



# Required Minimum Distribution (RMD)

Automatic withdrawals for variable annuities

**Please remember:**

- Taking withdrawals (including withdrawals to pay advisory fees) can reduce or eliminate your living benefits.
- If you are the beneficiary of a previous contract, please submit a Beneficiary RMD form.
- If you have multiple accounts with us (for example, IRA or 403(b) accounts), you must complete a separate form for each of them.
- If your contract was not in force at the Company on December 31 of last year, we are unable to calculate your RMD amount for you. If you wish to withdraw your RMD, submit a Partial Withdrawal form.
- Withdrawals in excess of the guaranteed withdrawal amount, called “excess withdrawals,” will result in a permanent reduction in future guaranteed withdrawal amounts. If you would like to make an excess withdrawal and are uncertain how an excess withdrawal will reduce your future guaranteed withdrawal amounts, then you may contact us prior to requesting the withdrawal to obtain a personalized, transaction specific calculation showing the effect of the excess withdrawal.
- If a partial withdrawal would reduce the account value below the minimum account value specified in the contract, the request will be treated as a full surrender request.
- You may not use this form to satisfy prior year RMDs. If you would like to satisfy your postponed first-year RMD, please submit an RMD One-time withdrawal form.
- You may only use this form for the current calendar year. We will automatically distribute your RMD for each year, starting with the current year.

For questions or help with this form, call us at **877-253-2323**.  
Throughout this form, “the Company” refers to the issuing company.<sup>1</sup>

**1 Contract Information (please print clearly)**

Contract Number

Owner	SSN/TIN
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Check here if your address has changed. We will update your address, and we require a **signature guarantee** to process this withdrawal. See section 7.

Address

City	State	Zip Code
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In case we need to contact you about this request

Daytime Phone



<sup>1</sup> Delaware Life Insurance Company (Waltham, MA) is authorized to transact business in all states (except New York), the District of Columbia, Puerto Rico and the U.S. Virgin Islands. Delaware Life Insurance Company of New York is authorized to transact business in New York and Rhode Island. Both companies are members of Group One Thousand One, LLC (“Group1001”). Each company is responsible for its own financial condition and contractual obligations.

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## 2 Secured Returns Option

Complete this section ONLY if you have an annuity with a Secured Returns living benefit. Otherwise go to section 3.

If your annuity has a Secured Returns living benefit, you can switch to the Guaranteed Minimum Withdrawal Benefit (GMWB) plan before we process your withdrawal request by checking the box below. No additional paperwork will be required for the change.

Please change my Secured Returns living benefit from the Guaranteed Minimum Accumulation Benefit (GMAB) plan to the Guaranteed Minimum Withdrawal Benefit (GMWB) plan.

## 3 Payment Frequency

Monthly \_\_\_\_\_ Start month

Quarterly (March, June, September, and December)

Semiannually (June and December)

Annually \_\_\_\_\_ Start month

- All systematic withdrawals are processed on the 25th of the month or the business day before if the 25th falls on a weekend or holiday.
- If “monthly” is selected, withdrawals may not start until the month after we receive this form.
- If no frequency is selected above, it will default to monthly.
- If no month is indicated for the “annually” option, we will base the distribution on when this form is received.

## 4 Withdrawal Allocation

Proportionally from all existing allocations

Proportionally from variable subaccounts only

From the following subaccounts or fixed accounts at the percentage(s) shown below:

Subaccount/fixed account name	% (whole number)
<b>Total (must = 100%)</b>	

- If you do not make a selection, we will take withdrawals proportionally from all existing investment allocations.
- If you are invested in an asset allocation model, we will take the withdrawal proportionally from all existing investment allocations.
- If you are invested in Build Your Own Portfolio and have a living benefit, we will take the withdrawal proportionally from all existing investment allocations.
- In the list above, if you include percentages with decimals, we will round them to the nearest whole number.

## 5 Tax Withholding

The tax withholding options that you select will remain in effect until revoked in writing. Federal and/or state taxes may apply.

