

CONTRACT INFORMATION

Western-Southern Life Assurance Company

PO Box 2918

Cincinnati, OH 45201-2918

For assistance, call 800.926.1702 Fax Number 513.362.2353

WSFinancialPartners.com

Individual Retirement Account Required Minimum Distributions (For use with traditional, non-Roth, IRAs)

OWNER NAME (First, Middle, Last)	CONTRACT NUMBER
SOCIAL SECURITY NUMBER / TIN Check if TIN DATE OF BIRTH	(MM/DD/YYYY)
GENERAL INFORMATION	
The Internal Revenue Code (IRC) requires owners to start receiving required minimum distributions (RMD) from traditional IRAs by the required beginning date and every year thereafter. The required beginning date is April 1 of the calendar year following the year the owner reaches age 73. Only the first RMD may be delayed until April 1 of the year following the calendar year the owner attains age 73. All subsequent RMDs must be taken by December 31. Failure to take RMDs may subject the IRA owner to a 50% penalty tax on undistributed amounts.	
The RMD is based on the value of the IRA on December 31 of the previous year. The value of your IRA is determined according to the IRC and related regulations and may be greater than the account value if you have certain enhanced death benefits. The total RMD for an owner each year is based on the sum of the RMDs for each of the owner's IRAs. Distributions from one IRA or any combination of IRAs are acceptable as long as the amount distributed meets the total RMD.	
Western-Southern Life Assurance Company (Western & Southern Life) will calculate F calendar year after the contract is purchased. If a new contract is being funded by transthe year the owner turns age 73, or any year thereafter, the RMD for the year of fundir contract. The RMD calculated by Western & Southern Life is based on this IRA only, a any other IRAs. Western & Southern Life's current company practice is to waive any s that might otherwise apply to a withdrawal of the RMD. This practice may change with guaranteed in your contract.	nsfer, rollover or conversion in ng cannot be taken from the new nd does not take into consideration urrender or withdrawal charge
The information in this form is general and not intended as tax advice. Tax rules Seek professional tax advice.	governing RMD are complex.
DISTRIBUTION CALCULATION METHOD ELECTION	
If the IRA owner designates his or her spouse as the sole beneficiary, and the spouse is more than 10 years younger than the owner, the owner may elect to calculate the RMD over the recalculated joint life expectancy of the owner and spouse. In all other cases, the RMD is calculated according to the Uniform Table published by the IRS.	
Choose your method for calculating RMDs:	
Calculate my RMD using the Uniform Table.	
My spouse is my designated beneficiary and is more than 10 years younger than me. Calculate my RMD using our recalculated joint life expectancy. If selected, complete the following information about the owner's spouse.	
SPOUSE NAME (First, Middle, Last) SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)



DISTRIBUTION OPTIONS ELECTION Choose only one option below: Partial Withdrawal of the RMD for this contract in December each year, following the first contract year. (Only option available for contracts issued before 1/1/2004) Set up a systematic withdrawal of the RMD for this contract. Begin my withdrawals on Semiannually Annually Process my withdrawals Monthly Quarterly **AUTHORIZATION FOR DIRECT DEPOSIT** Please check one option, and complete the information below: Checking Account (You MUST attach a voided check, or a copy of a voided check) Savings Account (Complete the information below AND have a Bank Representative verify and sign below, OR attach a signed letter of instruction on the Bank's letterhead with the information requested below.) With Direct Deposit, please allow 3-5 business days after the payment date for the funds to be deposited into the designated account. FINANCIAL INSTITUTION NAME **ABA ROUTING NUMBER ACCOUNT NUMBER** NAME OF ACCOUNT OWNER (must match PAYEE) OTHER ACCOUNT NUMBER (if applicable) FINANCIAL INSTITUTION ADDRESS **CITY STATE** ZIP **Print Name** FINANCIAL INSTITUTION REPRESENTATIVE NAME Sign Here Date FINANCIAL INSTITUTION REPRESENTATIVE SIGNATURE OR make check payable to and mail to contract owner (Western & Southern Life reserves the right to charge a fee for this method)



INCOME TAX WITHHOLDING

Federal tax law states that the taxable portion of withdrawals is subject to 10% income tax withholding, although you may elect to have it withheld at a different percentage rate or elect no withholding. **Unless you request otherwise on the form below, Western & Southern Life will be required to withhold 10% federal income tax.** If you are a resident of AR, CA, DC, DE, GA, IA, KS, MA, MD, ME, NC, NE, OK, OR, VA, VT or Puerto Rico and withhold federal tax, Western & Southern must also withhold state tax at the state's standard rate unless you indicate otherwise. State withholding does not apply in AK, FL, HI, NV, NH, SD, TN, TX, WA or WY. For CT residents, mandatory withholding will apply unless form CT-W4P is submitted to opt out. Opt out is not available for single sum distributions. For MS residents, mandatory withholding will apply for early distributions (before age 59.5) or a return of excess contributions from qualified plans. If you choose not to withhold federal tax, Western & Southern will also not withhold any state income tax unless you indicate otherwise.

Even if you elect not to have income tax withheld, you are still liable for the payment of income taxes on your taxable distributions. You may also be subject to tax penalties if your payments of estimated tax and withholding, if any, are inadequate. I direct Western & Southern to:

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<u>Federal</u>
To withhold the standard rate for federal income taxes
NOT to withhold federal income taxes
To withhold taxes as follows:% rate (see IRS Form W-4R and Marginal Rate Table for more information)
State (Certain states require additional information as noted above)
Withhold based on the state's standard rate
NOT to withhold state income taxes
To withhold taxes as follows: mount amount
CERTIFICATION
Under penalties of perjury, I certify that (1) the number shown on this form is my correct tax identification number, (2) that I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a US citizen or resident alien.
Note: You must cross out item #2 of certification if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting of interest or dividends on your tax returns.
I have read and understand the requirements for RMDs. My financial representative has explained that any rollover or transfer amounts I may use to fund this contract is net of any RMD for the current tax year. I elect to have my RMD distributed to me as indicated above. I understand that distributions will continue automatically at the intervals selected until I provide written notification to Western & Southern Life that I wish distributions to cease or be changed. I understand and acknowledge that I should see professional tax advice about my specific situation and that Western & Southern Life does not provide tax advice.
Print NameOWNER
Sign Here Date SIGNATURE OF OWNER

