



## RMD Withdrawal

*Return this completed form to ELCO Mutual Life and Annuity*

### **Contract Owner Information**

Contract Owner(s) Name \_\_\_\_\_

Contract/Policy Number(s) \_\_\_\_\_

**Note:** *Failure to print the full name of each owner and contract number above will void this form.*

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

*Please select one option in each section below. Items **BOLD AND IN RED** signify most common option by owners.*

### **Process**

**When do you want your RMD processed?**

- December**
- Immediately
- Specific Month \_\_\_\_\_

**How often do you want your RMD processed?**

- Annually
- Monthly

### **Income Tax Withholding**

- I do not want any federal income tax withheld.
- I wish to have taxes of \$ \_\_\_\_\_ or \_\_\_\_\_ % withheld from this withdrawal.

