spousal consent is not signed, the above signature is certification that no spousal consent is required.

Signature of spouse of policyowner: _____

Date: _____