



2721 North Central Avenue, Phoenix, Arizona 85004-1172
 (866) 641-9999

REQUIRED MINIMUM DISTRIBUTION (RMD) REQUEST FORM

Please read all instructions carefully and complete all applicable sections of this form. A photocopy of a signed, government issued ID such as a driver's license; state ID or passport must be submitted with the completed form. If no ID is available, the form must be notarized. Unclear or missing information may delay or prevent processing. Sign and date the form and submit all pages.

POLICY NUMBER			
OWNER'S NAME			OWNER'S SOCIAL SECURITY NUMBER
JOINT OWNER'S NAME			JOINT OWNER'S SOCIAL SECURITY NUMBER
MAILING ADDRESS			
CITY	STATE	ZIP	<input type="checkbox"/> CHECK THIS BOX TO REQUEST A CHANGE OF ADDRESS
STREET ADDRESS (REQUIRED IF MAILING ADDRESS IS PO BOX)			TELEPHONE NUMBER
CITY	STATE	ZIP	E-MAIL ADDRESS

WITHDRAWAL OPTION

If this withdrawal, when added to any prior withdrawals during the policy year, exceeds the penalty-free withdrawal amount allowed by the policy it will be assessed a withdrawal charge and forfeiture of any non-vested bonus amount, and may also be subject to a market value adjustment, if specified in the policy. Minimum withdrawal provisions stated in your policy pages still apply to this distribution. If you specify an amount less than your RMD, you may be subject to IRS imposed penalties if you do not take the remaining balance of the RMD from another IRA.

- I would like Oxford Life to calculate my RMD using the value of this policy as of December 31 of the previous year.
- If you are married, please provide your spouse's date of birth: ____ / ____ / _____ (mm/dd/yy)
- Request Specific Amount: \$ _____

REQUEST RMD SYSTEMATICALLY

- Check this box if you want Oxford Life to automatically process your RMD every year until further notification from you. **Specify start date:** ____ / ____ / _____
- Frequency:** (Minimum withdrawal amount applies)
- Monthly Quarterly Semi-Annually Annually

Note: If a Monthly payout is elected, you will be required to receive the funds by EFT. Please complete an Authorization for Direct Deposit.

TAX WITHHOLDING ELECTION

Please make a tax withholding election below. If you do not make a withholding election, 10% federal income tax and any required withholding of state income tax will be withheld.

Please select one of the following options:

- DO NOT withhold federal or state income tax from my withdrawal.
- Withhold _____% federal income tax from the taxable portion of my withdrawal.
- Withhold _____% state income tax from the taxable portion of my withdrawal.

Even if you elect not to have income tax withheld, or if you do not have enough tax withheld, you are liable for federal and state income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are inadequate. Please consult your tax advisor for additional information on tax withholding. Michigan residents – we must withhold state tax, unless you elect not to withhold using Form MI W-4P.

METHOD OF PAYMENT

- Mail a Check** to the address listed above
- Direct Deposit** (please complete Authorization for Direct Deposit)

SUBSTITUTE FOR IRS FORM W-9

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct Social Security number or 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 notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person.

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 of underreporting interest or dividends on your tax return.

SIGNATURES AND AUTHORIZATION

I have read, understand and agree to the following:

- I certify that my policy is not assigned or pledged as collateral to any other person or corporation unless an assignee has signed below. I further certify that the owner is not a debtor in any pending bankruptcy or insolvency, and that the owner is not under guardianship or legal disability unless indicated.
- Please verify the withdrawal and surrender provisions and conditions of your policy prior to making a selection and make sure that you understand the impact that taking this distribution will have on your policy values and any riders.
- Refer to your policy for surrender charge information, minimum balance requirements and other provisions relating to withdrawals and surrender.
- If you have a Guaranteed Lifetime Withdrawal Benefits (GLWB) rider on your policy, withdrawing funds from your policy may impact the guaranteed benefits provided by the GLWB rider. Even if you elect to stop systematic GLWB withdrawals, requesting a withdrawal that exceeds the remaining available GLWB amount for the current policy year (an “excess withdrawal”) will permanently reduce future GLWB amounts and may result in termination of your GLWB rider. You may contact us prior to requesting a withdrawal if you are considering an excess withdrawal and would like a personalized calculation of the effect of the proposed excess withdrawal on future GLWB amounts.
- If your requested withdrawal exceeds the remaining available GLWB amount for the current policy year, you will be required to sign and return a “Benefit Impact Acknowledgement Form” before we will process the withdrawal.
- Oxford Life® makes no representations or warranties that taking the withdrawal you have requested in this form will satisfy your tax obligations. Consult your own tax or legal advisor to discuss the tax consequences of this transaction. Neither Oxford Life, nor any of its officers, employees or agents, may provide tax or legal advice.
- Oxford Life does not include qualified funds held at other financial institutions in its calculation of your RMD for this policy.

