

Washington National Insurance Company  
P.O. Box 1980  
Carmel, IN 46082-1980

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## 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 \_\_\_\_\_

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I wish to begin receiving the required minimum distribution as set forth by the Internal Revenue Code. Washington National Insurance Company 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.**

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**(SELECT ONE)**

\_\_\_\_\_ Individual Life Expectancy \_\_\_\_\_ Joint Life Expectancy

\_\_\_\_\_  
Designated Beneficiary (Complete for Joint Life Expectancy Only)

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

\_\_\_\_\_  
Relationship

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

Name of Spouse	Date of Birth	Social Security Number
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## ELECTION OF ELECTRONIC FUNDS TRANSFER

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

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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 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.
3. I am a U.S. person (including a U.S. resident alien).

**NOTE: Cross out 2 above if you have been notified by the IRS that you are subject to backup withholding because you have underreported interest or dividends on your tax return.**

**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 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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#### 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

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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**