### Federal income tax withholding

Would you like federal income tax withheld from your withdrawal?

- Yes, withhold \_\_\_\_\_% of the taxable amount.
- If you do not indicate a value, and we do not have a previous tax withholding election on file, we will automatically withhold the required amount for federal income taxes.
- No, do not withhold federal income tax.
- If you choose “no” withholding or if you do not have enough tax withheld from your withdrawal, you may have to pay estimated taxes.
  - If your withholding and estimated tax payments are not sufficient, you also may incur penalties under the estimated tax rules.

### State income tax withholding

Would you like state income tax withheld from your withdrawal?

- Yes, withhold state income tax from my withdrawal in the amount of \$\_\_\_\_\_ or \_\_\_\_\_%.
- No, do not withhold state income tax.
- In some states, state income tax withholding is mandatory when federal income taxes have been withheld. If you elect a specific state withholding amount or percentage we will process according to your instructions. Please consult with your tax advisor to ensure that the amount you have requested is sufficient to satisfy your state’s requirements.
    - If you do not otherwise make an election, and you live in a mandatory state that employs a percentage calculation, we will default to your state’s default withholding percentage rate.
    - If you live in a mandatory state that uses a wage table calculation, we will default to “single with one dependent.”
    - You may contact us at any time to change your tax withholding election.

## 6 Delivery Instructions (optional)

We will mail your check by first class mail to the address we have on file, **unless** you give us other instructions below.

For a direct transfer to your personal bank account (select checking or savings below)

Please note:

- If you requested that the funds be deposited into a bank account of someone who is **not** the owner of this contract, we require a **signature guarantee** stamp in section 7 of this form.
- If you do not send a voided check or a letter from your bank, or if the electronic funds transfer request is returned or rejected by your bank, we will send a check by first class mail to the owner at the address we have on file.

**Checking account**

- Please include a voided check with this form.

**Savings account**

- Please include a letter from your bank indicating the name on the account as well as the account number and routing number.
- This letter must be signed by a bank representative.

### Authorization for direct transfer:

By signing section 7 of this form:

- You authorize the Company to transfer funds via direct deposit to the bank account shown above.
- You also authorize the bank shown above to refund any overpayments made by the Company to this account during or after your lifetime by debiting the account for any overpaid amount(s).
- This authorization will be effective until you give the Company notice, in writing, to make a change.

Send a check for the withdrawal amount to a different address, payee, or both.

- If you want your check made payable to another person, mailed to a different address, or both, we require a **signature guarantee**. See section 7.

Make Check Payable to this Payee

Mailing Address

City

State

Zip Code

## 7 Signature

### All owners must sign this form.

If you are signing this form as a fiduciary (power of attorney, trustee, guardian, custodian, etc.) for the contract owner, please include your fiduciary relationship. We will need copies of your authorizing documents to process this withdrawal request. If we do not have them on file, please attach them to this form.

We require an original **signature guarantee** stamp (no faxes) with your signature if any one of the following situations applies:

- The contract owner's address has changed within 30 days of us receiving this request.
- The check is being mailed to an address other than the address we have on file for the contract owner.
- The check will be payable to someone other than the contract owner.
- You are withdrawing \$250,000 or more.

We will not accept a notary stamp.

You can get a **signature guarantee** stamp at an FDIC-insured bank; a member firm of the New York, American, Boston, Midwest, Philadelphia, or Pacific Stock Exchange; or any company that is a member of the Securities Transfer Agents Medallion Program (STAMP).

- ***The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

Owner's Signature X	Date (mm/dd/yyyy)
Please Print Name Below	
Signature Guarantee Stamp	

## Contact Us

### By mail

Delaware Life  
P.O. Box 758581  
Topeka, KS 66675-8581

### By express mail

Delaware Life  
Mail Zone 581  
5801 SW 6th Avenue  
Topeka, KS 66636

### By fax

785-286-6118

### Online

[delawarelife.com](http://delawarelife.com)

### By phone

Customer Service **877-253-2323** M-F 7:30 a.m.-5:00 p.m., CT