



**300+ Series**

FOR REGULAR MAIL **PO Box 4875, Syracuse NY 13221**  
FOR OVERNIGHT MAIL **100 Madison Street, Syracuse, NY 13202**  
**Toll-Free Voice: (800) 248-2138**  
**Fax: (816) 502-0175**

## REQUIRED MINIMUM DISTRIBUTION (RMD) AUTOMATIC WITHDRAWAL OPTION

*Client: Use this form to authorize Equitable to automatically pay you an annual withdrawal to satisfy IRS lifetime required minimum distribution requirements. If you choose our Automatic Withdrawal Option our automated system will calculate your lifetime required amount based on Treasury Regulations.*

### 1. TO BE COMPLETED BY THE PARTICIPANT

Participant's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Participant E-mail address: \_\_\_\_\_

Sex: ☐ M ☐ F

Is the participant married? ☐ Y ☐ N

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State of Residence \_\_\_\_\_

Telephone Numbers: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Business

### 2. WHEN DO YOU WANT YOUR FIRST CHECK? (Check one) *New Enrollment Only*

☐ December of the year I sign this form.

☐ December of the year following the date I sign this form.

If you have already satisfied your required minimum distribution for this year you may want to elect our Automatic Withdrawal Option for next year.

### 3. INCOME TAX WITHHOLDING

We will automatically withhold 10% for Federal Income Tax purposes from the gross amount of your distributions unless you make an election below. Certain states require us to withhold state income tax if Federal Income Tax is withheld. Please consult your tax advisor for rules that apply to you. If you are a US citizen/legal resident and the check is sent abroad, we generally must withhold tax.

If you are not a US citizen/legal resident we require other documentation in addition to this form. You must also send us a letter requesting this distribution, indicating your current residence and citizenship status, along with an IRS Form W-8BEN. We will withhold 30% tax unless your Form W-8BEN properly indicates to us that we may withhold at a different rate.

☐ I do not want Federal Income Taxes (and state, if applicable) withheld from my distribution. I have provided my U.S. residence address and Social Security Number below. I understand that I am responsible for the payment of estimated taxes, and that I may incur penalties if my payments are not enough. Under penalty of perjury, I certify that the following Social Security Number is correct: \_\_\_\_\_.

Address: \_\_\_\_\_  
Street City State Zip Code

☐ I want to have 10% Federal Income Tax withheld from the taxable amount of the distribution.

☐ I want the following additional percentage withheld from the distribution \_\_\_\_\_ % + 10% = \_\_\_\_\_ %.

#### 4. COMPLETE ONLY IF YOUR SPOUSE IS MORE THAN 10 YEARS YOUNGER THAN YOU

If you would like a quote of your lifetime RMD amount, please contact your Retirement Program Account Manager (RPAM) at 1-800-248-2138. Should you contact your RPAM we will write back to you within 5 business days and provide you with that information.

**If your spouse is more than 10 years younger than you and is your sole primary beneficiary, your required minimum distribution may be reduced. Would you like us to consider your spouse's age in the calculation?**

- ☐ No  
☐ Yes — provide your spouse's information below

\_\_\_\_\_  
Name of Spouse

\_\_\_\_\_  
Date of Birth

#### 5. Authorization

By signing below, the participant certifies that to their knowledge, the information contained on this form is correct. Please note that the signature below must be within 180 days of the date of distribution in order to be valid.

\_\_\_\_\_  
*Signature of Participant*

\_\_\_\_\_  
*Date*