



Polish Roman Catholic Union of America

A Legal Reserve Fraternal Benefit Society
984 N. Milwaukee Avenue, Chicago, Illinois 60642-4101
(773) 782-2600 - FAX (773) 278-4595 - (800) 772-8632 - PRCUA.org

Distribution Request

This form is used to request a distribution or stream of income payments from your **PRCUALife** Annuity or Deposit Agreement.

	Complete Sections
Non-Qualified / Deposit Agreement Distributions	1 → 2 → 5 → 7
Qualified IRA Distribution	1 → 3 → 5 → 6 → 7
Qualified RMD Distribution	1 → 4 → 5 → 6 → 7

For additional information, please contact us at **1-800-772-8632** or visit our website at www.prcua.org.
Please mail this completed form to: **Annuity Processing, PRCUALife, 984 N Milwaukee Ave, Chicago, IL 60642-4101**



Periodic distributions are processed within the first seven (7) business days of each month. One-time distributions will be processed within seven (7) business days of receipt of this completed form, and any required supporting documentation, at the PRCUALife Home Office. This form can be used for only one (1) annuity certificate (policy).

1 - CERTIFICATE INFORMATION

INTERNAL OFFICE – PLACE RECEIVED STAMP BELOW

CERTIFICATE (POLICY) NUMBER

ANNUITANT / DEPOSITOR'S 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)

2 - NON-QUALIFIED / DEPOSIT AGREEMENT DISTRIBUTION

If you would like to transfer funds to another Non-Qualified Annuity or Deposit Agreement, please obtain the correct asset transfer form from your new custodian or trustee and along with all pages of original Certificate (do not use this form).

Distribution Instructions (Choose only one)

Lump Sum Distribution (To close the account, Please return all pages of your original Certificate to complete this request).

Specific Amount: \$ _____ : Net Gross

Interest → For the first distribution, please include interest applied during the following period:

From _____ Through _____
(MONTH/YEAR) (MONTH/YEAR)



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Distribution Frequency (Choose only one)

- Monthly Quarterly Semi-Annually Annually One-Time
- Beginning month and year for the distribution(s): _____

Distribution Tax Withholding Election (Choose only one)

If you do not select one of the elections below, you are deemed to elect 10% 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 amount 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: Full Distributions - OR - Interest
- Withhold federal income tax amount of \$ _____ from: Full Distributions - OR - Interest

3 - QUALIFIED IRA DISTRIBUTION

RMD Request - Complete Section 4

Distribution Type (Choose only one)

- NORMAL:** Annuitant is over age 59½.
- PREMATURE DISTRIBUTION:** The annuitant is under age 59½ and is not utilizing the Substantially Equal Periodic Payment (SEPP) exception. Distribution may be subject to ordinary income tax and a 10% federal early withdrawal penalty.
- DIRECT ROLLOVER:** Move proceeds via a trustee-to-trustee transfer to another IRA or qualified plan. The check will be issued to the new custodian FBO (For the Benefit Of) the annuitant and mailed directly to the receiving institution. Directly roll the proceeds into another IRA or qualified plan with another trustee (funds made payable FBO the annuitant and mailed directly to other trustee).
- EARLY DISTRIBUTION (Section 72(t)):** The annuitant is under age 59½ and electing to receive Substantially Equal Periodic Payments (SEPP). These payments must continue for at least five years or until the annuitant reaches age 59½, whichever period is longer, to avoid the 10% early withdrawal penalty.
- DEATH:** To request your distribution as a beneficiary, please include a certified copy of the annuitant's death certificate and a signed W-9 form.

If you are a surviving spouse, you have the option to treat this IRA as your own. Also, if you are under age 59½, you may need to file IRS Form 5329 with your tax return to avoid an early distribution penalty. Depending on your situation, we may reach out for additional forms.

