

AuguStar<sup>SM</sup> Life Insurance Company AuguStar<sup>SM</sup> Life Assurance Corporation

Post Office Box 5308 Cincinnati, Ohio 45201-5308 Telephone: 888.925.6446

Annual Automatic Minimum Dis	stribution Election Request			
Please Print				
Contract Number	Annuitant	Owner		
Please select either option 1 or option 2 - only one can be applicable.				
Option 1: Required Minimum Distribution (RMD)* - Applicable for qualified contracts only				
Please select one of the following:  Single Life Expectancy: I have/will have obtained age 72 by the end of the calendar year in which I am requesting this withdrawal.  Single Life Expectancy with designated beneficiary: (Applicable only if the spouse is the beneficiary and is more than 10 years younger)				
Beneficiary Name	Beneficiary Date of Birt	:h		
Option 2: Inherited Required Mini	mum Distribution (RMD)*			
Required for qualified and non-qualified stretch contracts and on non-Roth 10-Year Continuations if the Annuitant had reached the Required Beginning Date for RMDs prior to death.  Inherited RMD. Date of death of the original annuitant was  Please note if there are multiple beneficiaries, the calculation will be based on the age and life expectancy of the oldest beneficiary				
December 31 Value				
If your contract was issued within the contract year the payout is to begin, please provide the prior contract's year-end fair market value.  December 31 Prior Year Value:				
Payment Options*				
Please complete <b>both</b> A & B				
A: Payment Frequency: Annually Monthly**				
B: Payment Schedule: 🔲 As soor	ı as possible   🔲 Please begin payment:	_// (cannot occur after 28 <sup>th</sup> each month)		
To have funds directly deposited to your checking or savings accounts via Electronic Funds Transfer (EFT), please complete the EFT section on the back of this form. If the EFT agreement is not completed, checks will be mailed to the address of record. Please note in order to receive your distributions by check, each individual withdrawal must meet the minimum withdrawal amount as specified in your contract. If the withdrawal does not meet the minimum contractual withdrawal amount, the distribution must be sent via EFT for direct deposit to your checking or savings account.				
Taxation				
Federal Taxation: If you do not select an option below, we are required to withhold at least 10% of the taxable amount.				
I DO NOT want to have federal income tax withheld from this payment. I DO want to have% federal income tax withheld from this payment (must be less than 100%)				
State Taxation: We will withhold state income tax on the taxable income if: (1) you specifically request that we do so on this form and we are able to do so for your state; or (2) we are required to do so under state law. If you have any questions regarding mandatory state withholding, please contact our Annuity Client Services Department at the number listed above.				
_	ome tax withheld from this payment. income tax withheld from this payment (mu	st be less than 100%)		
Other federal or state mandatory withh	Other federal or state mandatory withholding rules may apply to your withdrawal.			

## PLEASE COMPLETE BOTH PAGES OF THIS FORM AND SIGN

I understand that I am liable for payment of federal and state income tax on any taxable portion of the requested payment and

could be subject to tax penalties under the estimated tax payment rules if payments are not adequate.

Please note: This form supersedes any previous systematic withdrawal request. Any previously established systematic withdrawal will be terminated at this time.

<sup>\*</sup>RMDs that exceed the free amount as defined by your contract may be subject to a contingent deferred sales (surrender) charge. Please refer to your contract for specific charges and limitations.

<sup>\*\*</sup>The remaining RMD amount will be divided over the remaining months in the calendar year.

Electronic Funds Transfer (EFT) Agreement for Direct Deposits  If not elected, a check will be mailed to the owner's address of record. Please note EFT may not be an option for a custodial- owned contract.				
_	al directly depo	osited to my checking or savings account via EFT. You are hereby		
Type of account:	voided check)	Savings (please attach a voided pre-encoded deposit slip)		
Name of the Financial Institution:		Account Number		
ABA/Transit Routing Number		Name(s) as it appears on the account		
Address of the Financial Institution		Telephone Number of Financial Institution		
OH from me/us of the termination of this agree Institution reasonable opportunity to act on it.  I/We authorize the Financial Institution named in such institution, for any payment received by prior to the due date of the payment.  I/We understand that AuguStar <sup>SM</sup> is relying on	ect until AuguS ement in such t d above to reim y the Financial the informatio	Star <sup>SM</sup> has received notification at our home office in Cincinnati, time and manner as to afford AuguStar <sup>SM</sup> and the Financial aburse AuguStar <sup>SM</sup> , from this or any other account I/we may hold Institution to which I/we was/were not entitled due to death on that I/we provided on this form, and further understand that incorrect, outdated or incomplete information that has been		
The undersigned hereby consents to the provis	sions containec	d herein:		
Owner Signature**	Date	Daytime Phone Number		
Signature of Joint Owner (if applicable)**	Date	Owner Social Security Number***		

Please note: In order to validate information with your Financial Institution, please allow up to 14 days to process your initial request.

\*Payments must be made to the contract owner(s). AuguStar<sup>SM</sup> is unable to pay or direct deposit to a third-party account.

<sup>\*\*</sup> I hereby certify that I, the above-signed, am the owner of this annuity contract or, if the contract is trust, custodial, corporate or partnership owned, that I am an authorized signatory thereof and that this request is being submitted in my capacity as an authorized signatory of the trust, custodial account, corporation or partnership. The above-signed hereby agrees, for ourselves, and, if any, our subsidiaries, agents, employees and directors at all times to indemnify and hold harmless AuguStar<sup>SM</sup> each of its subsidiaries, agents, employees and directors against any and all claims, liabilities, damages, demands, actions, controversies, charges, expenses and losses sustained or incurred by AuguStar<sup>SM</sup>'s actions in making the change requested above and release the same from any liability arising from the execution of this transaction. If trust, partnership, corporate, or custodial owned, must include a title after signature (e.g., Trustee, General Partner, President, etc.).

<sup>\*\*\*</sup>Certification: Under the penalties of perjury, I certify that the information provided on this form is true, correct, and complete. I have not be notified by the Internal Revenue Service that I am subject to withholding for underreporting under Section 3406 (a)(1)(c). I am a U.S. Citizen or a U.S. resident alien.