

# Croatian Fraternal Union of America

100 DELANEY DRIVE / PITTSBURGH, PENNSYLVANIA 15235-5416

412.843.0380

## IRA REQUIRED MINIMUM DISTRIBUTION (RMD) ELECTION FORM

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### ANNUITANT INFORMATION

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Contract Number: \_\_\_\_\_

Social Security Number: XXX-XX-\_\_\_\_\_

Please process my Required Minimum Distribution (RMD) annually as indicated below:

I, hereby authorize continued withdrawals in the amount of my calculated Required Minimum Distribution (RMD) in accordance with the provisions in my contract. I further agree that this withdrawal shall be governed by the cash withdrawal option on my contract.

### PAYOUT METHODS (Select **ONE** only):

Please Send a Check Payable to me, to my attention annually.

Please deposit my withdrawal into an existing CFU Annuity Contract \_\_\_\_\_, annually.  
(account number)

### WITHHOLDING ELECTION (Select **ONE** only):

Withhold Federal income tax at a rate of \_\_\_\_\_%  
(not less than 10%) from the amount drawn.

I elect **not** to have Federal income tax withheld. I understand that I am still liable for the payment of 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.

I will fulfill my Required Minimum Distribution (RMD) from a non-CFU IRA.

I do not want my Required Minimum Distribution (RMD) sent annually. I will contact the CFU to request my RMD. (This option will require you to file a claim annually, you RMD will not be processed automatically.)

### SPECIAL INSTRUCTION:

\_\_\_\_\_

\_\_\_\_\_

If you have multiple IRAs with the CFU, please note in the special instruction from what account(s) the RMD should be made. If no instructions are provided, the RMD will be taken from the account the RMD was calculated.

Signature of Annuitant: \_\_\_\_\_

Date Signed: \_\_\_\_\_

