



Required Minimum Distribution Service Request Form

| | |
|---------------|-----------------------|
| Policy Number | Contract Owner's Name |
| | |

1 Required Minimum Distribution Options - Select only ONE option

| | |
|-----------------------------------|---|
| Option 1 <input type="checkbox"/> | Automatic Required Minimum Distribution <input type="checkbox"/> *Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual Start Date _____ / _____ / _____ * If choosing Monthly, please complete the Direct Deposit / EFT information below |
| Option 2 <input type="checkbox"/> | One Time Full Required Minimum Distribution on the following date _____ / _____ / _____ * Use this option for this year only if you do not wish to set up an Automatic RMD payment |
| Option 3 <input type="checkbox"/> | DO NOT take any RMD as I will satisfy my GBU RMD with another institution |

2 Federal Tax Withholding - GBU will withhold 20%, unless you elect otherwise below.

| | |
|-----------------------------------|---|
| Option 1 <input type="checkbox"/> | DO NOT withhold federal income tax |
| Option 2 <input type="checkbox"/> | Withhold \$ _____ or _____ % for federal income tax |

* GBU Does not withhold any state tax. Please consult your tax advisor with any questions on taxation.

3 Delivery Option

| | |
|-----------------------------------|--|
| Option 1 <input type="checkbox"/> | Direct Deposit / EFT – the proceeds should arrive in your bank account within 3-5 business days: <input type="checkbox"/> Use current Direct Deposit Information provided to GBU <input type="checkbox"/> Use new/updated bank information (attach a voided check or provide bank information below) ABA Routing #: _____ Account # _____ |
| Option 2 <input type="checkbox"/> | Check via regular mail |
| Option 3 <input type="checkbox"/> | Deposit funds to existing GBU Life or Non-Qualified Account # _____ |

Special Instructions:

4 Owner Information

| | |
|----------------------|-------------------|
| Owner's Printed Name | Owner's Signature |
| Owner's Address | |
| Email | Date |
| Home Phone # | Cell Phone # |