

Vantis Life Insurance Company
Vantis Life Insurance Company of New York

Administrative Office:

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**REQUIRED MINIMUM
DISTRIBUTION FORM**

FOR QUALIFIED CONTRACTS ONLY

♦ **INSTRUCTIONS**

4 This election applies to an IRA Contract Owner who has previously attained or will reach age 70 1/2 in this calendar year.

♦ **GENERAL INFORMATION (PLEASE PRINT)**

Owner Name: _____ Contract Number: _____

Date of Birth: _____ Phone Number: _____

♦ **DISTRIBUTION ELECTION**

- I will be or have attained 70 1/2 this year and wish to delay my initial Required Minimum Distribution until next year. I understand I must take my first distribution no later than April 1 of next year and I must take my second year distribution no later than December 31 of next year. I would like to receive my first distribution on _____ and elect to receive subsequent distributions as indicated below.
- I will be or have attained 70 1/2 during this calendar year and elect to start taking my Required Minimum Distribution this year.
- I am over 70 1/2 and elect to start taking my Required Minimum Distributions.
- I take full responsibility for withdrawing the IRS Required Minimum Distribution until further notice.
- I receive my IRS Required Minimum Distributions from another Institution and will continue to do so until further notice.
- I wish to change my Required Minimum Distribution Election.

♦ **PAYMENT INFORMATION**

Payment Frequency: Monthly (1st of each month) Quarterly (3/15, 6/15, 9/15, 12/15) Semi-Annual (6/15 & 12/15) Annual (12/15)

Payment to Commence: _____
Month Year

Payment Amount: Required minimum for this contract 10% free amount Specified Amount \$ _____

Note: It is the responsibility of the IRA Contract Owner to ensure that they meet their Required Minimum Distribution Amount.

Not all annuity contracts allow for a 10% Free Withdrawal. Please refer to the Partial Withdrawal section of your contract for details.

♦ **MAILING ADDRESS**

Mail Check: To the address on file Alternate Address Direct Deposit

Alternate Mailing Addressee: _____

Financial Institute Name: _____

Financial Institute Address: _____

Transit Routing Number: |: _____ |: Please contact your financial institution for correct information.

Account Number: _____ Type of Account: Checking Statement Savings

♦ **WITHHOLDING ELECTION (FORM W-4P)**

YOU MUST COMPLETE THIS SECTION. WE MAY BE REQUIRED TO WITHHOLD TAXES EVEN IF YOU HAVE ELECTED OTHERWISE.

Federal Withholding Election (Choose One):

- I elect not to have Federal Income Tax withheld.
- I elect Federal withholding from this nonperiodic distribution at the rate of _____% (min. 10%) or amount of \$ _____.

State Withholding Election: Resident State _____ State specific forms may be required.

If you reside in IA, MA, ME, NE, OK, or VT - State Income Tax Withholding is required if Federal Tax is withheld.

If you reside in NC, OR - You must make an election or elect out of State Income Tax Withholding.

If you reside in CA, CT, IN, MD, MO, MT, NJ, NM, UT, WI - you may voluntarily elect State Income Tax Withholding.

Note: We do not withhold in states unless required. If you elect State withholding but fail to provide a dollar amount or percentage, we will withhold at a rate of 5.0%

State Withholding Election (Choose one):

- I elect not to have State Income Tax withheld.
- I elect State withholding from this nonperiodic distribution at the rate of _____% or amount of \$ _____.

♦ **DISCLOSURES AND SIGNATURES**

Note: Any person who knowingly and with intent to defraud any insurer or other person files a statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

Required Minimum Distributions (RMD) from your Individual Retirement Annuity are payable upon demand and are treated as nonperiodic distributions. IRS regulations require us to withhold a minimum of 10% Federal Income Tax from non-periodic distributions unless you elect not to have income taxes withheld. Vantis Life does not provide tax advice. If you require additional information in order to complete this form, please consult your tax advisor or refer to IRS Publication 505, Tax Withholding and Estimated Tax. Please be advised that if you wish to change or revoke your tax election in the future, you will be required to submit a new withholding election to Vantis Life.

I certify that I am the proper party to receive payment(s) from this Annuity and that all information provided by me is true and accurate. Vantis Life is required to report all disbursements to the Internal Revenue Service. I understand Surrender Charges may be applied to amounts withdrawn in excess of this contract's calculated Required Minimum Distribution. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that Vantis Life shall in no way be held responsible. I understand it is my responsibility to ensure that I meet my Required Minimum Distribution each year.

X	X	
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Signature of Owner

Signature of Other Authorized Individual*

Date

*As: Power of Attorney** Conservator**
 Assignee

**Certified Copy of Appointment and Photo I.D. are required

NAME OF AGENCY/BANK	INTERNAL USE ONLY	PRODUCER #	BRANCH #