- DISABILITY:** To qualify for a disability distribution, your condition must prevent you from performing any substantial gainful work. A doctor must certify that the disability is expected to last at least 12 months or result in death, as defined by Section 72(m)(7) of the Internal Revenue Code. Please attach medical certification to your request.
- MEDICAL EXPENSE:** Proceeds must be used to pay medical expenses exceeding 7.5% of Adjusted Gross Income.
- HIGHER EDUCATION EXPENSE:** As defined under Section 529(e)(3) of the Internal Revenue Code.
- FIRST-TIME HOME PURCHASE:** The maximum lifetime distribution for a first-time home purchase is \$10,000.
- EXCESS CONTRIBUTION:** Redeem excess contribution of \$ _____ made for _____ tax year. When you remove or re-designate an excess contribution to your IRA (as required by law), you may have to pay the IRS either an excess contribution or premature distribution penalty tax, or both.



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Distribution Instructions (Choose only one)

- Lump Sum Distribution (To close the account, Please return all pages of your original Certificate to complete this request).
- Specific Amount: \$ _____: Net Gross
- Interest → For the first distribution, please include interest applied during the following period:
From _____ Through _____
(MONTH/YEAR) (MONTH/YEAR)

Distribution Frequency (Choose only one)

- Monthly Quarterly Semi-Annually Annually One-Time
- Beginning month and year for the distribution(s): _____
(MONTH/YEAR)

i You may withdraw up to 10% of your account value annually without penalty. Periodic distributions exceeding this 10% limit may be subject to surrender charges as outlined in your certificate.

Distribution 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 one of the elections below, you are deemed to elect 10% 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 amount 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. (excludes QCD distribution)
- Withhold federal income tax amount of \$ _____ (excludes QCD distribution)

4 - QUALIFIED RMD DISTRIBUTION

Required minimum distributions (RMDs) are the minimum amounts you must withdraw from your retirement accounts each year. You must start taking withdrawals from your traditional IRA, SEP IRA, SIMPLE IRA, and retirement plan accounts when you reach age 73.

Withdrawals from Roth IRAs and Designated Roth accounts (401(k) or 403(b)) are not required until after the death of the account owner. However, beneficiaries of Roth IRAs and Designated Roth accounts are subject to RMD rules.

The initial RMD can be delayed until April 1 following the year you reached 73. If you choose this delay, you must take two distributions in that same calendar year—the delayed one by April 1 and the current year's RMD by December 31. This often results in a higher tax bracket for that specific year. **You will have to pay the IRS a 50% penalty tax if you fail to take the RMD on time.**

i You are required to receive an 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.



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RMD Waiver Election (Choose only one)

- CURRENT YEAR:** My RMD for _____ (YEAR) will be satisfied by a distribution from another IRA.
- STANDING ELECTION:** 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.

RMD Calculation (Choose only one)

- Based on Uniform Life Expectancy Table
Annuity Owner's date of birth: _____
(MONTH/YEAR)
- Based on Joint Life and Last Survivor Expectancy Table:
Annuity Owner's date of birth: _____
(MONTH/YEAR)
Is the sole primary beneficiary your spouse? Yes No
Spouse's date of birth (if sole primary beneficiary): _____
(MONTH/YEAR)
- I request a specific amount for my RMD: \$ _____



If you have more than one PRCUALife 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 73. Please consult your tax advisor for assistance.

Distribution Frequency (Choose only one)

- Monthly Quarterly Semi-Annually Annually One-Time
- Beginning month and year for the RMD distribution(s): _____
(MONTH/YEAR)
- Process all subsequent years RMD based on the same period and frequency of this RMD.

Distribution 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 one of the elections below, you are deemed to elect 10% 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. (excludes QCD distribution)
- Withhold federal income tax amount of \$ _____ (excludes QCD distribution)



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5 - METHOD OF DISBURSEMENT

Choose only one

If you would like to transfer assets to another IRA or qualified plan, please obtain an asset transfer form from your new trustee and along with all pages of original Annuity Certificate (do not use this form).

