

SLOVAK CATHOLIC SOKOL

A tradition of providing sound financial protection and benefits to our members

IRA MINIMUM DISTRIBUTION WITHDRAWAL

Please withdrawal my IRA minimum distribution on a yearly basis beginning with my next distribution and continuing until further written notice. I would like to receive my distribution annually on the 1st of:

(Please check one month only)

January February March April May June

July August September October November December

Please withhold \$ _____ for Federal Income Tax. (If you would like FIT withheld, please indicate a percentage.)

Annuity Contract #: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Phone: (_____) _____ - _____ Social Security # _____ - _____ - _____

I understand that it is still my responsibility to make sure that I have received my minimum distribution each year.

Dated

Signature Annuitant