
AUTOMATIC REQUIRED MINIMUM DISTRIBUTION OPTION FORM

CONTRACT NUMBER _____ OWNER _____

STREET ADDRESS _____ ☐ Is this Address for this request only?

CITY _____ ☐ Is this a Permanent Address?

STATE _____ ZIP CODE _____ Date _____

DAYTIME PHONE # () _____ E-mail Address _____

I wish to begin receiving the required minimum distribution as set forth by the Internal Revenue Code. Conseco Life Insurance Company of Texas is instructed to begin minimum distribution on _____, Month/Year

___ All contracts * (Except Multibucket, Multibucket Plus, Platinum Strategies, Conseco Liberty, Conseco 7, Conseco Patriot, The Annuity Edge, Retirement Edge, Conseco Command or Educator's Choice Index)

___ Monthly ___ Quarterly ___ Semi-Annual ___ Annual

___ Multibucket and Multibucket Plus – **Annual Only**

Strategy Selection (use dollar amount or percentage)

___ Guaranteed One Year Strategy ___ Convertible Bond Strategy

___ Investment Grade Bond Strategy ___ Pro Rata

___ Platinum Strategies – **Annual Only**

Strategy Selection (use dollar amount or percentage)

___ Guaranteed One Year Strategy ___ Guaranteed Three Year Strategy ___ Pro Rata

___ Guaranteed Six Year Strategy ___ Investment Grade Bond Strategy

___ Convertible Bond Strategy ___ Equity Indexed Strategy

___ Conseco Liberty, Conseco 7, Conseco Patriot, The Annuity Edge, Retirement Edge, Conseco Command and Educator's Choice Index – **Annual Only**

Credit Option Selection (use dollar amount or percentage)

___ Credit Option A ___ Credit Option D ___ Credit Option G ___ Credit Option J

___ Credit Option B ___ Credit Option E ___ Credit Option H ___ Pro Rata

___ Credit Option C ___ Credit Option F ___ Credit Option I

***The minimum modal installment is \$100 (\$50 for Conseco Liberty, Conseco 7, Conseco Patriot, The Annuity Edge, Retirement Edge, Conseco Command and Educator's Choice). If the mode selected falls below the minimum, the next mode will automatically be selected for you.**

(SELECT ONE)

___ Individual Life Expectancy ___ Joint Life Expectancy

Designated Beneficiary (Complete for Joint Life Expectancy Only)

Date of Birth

Relationship

Election:

____ Withdraw my current year distribution of \$ _____ or calculate based on the Table prescribed by the IRS.

NOTE: If you are a plan participant, your beneficiary is your spouse and your spouse is more than 10 (ten) years younger than you, then we will require the following information to calculate the minimum withdrawal based on the Joint Life Expectancy table prescribed by the IRS.

Name of Spouse

Date of Birth

Social Security Number

NOTE: Your election above generally cannot be changed. Consult your tax advisor for specific information.

ELECTION OF ELECTRONIC FUNDS TRANSFER

(Not available for Multibucket, Multibucket Plus, Platinum Strategies, Consecro Liberty, Consecro 7, Consecro Patriot, The Annuity Edge, Retirement Edge, Consecro Command or Educator's Choice)

____ I elect to have my funds sent via Electronic Funds Transfer ____ Checking ____ Savings

Name of Financial Institution

Address of Financial Institution

Account Number

City, State, Zip

Transit/Routing Number

You must attach a voided check/deposit slip for routing number verification.

Payments shall reduce the annuity account balance by the amount distributed. Withdrawals in excess of these payments may be made only if the contract has remaining value and such withdrawals are subject to penalties as set forth in your annuity contract. The Company agrees to continue crediting interest at the same rate of interest as we are crediting to contracts under the same form as this contract.

ELECTION OF WITHHOLDING (Must be completed for IRAs and Non-Qualified Annuities Only)

Tax deferred earnings and any pretax premiums paid into an annuity contract are taxable when the contract is surrendered. You are liable for Federal/State taxes on the taxable portion of your benefits. Unless you tell us otherwise, Federal/State income taxes will be withheld, where applicable. If you elect not to have withholding apply or if you do not have enough Federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Spousal beneficiaries may be subject to mandatory 20% withholding on Tax Sheltered Annuity (403(b)) and pension contracts. **NOTE: REGULAR FEDERAL WITHHOLDING IS AUTOMATICALLY 10% IF NO ELECTION IS MADE ON LUMP SUM PAYMENTS. STATE WITHHOLDING WILL BE BASED UPON STATE SPECIFIC REQUIREMENTS. Note: The election below may not be valid in those states that have mandatory withholding. Also, if you are a non-resident alien, you must complete form W-8BEN instead of making this election now and completing the Taxpayer certification.**

If you do not want withholding to occur, where opting out is permitted, please indicate such by marking the appropriate selections below:

- a) ____ I **do not** want Federal income tax withheld from my payment
b) ____ I **do not** want State income tax withheld from my payment

NOTE: If you wish a specific amount or percentage to be withheld, please indicate in the spaces below. We will honor your request if your state requires us to withhold state income tax and if it does not conflict with applicable federal or state law.

Specified Federal Tax Election

\$ _____ or _____ %

Specified State Tax Election

\$ _____ or _____ %

Taxpayer Identification Number: Social Security Number ____ -- ____ -- ____ OR EIN ____ -- ____

CERTIFICATION—Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me,) 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 (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instruction: 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 and dividends on your tax return. Your signature at the bottom of this form certifies that you have read and attest to the information provided.

Note to U.S. Resident Aliens who formerly were Nonresident Aliens:

If there is a tax treaty between the U.S. and your country and it contains a "saving clause" to exempt certain types of income from U.S. tax even after you have become a Resident Alien, and you want to claim that exemption, fill out all of the form above AND Attach a page showing:

1. The treaty country
2. The treaty article about the income
3. The article number for the "saving clause"
4. The type and amount of income that qualifies for the saving clause.
5. Facts that provide a sufficient explanation of why the saving clause applies.

THE FORM MUST BE COMPLETED AND SIGNED BY THE PERSON OR PERSONS, WHO, UNDER THE TERMS OF THE CONTRACT, HAVE THE RIGHTS OF OWNERSHIP.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

Contract Owner's Signature _____ Date _____

Contract Owner's Social Security Number _____ - _____ - _____

Spouse's Signature (community property) _____

Spouse's Social Security Number _____ - _____ - _____

COMMUNITY PROPERTY STATES

Arizona
California
Idaho

Louisiana
New Mexico
Nevada

Texas
Washington
Wisconsin

1. If you have **never been married**, please acknowledge by signing here:

Signature

Date

2. If you are **currently married**, your spouse must consent to the transaction by signing here:

Signature

Date

3. If your **spouse is deceased**, please attach a copy of the death certificate.

4. If you are **divorced**:

(A) and the policy was included in the Divorce Decree or Property Settlement Agreement and was awarded to you, please attach a certified copy of the document. Spouse's consent not required.

(B) and the policy was not included in the Divorce Decree or Property Settlement Agreement, it will be necessary for your ex-spouse to consent by signing here:

Ex-Spouse's Consent

Ex-Spouse's Signature

Date

Unless the Company has been notified of a community property interest in this 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 policyowner signing this form agrees to indemnify and hold the Company harmless from the consequences of accepting this transaction.

NO AGENT IS AUTHORIZED TO ALTER THE TERMS OF THE CONTRACT OR BIND THE COMPANY