



## REQUIRED MINIMUM DISTRIBUTION (RMD) AUTOMATIC WITHDRAWAL OPTION

*For distributions from EQUI-VEST® Express<sup>SM</sup> IRA, and EQUI-VEST® IRA, SEP/SARSEP, SIMPLE IRA, TSA, Individual Keogh, TRUSTEED or EDC*

*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. Note: If your plan is an EQUI-VEST TRUSTEED or an EDC, your Trustee or Employer must authorize the Required Minimum Distribution Automatic Withdrawal Option. If you would like a quote of your lifetime RMD amounts or have questions, please contact your financial professional or call our Customer Service Representatives at 1-800-628-6673. (Please note: all references to Annuitant and Certificate also include Participant and Contract, respectively.) **Please read the Terms and Conditions before completing this form for important information on RMD withdrawals.***

**This form can be Faxed to Equitable at (816) 701-4969 or mailed to one of the addresses on Page 4.**

### 1. ANNUITANT INFORMATION *(Certificate number must be provided to process this request)*

_____	_____	
ANNUITANT	CONTRACT/CERTIFICATE NUMBER	
_____	_____	_____
ADDRESS	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM-DD-YYYY)
_____	_____	
CITY/STATE/ZIP	OWNER, <i>IF DIFFERENT FROM ANNUITANT</i>	
_____	_____	_____
DAYTIME PHONE NUMBER	MOBILE PHONE NUMBER	EMAIL ADDRESS

### 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, unless this is my first RMD, which is due by April 1 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

This section does not apply to tax-exempt employer EDC withholding. Such participants can elect the lifetime required minimum distribution automatic withdrawal option, but are subject to wage-type withholding and cannot elect out of it. See Terms and Conditions.

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 THIS SECTION 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 financial professional or call our Customer Service Representatives at 1-800-628-6673. Should you contact our Customer Service Representatives we will write back to you within 3 business days and provide you with that information.

**If your spouse is more than 10 years younger than you, 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 Annuitant

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

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

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

\_\_\_\_\_  
Social Security #

**5. DID YOU TRANSFER FUNDS INTO YOUR EQUI-VEST CERTIFICATE FROM ANOTHER CONTRACT DURING THE CURRENT YEAR?\***

**(Check one)**  Yes  No

If no, go to section 6.

If yes, please fill in the dollar amount **only** if you would like us to include this amount when calculating your RMD amount for this year. What was your prior year's 12/31 balance of the funds transferred (Plus the actuarial present value of any additional guaranteed benefit that is applicable to the transferred funds)\*: \$\_\_\_\_\_. Please attach a photocopy of your Statement which documents your prior year's 12/31 value.

\*Read the Method of Calculation on page 6 before completing this section.

**6. FOR EQUI-VEST SERIES 201, EQUI-VEST STRATEGIES SERIES 900 AND 901 ONLY GUARANTEED ANNUAL WITHDRAWAL AMOUNT (GAWA) PAYMENT ELECTION**

If you have not already begun receiving GAWA payments, at any point in time that the Personal Income Benefit Account Value needs to be accessed to provide your RMD withdrawal, we will consider that your election to begin GAWA payments. **This section should only be completed if you want to elect GAWA payments on a joint life basis.**

GAWA payments are calculated on a single life basis. However, if you are married, and your spouse is the sole primary beneficiary under your Certificate, you may elect to receive GAWA payments on a joint life basis. Under a joint life basis GAWA payments are guaranteed for the life of both you and your spouse. GAWA payments on a joint life basis will be less than the payments under the single life basis. Please consult your tax advisor and Plan Administrator, if applicable, before making any such election. **Once the Personal Income Benefit Account Value is accessed to provide your RMD withdrawal, this election cannot be changed.**

Would you like to receive your GAWA payments on a joint life basis?  Yes  No

If yes, please provide the following information:

\_\_\_\_\_  
Name of Spouse (First, Middle, Last)

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Social Security Number

## 7. FOR TSA OR TRUSTEED CERTIFICATES ONLY

**Spousal Consent:** If you are married, your spouse is entitled to benefits under this arrangement in accordance with the Retirement Equity Act of 1984 (REA). REA requires spousal consent regarding any withdrawal transactions.

