



REQUIRED MINIMUM DISTRIBUTION (RMD) AUTOMATIC WITHDRAWAL OPTION

For distributions from EQUI-VEST® ExpressSM 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.**

EQUITABLE FINANCIAL LIFE INSURANCE COMPANY (EFLIC)

EQUITABLE FINANCIAL LIFE INSURANCE COMPANY OF AMERICA (EFLOA)

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, IF DIFFERENT FROM ANNUITANT

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 your distributions unless you specify a different election below including applicable state tax. You cannot elect out of withholding unless you provide us with your correct Taxpayer Identification Number and a United States residence address. You cannot elect out of withholding if we are sending the payment out of the United States. If your address of record is not a U.S. residence address, you cannot elect out of withholding and you must complete the appropriate Form noted below. Processing of the requested transaction for a non-U.S. address may be delayed until we receive required documentation. 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 your address of record is not a US residence, please complete the following (Check one):

_____ I am a U. S. citizen, or a non-U.S. citizen who is treated as a "U.S. person".

_____ I am not a U.S. person. I attach IRS Form W-8BEN. **NOTE: If you are not a "U.S. person", do not complete the Federal Tax Withholding section.**

Federal Withholding Election:

If no election is made, we must withhold at a default 10% rate from your payment. If your election in this section differs from IRS Form W-4R submitted with this form, we will withhold as instructed on your IRS Form W-4R. IRS Form W-4R is available at www.irs.gov.

3. INCOME TAX WITHHOLDING (continued)

- ☐ **I do not want federal income taxes (and state, if applicable) withheld from my distribution.** I have provided my U.S. residence address and correct Taxpayer Identification Number in Section 1. I have not asked for payment to be sent outside the United States. I understand that I am responsible for the payment of estimated taxes, and that I may incur penalties if my payments are not enough.
- ☐ **I want to have 10% federal income tax** (and applicable state income tax) withheld from my distribution (default option).
- ☐ **I want Federal Income Tax withheld from my distribution at a rate indicated on the attached IRS Form W-4R.** I understand that if no IRS Form W-4R is attached to this Form, or if the IRS Form W-4R is incomplete or invalid, that 10% default withholding will apply.

State Withholding Election:

☐ **I want State Tax withholding different from my Federal election above.**

Withhold _____% or \$_____ for state (if applicable)

Some states require us to withhold state income tax if Federal Income Tax is withheld

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.***

1
Your Name
1234 Address St.
City, ST 54321

123
888-888-8888

Pay to the Order of _____ \$ _____

Financial Institution
1234 Anytown Lane
City, ST 54321

2

3
Routing Number
0123456789 123 456 7891234567

4
Account Number

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.*

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Under penalties of perjury, I certify that (i) the number shown on this form is my correct TIN, (ii) I am not subject to backup withholding due to failure to report interest and dividend income, (iii) I am a U.S. person (or if not, I have provided appropriate Form W-8 documentation as to citizenship and dividend income).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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
 PO Box 1430
 Charlotte, NC 28201-1430

If by: **Express Mail:**
Send to: Equitable
 EQUI-VEST® Processing Office
 8501 IBM Dr., Suite 150-GR
 Charlotte, NC 28262-4333

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.

Distributions must begin no later than your Required Beginning Date. Due to a federal law change effective for distributions made after December 31, 2022, the date you must begin your Lifetime Required Minimum Distributions (RMDs) has changed from April 1st of the calendar year after the year you turn age 72 to April 1st

of the calendar year after you turn age 73 if you attain age 72 after December 31, 2022 or age 75 if you attain age 74 after December 31, 2032. If you were born in 1950 or earlier, you are not impacted by this RMD change, in which case your RMD must start when you attain age 72 (if born after June 30, 1949) or age 70 ½ (if born before July 1, 1949).

If you are a plan participant in a qualified plan, EDC or TSA, the Required Beginning Date is generally April 1st of the calendar year following the calendar year you (A) attain applicable RMD age or (B) retire from service with the employer sponsoring the plan, whichever is later. If this is the case, you can extend the required beginning date for lifetime required minimum distributions to April 1st 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 on the portion of their account value attributable to their December 31, 1986 403(b) TSA account balance. 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 25% (or 10% if corrected during a specified correction window) penalty tax on the shortfall (lifetime required minimum distribution amount less the amount actually withdrawn).

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.

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).

TERMS AND CONDITIONS (continued)

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 when you have two RMDs 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.

If you have partially annuitized your contract, we will not take into account the payments from that annuitized contract in calculating your RMD from this contract.

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 the applicable RMD age 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.