



# Guaranteed Minimum Withdrawal Benefit Income Rider Election Form

INSURER: Fidelity & Guaranty Life Insurance Company

## Policy Information

Policy Number:	Phone Number:
Owner:	Social Security Number (Last 4 digits):
Joint Owner:	Social Security Number (last 4 digits):
Annuitant (if other than Owner):	Joint Annuitant (if other than Joint Owner):

## Distribution Election Lifetime Income Payments

### Please Note:

Once the Lifetime Income withdrawal benefit is started, all previous systemic withdrawals (including RMD, 72(t)) will be discontinued

### Qualified Annuities only

Please complete this section ONLY if your annuity policy is a traditional IRA (does not apply to Roth IRAs)

Would you like us to automatically adjust your Guaranteed Minimum Withdrawal Benefit (GMWB) payments to satisfy your Required Minimum Distributions for each year? (Any increase to your payments will not be treated as a withdrawal in excess of your free-withdrawal amount under your policy)

- Yes, please adjust my GMWB payments to satisfy my RMDs     No, please do not adjust my GMWB payments

Distributions prior to age 59 ½ may be subject to tax penalties. We do not represent that any payments from your annuity policy will satisfy any required distributions. Please consult your tax advisor.

### Payment Option

- Single
- Joint  
(If joint payout is selected, the spouse must be added to the policy as a joint annuitant **prior** to turning on the income stream. The joint payout amount will be based on the younger age of the two annuitants)

### Payment Amount

- Maximum Available
- Other Amount (not to exceed annual calculated amount) \$ \_\_\_\_\_



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**For F&G Safe Income Advantage<sup>SM</sup> ELECTION ONLY (check one):**

- Level Income
- Increasing Income-Fixed
- Increasing Income-Inflation based

**Payment Frequency**

Please select one box:  Monthly  Quarterly  Semi-annually  Annual

Payment start date:  Immediately  Other:

Note: Cannot be on the 1<sup>st</sup>, 8<sup>th</sup>, 15<sup>th</sup>, 22<sup>nd</sup>, 29<sup>th</sup>, 30<sup>th</sup>, 31<sup>st</sup>.

If restricted dates are requested, the next available day after the day requested will become the payment date.

Stop Date: \_\_\_\_\_ (to be used only if stopping withdrawals)

Note: If not specified, payments will continue until you notify us that you wish payments to stop.

**Method of Distribution**

- Check
- Electronic Funds Transfer (EFT) – If electronic funds transfer is selected, indicate account information below AND submit the requirements below
  - Checking account (please include copy of a voided check with this form and confirm the routing and account numbers here):
  - Savings account (please include savings account deposit slip and confirm the routing and account numbers here):

Routing Number:	Account Number:

**Notice of Withholding (MUST BE COMPLETED)**

The Company will withhold Federal Income Taxes from the taxable portion of your distribution unless you elect not to have any withholding. By not making an election the Company will withhold as required by Law.

**Election** – The election to have no withholding is available only to individuals who are U.S. Citizens or resident aliens and have a mailing address in the United States. If the distribution is being delivered outside the United States, or in care of a person in the U.S., additional withholding requirements apply.

**Signature** – You must sign in the certificate section of this form in order for the withholding elections you make to be effective. Otherwise the Company will withhold as required by Law.

**Before 59 ½** – The Internal Revenue Service may impose tax penalties or distributions prior to age 59 ½.

**Tax Advisor** – Please consult a tax advisor regarding your specific situation and then make your election.

**Tax** - If you do not have enough Federal Income Tax withheld from your payments, you may be responsible for the payment of estimated taxes. You may incur tax penalties if you elect not to have withholding apply and do not pay sufficient taxes.



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**Withholding Election** – You can make Federal Income Tax withholding elections by filing Form W-4P or by completing the substitute form with the Company as contained in the form. This form should only be used for IRA payments which are payable on demand.

**Roth IRA** – A Roth IRA generally is not subject to withholding, but you may request withholding if you wish.

**Revoking the Exemption from Withholding** – If you want to revoke your previously filed exemption from withholding, file a Form W-4P with the Company and check the appropriate box on the form.

**State Income tax withholding** – Some states allow us to follow your federal income tax withholding instructions, but others require us to withhold. In states where withholding is not required or voluntary we do not withhold State Income Tax.

**State Form** – You are required to furnish your state’s withholding form where applicable, please contact your tax advisor or your state’s taxing authority for questions and forms.

### Federal Income Tax and State Income Tax – Make elections by selecting from the options below.

Distributions are generally subject to 10% federal income tax withholding unless you elect to not withhold.

Do not withhold federal income tax from my payments.

I elect to have federal and state income tax withheld from the taxable portion of any payment made, as indicated below:

Federal: \_\_\_\_%     State: \_\_\_\_%

### Tax Identification Certification (Substitute W-9)

#### Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; and
2. 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 U.S. citizen or other U.S. person (as defined in IRS Form W-9 instructions); and
4. The FATCA code(s) (as defined in IRS Form W-9 instructions) entered on this form (if any) indicating that the Owner(s) is exempt from FATCA reporting is correct. Exemption from FATCA reporting code (if any).

**Certification Instructions** - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. If you are not a U.S. citizen or other U.S. person for tax purposes, please cross out certifications 3 and 4 and complete and return to us the appropriate IRS documentation.

### Taxpayer Identification Number (MUST BE COMPLETED)

\_\_\_\_\_  
(SSN, EIN, ITIN)



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

Owner Signature (Please do not print):	Date:
Joint Owner (taxpayer) Signature (if applicable):	Date:
Other Required Signature (if applicable)	Date:

### Community Property States – AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI

If you RESIDE in one of the States listed above, please complete the additional information below:

CHECK ONE:

I have never been married or I was divorced, or widowed prior to the issue date of this annuity

Please acknowledge by Signing below

I am currently married (your spouse must consent to the transaction by signing below)

My spouse is deceased, attach a copy of Death Certificate. Date of Death: \_\_\_\_\_

I was divorced after the issue date of this annuity. Date of Divorce: \_\_\_\_\_

- The policy was mentioned in the Divorce Decree or Property Settlement (attach a copy of the court documents. If unable to provide, ex-spouse must consent by signing below): or
- The policy was not mentioned directly or indirectly in the Decree or Property Settlement Agreement, (ex-spouse must consent by signing below).

Spouse Consent:	Date:
Ex-Spouse Consent:	Date:

Unless the Company has been notified of a community property interest in the policy, the Company shall be entitled to rely on its good faith belief that no such interest exists and assumes no responsibility for inquiry. The insured and/or policy owner signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

**NO AGENT IS AUTHORIZED TO ALTER THE TERMS OF THE POLICY OR BIND THE COMPANY.**