**One of the following two statements must be signed and witnessed by a Notary Public or your Plan Administrator**

1. *I am the current spouse of the above-named Annuitant and I hereby consent, by my signature appearing below, to this request for the Required Minimum Distribution Automatic Withdrawal Option. I acknowledge and understand that I have the right to receive a benefit under this certificate, and I hereby waive such right in respect to the amount withdrawn from the Certificate.*

*I acknowledge that I understand the consequences of this consent:* X \_\_\_\_\_

2. *I am the above-named Annuitant and certify that I am not married:* X \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_ On the \_\_\_\_\_

day of \_\_\_\_\_, year of \_\_\_\_\_, before me personally appeared, \_\_\_\_\_  
to me known to be the person(s) described in and who executed the foregoing instrument, and acknowledges that (s)he executed the same.

\_\_\_\_\_  
TITLE & SIGNATURE OF NOTARY PUBLIC OR PLAN ADMINISTRATOR

## 8. DELIVERY OPTIONS

Please select only one option for how you would like your payment sent. If you do not complete this section, we will default to the address of record and send you a check VIA first class mail.

- First Class Mail** No Fee – Please allow 5 - 10 business day for delivery of your check
- Direct Deposit** No Fee – Please allow 5 - 7 business days for delivery. ***You must attach a voided personal check for Direct Deposit requests. We cannot process your request without it. If a voided check is not received, funds will be sent via first class mail.***

The diagram shows a check with a large 'VOID' watermark. Four numbered callouts point to specific fields: 1 points to the 'Pay to the Order of' field, 2 points to the 'Financial Institution' address, 3 points to the routing number field, and 4 points to the account number field. Below the routing and account number fields, arrows point to the labels 'Routing Number' and 'Account Number' respectively.

### Additional Information

- The Owner's name on the contract must be the same as the owner of the bank/financial institution account.
- Your bank or financial institution may take 2 or more business days to deposit the funds into your account.
- Keep in mind that in order to take advantage of direct deposit, your financial institution **MUST** be a participating member of the AUTOMATED CLEARING HOUSE (ACH) Association.
- Please check with your bank to make sure they participate before completing this form.

**9. AUTHORIZE THE REQUIRED MINIMUM DISTRIBUTION AUTOMATIC WITHDRAWAL OPTION**

*The information on this form is correct and complete to the best of my knowledge.*

A. *I have read the Terms and Conditions section of this form and authorize Equitable to make the required minimum distribution described in this form from my EQUI-VEST Certificate. This election will be effective on the date that this form, properly completed and signed, is received at Equitable’s EQUI-VEST Administration Office.*

\_\_\_\_\_  
**ANNUITANT/ OWNER SIGNATURE**

\_\_\_\_\_  
**CURRENT DATE (MM/DD/YYYY)**

B. If your plan is an EQUI-VEST TRUSTEED or an EDC, your Trustee or Employer must authorize the Required Minimum Distribution Option by signing here:

\_\_\_\_\_  
**TRUSTEED/EMPLOYER SIGNATURE**

\_\_\_\_\_  
**CURRENT DATE (MM/DD/YYYY)**

The Trustee or Employer authorizes the required minimum distribution from this Certificate. For EQUI-VEST TRUSTEED contracts, the Trustee also certifies that the spousal consent requirement has been satisfied. The check will be sent to the address indicated in Section 1 of this form.