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

Signature – Owner	Date	Signature – Joint Owner <i>(if applicable)</i>	Date
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<input type="checkbox"/> Trustee or <input type="checkbox"/> Officer Title: _____	<input type="checkbox"/> Trustee or <input type="checkbox"/> Officer Title: _____
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Signature – Spouse <i>(required in community property states – currently AZ, CA, ID, LA, NM, NV, TX, WA and WI)</i>	Signature – Irrevocable Beneficiary or Collateral Assignee <i>(if any)</i>
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If you are signing on behalf of the owner, print your name, sign below and check the box that describes the capacity in which you are signing.

Conservator Guardian Power of Attorney

Signature: _____

Print Name: _____

INSTRUCTIONS

Signature Requirements

All applicable required signatures must be included when submitting this form. Processing will be delayed if signature requirements are not satisfied.

Spouse Signatures – If the owner resides in a community property state (currently AZ, CA, ID, LA, NM, NV, TX, WA and WI), the owner’s spouse must also sign this form. Unless Oxford Life has been notified of a community property interest in the policy, Oxford Life will rely on its good faith belief that no such interest exists and will assume no responsibility for inquiry.

Trust – All trustees must sign if required by the trust agreement. A copy of the trust agreement and a current Trustee Certification and Indemnification form must be on file before a withdrawal can be processed. Check the “Trustee” box below the owner signature line.

Guardian or Conservator – The guardian or conservator must sign and identify the capacity in which they are signing for the owner. Provide a copy

of the guardianship/conservator papers if not previously submitted.

Power of Attorney – Provide a copy of the power of attorney (if not previously provided), and complete and submit a Certification of Power of Attorney form. An updated Certification of Power of Attorney form is required every 12 months.

Corporation – Check the “Officer Title” box below the owner signature line and write the title of the officer signing for a corporate owner in the space next to it. Provide a copy of the corporate resolution evidencing the officer’s signing authority.

Irrevocable Beneficiary – If you previously named an irrevocable beneficiary, the irrevocable beneficiary’s signature is required.

Collateral Assignee – If the policy has been assigned as collateral, all assignees must sign.

This form is not for use with a 403(b)/tax sheltered annuity. If your policy is a 403(b)/tax sheltered annuity, please call Policyholder Services for further instructions.

Oxford Life Mailing Address and Contact Information

Regular or Overnight Mail	2721 North Central Avenue, Phoenix, Arizona 85004
Fax	(877) 584-2777
Email	OxfordPHS@oxfordlife.com
Policyholder Services	(866) 641-9999
Website	www.oxfordlife.com

AUTHORIZATION FOR DIRECT DEPOSIT

POLICY NUMBER	
OWNER'S NAME	JOINT OWNER'S NAME

Bank Account Information

BANK ACCOUNT OWNER'S NAME	
NAME OF BANK	ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings
ROUTING NUMBER	ACCOUNT NUMBER

IF USING A CHECKING ACCOUNT, ATTACH A VOIDED CHECK OVER THE SHADED AREA BELOW. DO NOT ATTACH A DEPOSIT SLIP OR STARTER CHECK.

Your Name
123 Any Street
Your Town, USA 11111

-VOID-

Your routing number 123456789	Your account number 1234567	Your check number 111
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I hereby authorize Oxford Life Insurance Company, and/or its third-party administrators, representatives or agents, ("Oxford Life") to electronically transfer into my account, until further notice, all policy payments due to me and to charge the referenced account to reverse any transfer erroneously posted to my account. I agree that Oxford Life will have no further liability with respect to any payments made in accordance with this authorization and may at any time discontinue my direct deposit and issue checks to me requiring my personal endorsement. I understand this authorization is to remain in full force and effect until Oxford Life has written notification from me of termination and in such manner as to afford Oxford Life and the financial institution a reasonable opportunity to act on it. I, for myself, my heirs, executors, administrators and assigns do hereby consent and agree that any sums of money deposited to my account after my death, shall be refunded to Oxford Life for distribution to the person or persons, if any, entitled to those sums under the terms of the policy.

Dated this _____ day of _____, 20_____.

Signature – Policy Owner/Bank Account Owner Signature – Joint Policy Owner (if any)