#### POLISH ROMAN CATHOLIC UNION OF AMERICA

984 N Milwaukee Ave · Chicago IL · 60642-4101

A100 - 1 (Rev 6/2012)



# IRA REQUIRED MINIMUM DISTRIBUTION (RMD)

The required minimum distribution (RMD) must be calculated separately for each IRA you maintain based on your single or joint life expectancy, as elected, and determined by the appropriate IRS annuity tables. The RMD is normally required to be taken by December 31 of each year. However, the initial RMD can be delayed until April 1 following the year you reached 70½ (required beginning date). If the choice is made to delay the first RMD, rather than taking it by December 31 of the year in which you reached 70½, then you are required to take two distributions in the following year- one by April 1 and the other one by December 31. Minimum distributions must then be made by December 31 of each subsequent year. You will have to pay the IRS a 50% penalty tax if you fail to take the RMD on time.



Generally, you are required to receive a RMD from each IRA you have. However, the IRS permits such amounts to be totaled, and the total RMD may be taken from any one or more of your IRAs.

#### **Instructions:**

IRA Required Minimum Distribution (RMD)

Complete the required sections noted for the desired option(s) below. For additional information, please contact us at  $2 \cdot 1-800-772-8632$  or visit our website at  $4 \cdot 1-800-772-8632$ 

- To waive taking your RMD or to revoke a prior RMD waiver election, please complete sections 1, 2, 3, 8 and 9.
- 2 To take your RMD, please complete sections 1, 2, 4, 5, 6, 7, 8 and 9.

1. ACCOUNT INFORMATION		
CERTIFICATE (POLICY) / ACCOUNT NUMBER  PLEASE PRINT IN THE BLOCKS WITH CAPITAL LETTERS		
2. ANNUITANT INFORMATION		
FIRST (MI) LAST NAME		
STREET ADDRESS / CITY, STATE ZIP CODE		
HOME PHONE NUMBER WORK PHONE NUMBER		
SOCIAL SECURITY NUMBER / TIN  DATE OF BIRTH  (MONTH/DAY/YEAR)		
3. RMD WAIVER ELECTION Choose only one		
☐ CURRENT YEAR: My RMD for (YEAR) will be satisfied by a distribution from another IRA.		
■ <b>STANDING ELECTION:</b> Beginning with (YEAR), and until further notice, my RMD will be distributed from another IRA. Until I revoke this election, do not pay my scheduled distributions from this IRA.		
■ REVOKE PRIOR ELECTION: Beginning with (YEAR), I revoke my previous election to have my RMD satisfied by a distributed from another IRA.		

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4. RMD CALCULATION	Choose only one	
☐ Based on Uniform Life Expectancy Table		
Annuity Owner's date of birth:	(Month/Day/Year)	
☐ Based on Joint Life and Last Survivor Expectancy Table:		
Annuity Owner's date of birth:  Is the sole primary beneficiary your spouse? ☐ Ye	(Month/Day/Year)  S No	
Spouse's date of birth (if sole primary beneficiary)	: (Month/Day/Year)	
☐ I request a specific amount for my RMD: \$	,	
If you have more than one PRCUA IRA, or if you have another IRA with a different financial institution, then the life expectancy calculation for the above-referenced account may not satisfy the total IRS minimum distribution requirements for annuitants over 70½. Please consult your tax advisor for assistance.		
5. FREQUENCY OF DISTRIBUTION		
☐ Monthly ☐ Quarterly ☐ Semi-Annua	ally	
☐ Beginning month and year for the RMD distribution(s)	: (Month/Year)	
☐ Process all subsequent years RMD based on the same	time period and frequency of this RMD.	
6. TAX WITHHOLDING ELECTION	Choose only one	
The distributions you take from your IRA are subject to federal income tax withholding unless you elect not to have withholding apply. If you do not select a box below, you are deemed to elect 20% tax withholding.		
☐ I elect NOT to have federal income tax withholding. I understand that I am still liable for payment for federal income tax on the distribution received. I also understand that I may be subject to federal income tax penalties under the estimated tax payment rules if my payments of the estimated tax and withholding are insufficient.		
☐ Withhold federal income tax rate of ☐ ☐ ─ from	distributions.	
□ Withhold federal income tax amount of \$ , , , , , , , , , , , , , , , , , ,		
7. PAYMENT INFORMATION	Choose only one	
☐ By check to the mailing address currently on file for the	nis account.   By ACH/EFT (Complete Form ACH1)	
☐ By check to a third party address ( <i>Payable to the own</i>	er(s) or FBO the owner(s)):	
Name of Financial Institution / FBO (Account Number) / Street Addr	SESS / CITY STATE 7 IP CODE	
☐ Apply proceeds into my existing PRCUA mortgage acc		
<ul> <li>Deposit proceeds into my existing PRCUA non qualifie</li> </ul>	d account:	
☐ Deposit proceeds into a new PRCUA non qualified		
Application which is available for download at www.pr IRA Required Minimum Distribution (RMD)	cua.org/products/annuities.htm).  A100 - 2 (Rev 6/2012)	

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PLEASE PRINT IN THE BLOCKS WITH CAPITAL LETTERS

### 8. SIGNATURES

This form must be signed by the IRA Annuitant (or Beneficiary or Executor for Death Benefits only).

By signing below, you hereby affirm that the information you have provided is true and correct and that you are aware of all the consequences affecting the distribution requested by this form. This authority is to remain in full force and effect until PRCUA has received written notification from me (or either of us) of its termination in such time and manner as to afford PRCUA a reasonable opportunity to act on it.

$\boxtimes$	$\boxtimes$
SIGNATURE OF IRA ANNUITANT	SIGNATURE DATE
WITNESS	
This form requires a witness <i>ONLY</i> if your distribution is to different from what we currently have on file for your ann distributions, the form will not be processed unless a witness below.	nuity. Please note that for those types of
WITNESS NAME	
$\boxtimes$	$\boxtimes$
WITNESS SIGNATURE	WITNESS SIGNATURE DATE

### 9. ADDITIONAL INFORMATION

Please mail this completed form to:

Annuity Processing
Polish Roman Catholic Union of America
984 N Milwaukee Ave
Chicago, IL 60642-4101

## INTERNAL OFFICE USE ONLY

(PLACE DEPARTMENT RECEIVED STAMP BELOW)