C. **If your plan requires approval from your Plan Administrator or Third Party Administrator (TPA)**

\_\_\_\_\_  
**PLAN ADMINISTRATOR/TPA SIGNATURE**

\_\_\_\_\_  
**CURRENT DATE (MM/DD/YYYY)**

**10. MAIL THIS FORM**

**If by:**            **Regular Mail:**  
**Send to:**        Equitable  
                      EQUI-VEST Processing Office  
                      P.O. Box 4956  
                      Syracuse, NY 13221

**If by:**            **Express Mail:**  
**Send to:**        Equitable  
                      EQUI-VEST Processing Office  
                      100 Madison Street, Suite 1000  
                      Syracuse, NY 13202

# TERMS AND CONDITIONS

## **Required Minimum Distribution Automatic Withdrawal Option**

The Automatic Withdrawal Option is available if you would like us to automatically calculate and pay your lifetime required minimum distribution (RMD) withdrawal from your EQUI-VEST certificate. The balance can continue to be invested. You will receive your check once a year, in December. *Note: We calculate the lifetime required minimum distribution on the basis that your EQUI-VEST Certificate is your only retirement plan or contract. If you have other retirement plans or contracts, you should consult with your tax adviser concerning any lifetime required minimum distributions which could be required under different plans or contracts.*

We will calculate the distribution amount based on the information you give us. We are not responsible for errors that can result from inaccuracies in the information you provide to us.

*(We do not offer this option if your TSA, Governmental Employer EDC, or Qualified Plan Certificate has an outstanding loan, or if you are not a resident of the U.S. Foreign residents who are required to take RMDs must annually request a withdrawal if not annuitizing.)*

This is not the exclusive way for you to take your lifetime RMDs. After consultation with your tax adviser, you may decide to compute required minimum distributions yourself and request withdrawals each year by completing a Request for Disbursement form. In such a case, a withdrawal charge may apply. You can also annuitize your contract.

## **Lifetime Required Minimum Distributions**

### **What is a lifetime required minimum distribution?**

Generally, if you are a participant in a qualified plan, EDC, or TSA or own a traditional IRA, including SEP, SARSEP or SIMPLE IRA, the Internal Revenue Code of 1986, as amended (the "Code") and federal regulations provide lifetime required minimum distribution rules which require you to start calculating and taking annual distributions from these tax-favored retirement plans and contracts by a specified date.

### **When do I have to start?**

When you must start lifetime required minimum distributions depends on your type of retirement product and your birthdate.

If you own a traditional IRA and were born on June 30, 1949 or earlier, lifetime required minimum distributions from your traditional IRA must start for the year in which you attain age 70 ½. If you own a traditional IRA and were born on or after July 1, 1949, lifetime required minimum distributions from your traditional IRA must start for the year in which you attain age 72. In either case, the required beginning date, as of which the owner must start to take lifetime required minimum distributions, is April 1<sup>st</sup> following the calendar year in which the owner turns age 72 (or 70 ½ if applicable).

If you are a plan participant in a qualified plan, EDC, or TSA and were born on June 30, 1949 or earlier, lifetime required minimum distributions from your plan must generally start for the year in which you attain age 70 ½. If you are a plan participant in a qualified plan, EDC, or TSA and were born on or after July 1, 1949, lifetime required minimum distributions from your plan must generally start for the year in which you attain age 72. Similar to traditional IRAs, the required beginning date is generally April 1<sup>st</sup> following the calendar year in which you turn age 72 (or 70 ½ if applicable). However, you may be able to delay the start of required minimum distributions for all or part of the account balance until after age 72 (or 70 ½ if applicable) if you have not terminated service with the employer sponsoring the plan. If this is the case, you can extend the required beginning date for lifetime required minimum distributions to April 1<sup>st</sup> following the calendar year of termination of service, so long as you are not a 5% owner of the employer. Please Note: 403(b) plan participants may also delay the start of required minimum distributions to age 75 on the portion of their account value attributable to their December 31, 1986 403(b) TSA account balance, even if retired at age 72 (or age 70 ½ if applicable). If you think you qualify for this 403(b) exception, please consult your tax advisor.