- By check to the mailing address currently on file for this account.
- By ACH/EFT (Complete Form ACH1)
- By check to a tax-reportable Qualified Charitable Distribution (QCD) (See instructions in Section 6)
- By check to a third-party address (Payable to the owner(s) or FBO the owner(s)):

NAME OF FINANCIAL INSTITUTION / FBO (ACCOUNT NUMBER) / STREET ADDRESS / CITY, STATE, ZIP CODE

- Apply proceeds into my existing **PRCUALife** mortgage account: _____
- Deposit proceeds into my existing **PRCUALife** certificate: _____
- Deposit proceeds into a new **PRCUALife** account (please include a completed Application which is available for download at <https://www.prcua.org/annuity>).

6 - QUALIFIED CHARITABLE DISTRIBUTION (QCD)

About Qualified Charitable Distributions (QCDs)

- ▶ A QCD may be taken from the following IRA types: Traditional IRAs, Rollover IRAs, and inactive SIMPLE IRAs/SEP-IRAs that no longer receive employer contributions. The following account types are NOT eligible for a QCD: employer-sponsored retirement plan accounts or non-qualified annuities.
- ▶ A QCD is a federally non-taxable distribution of funds from your eligible **PRCUALife** IRA to a qualified charity. State tax rules may vary.
- ▶ The qualified charity must be a 501(c)(3) organization and eligible to receive tax-deductible charitable contributions. Private foundations, donor-advised funds, and charitable supporting organizations are not considered qualified charities for QCD purposes.
- ▶ The Account Holder must be age 70½ or older on the date of the distribution.
- ▶ Maximum annual exclusion amount for 2026 QCDs is \$111,000 (indexed annually) per individual. The aggregate amount of deductible IRA contributions you make after you turn 70½ to your IRA will reduce the amount of a QCD that can be excluded from your gross income.
- ▶ The IRS allows for a one-time election of a QCD to a split-interest entity. This one-time lifetime maximum transaction allows a donor to make a QCD of up to \$55,000 to fund one of either a Charitable Remainder Unitrust (CRUT), Charitable Remainder Annuity Trust (CRAT) or Charitable Gift Annuity (CGA). This amount is adjusted annually by the IRS.
- ▶ If you are RMD age, a QCD can count toward satisfying your annual required minimum distribution (RMD) amount to the extent you have not already taken a distribution that satisfies your RMD for that year. To qualify as your annual RMD, the funds must be distributed by your RMD deadline (December 31).

Instructions

- ▶ By completing this form, you are electing to have no federal or state income tax withholding as your tax election for this request.



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- ▶ You must ensure there is sufficient cash available in your account on the requested date(s) of distribution.
- ▶ Consult a tax advisor for specific tax guidance.
- ▶ It is your responsibility to ensure that your IRA distribution(s) comply with applicable laws and IRS rules.
- ▶ The check will be made payable to the charity and list your name as a donor. You are responsible for obtaining a receipt of your donation from the charity.
- ▶ All transactions requested on this form will be reported to the IRS on tax form 1099-R.
- ▶ For a QCD to satisfy an RMD, allow adequate time for processing. Please return this form no later than November 15 to meet a December 31 RMD deadline or February 15 to meet an April 1 RMD deadline for those just turning RMD age. **PRCUALife** does not assume responsibility for making your distribution by the RMD deadlines.

Total Check amount for this distribution to Charity 1: \$ _____

QUALIFIED CHARITY NAME

FBO

ATTENTION

STREET ADDRESS / CITY, STATE ZIP CODE

●-----●
Total Check amount for this distribution to Charity 2: \$ _____

QUALIFIED CHARITY NAME

FBO

ATTENTION

STREET ADDRESS / CITY, STATE ZIP CODE

7 - AUTHORIZATIONS AND SIGNATURES

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 **PRCUALife** has received written notification from me (or either of us) of its termination in such time and manner as to afford **PRCUALife** a reasonable opportunity to act on it.



SIGNATURE OF OWNER

DATE



SIGNATURE OF OWNER

DATE