### **What if I do not take a lifetime required minimum distribution?**

If you do not take a lifetime required minimum distribution, you could be required to pay a 50% penalty tax on the shortfall (lifetime required minimum distribution amount less the amount actually withdrawn).

## TERMS AND CONDITIONS (continued)

### **Method of Calculation**

**If your Certificate is issued under an EDC, Trusteed Keogh or Corporate Trusteed Plan, your employer or plan administrator must authorize your choice of method.**

To calculate your annual lifetime RMD amount, you divide your prior year account balance by a divisor, which corresponds to your age on an IRS table.

This rule may not apply if your spouse is your “sole” designated beneficiary **and** is more than 10 years younger than you. If this applies to you, you can take your annual RMD based on the joint life expectancies of you and your spouse. This will produce a lower RMD amount in most cases.

Under tax regulations effective in 2006, the IRS requires an amount to be added to the year-end value of an annuity contract in calculating the RMD to be withdrawn for any year. The amount to be added is the “actuarial present value” of certain additional guaranteed contract benefits that will be provided under the contract (such as an enhanced death benefit in excess of the dollar amount credited to the employee or beneficiary).

### **Determining the Withdrawal Amount**

We take into account any partial withdrawals you have made during the current year, plus any applicable withdrawal charge we charged you and any other adjustment required by the RMD Regulations prior to determining how much you are required to withdraw.

If you choose our required minimum distribution option in the year that you are age 73 (or 71½ if applicable) we will not adjust your minimum distribution amount for any partial withdrawals made between January 1 and April 1 of that year. We will reduce minimum distribution payments by these amounts thereafter.

### **Minimum Account Value**

You must have a minimum of \$2,000 in your EQUI-VEST certificate to qualify for the Required Minimum Distribution Automatic Withdrawal Option. The minimum distribution check is \$300, or the Annuity Account Value if it is less than \$300.

### **Impact on Your EQUI-VEST Certificate**

Choosing our Required Minimum Distribution Automatic Withdrawal Option will not affect your EQUI-VEST

certificate. Subject to the terms of your plan, partial withdrawals can be made at any time and will be reported as taxable distributions in the year they are made. All existing rules will continue to apply, including any withdrawal and administrative charges.

If, after your required minimum distribution is calculated, your remaining Annuity Account Value is less than \$500, we may surrender your certificate and send you a check for the cash surrender value. If your required minimum distribution is greater than your Annuity Account Value, we will surrender your certificate and send you a check.

### **Withholding**

Your RMD amount is subject to 10% federal income tax withholding (and related state income tax withholding, if applicable) unless you elect not to have withholding apply (see Section 3). If we pay you more than the RMD amount from a TSA or Individual KEOGH Trusteed Certificate, or from a governmental employer EDC Certificate, we must withhold 20% for federal income tax purposes from the excess amount, with no election out possible.

EDC Certificate withholding varies by year and type of Certificate. For tax exempt employer EDC Certificates, we will withhold at the current supplemental wage withholding rate. No election out is possible. For governmental employer EDC Plans, we will withhold at the 10% rate, with election out permitted.

### **Additional Information**

Electing the Required Minimum Distribution Automatic Withdrawal Option does not replace required minimum distribution withdrawals that should have been taken previously. Please consult your tax adviser.

If you continue to work beyond 72 (or 70½ if applicable) and contributions to your certificate continue, you should not elect our Required Minimum Distribution Automatic Withdrawal Option.

You can cancel this feature at any time, unless you are a participant in a tax-exempt employer EDC Plan, in which case an election of the Required Minimum Distribution Automatic Withdrawal Option is irrevocable.

FOR MORE INFORMATION, SEE YOUR EQUI-VEST OR EQUI-VEST EXPRESS PROSPECTUS AND ANY SUPPLEMENTS, OR CONTACT OUR CUSTOMER SERVICE REPRESENTATIVES, TOLL-FREE, AT 1-800-628-6673.