

## Required Minimum Distribution (RMD)

- Withdrawals will be processed on the 9<sup>th</sup> of the month. If the 9<sup>th</sup> of the month is not a business day, please refer to your product prospectus for additional information. This form must be received in good order before the end of the last Business Day immediately prior to the processing date to begin withdrawals in the same month.
- All frequencies are available if Contract Value is at least \$25,000. If Contract Value is less than \$25,000, only annual frequency is available.
- RMD will continue until Allianz Life Insurance Company of New York receives authorization to discontinue, or an ownership change is processed.
- Do not use this form for 403(b) contracts.
- If RMD is needed for Allianz Vision<sup>SM</sup> New York currently in payment, complete the Lifetime Plus Payment Selection form.
- For beneficial or inherited IRAs, please complete the beneficiary stretch option election form.

### Section 1: Contract information

Contract number \_\_\_\_\_

### Section 2: Required minimum distribution (RMD)

Distribution is for calendar year 20\_\_\_\_\_

Periodic payments: Payment to begin (month/year): \_\_\_\_\_ / \_\_\_\_\_

Withdrawal:  Monthly (for contracts \$25,000+)       Quarterly (for contracts \$25,000+)  
 Semiannually (for contracts \$25,000+)       Annually (available on all contracts)

If no start date is provided, payments will begin on the next available start date. If frequency is not selected, payments will be made annually.

### Section 3: Tax and withholding section

All, or part, of the payment you receive in connection with a distribution may be includable in your gross income for tax purposes, and you are liable for payment of income tax on the taxable portion of your payment. The taxable portion of the distribution is subject to federal (and potentially state) income tax withholding. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

Once the funds are distributed to you, Allianz Life of NY will not reverse any federal or state withholding that is made from your payment. Federal or state tax withholding will not be processed from contracts held by a custodian or qualified plan. Payment(s) that qualify for trustee-to-trustee transfer or direct rollover treatment by Allianz Life of NY are not subject to withholding. Roth IRA distributions are generally nontaxable; therefore, Allianz Life of NY will not withhold tax unless specifically instructed to do so. You may wish to contact your tax professional regarding any questions you may have about taxation or withholding.

#### Federal Income Tax Withholding

**Check one of the three boxes below. If none of the boxes are checked or a valid current year IRS Form W-4R is not attached, I acknowledge that Allianz Life of NY will withhold 10% from the taxable portion of the distribution.**

- I **DO NOT** want to withhold federal income tax.
- I **WANT TO** have federal income tax withheld at the default rate of 10%.
- I **HAVE** attached a **valid current year IRS Form W-4R indicating a different withholding election than the above boxes.**  
The current year version of Form W-4R can be obtained by visiting the IRS website ([www.irs.gov/forms-instructions](http://www.irs.gov/forms-instructions)).

#### State Income Tax Withholding

**I acknowledge that:**

**Allianz Life of NY is required to withhold at the minimum rate required (which may be 0%) by my state of residence. I must complete and submit separate instructions that meet the requirements of my state's tax authority with this request to make a state withholding election at a rate other than my state's required minimum.**

A State Tax Withholding Guide can be found on the Allianz Life of NY website at <https://www.allianzlife.com/new-york/tax-statement-frequently-asked-questions#forms> or you may also consult your state's tax authority website for more information.

### Section 4: Certification of taxpayer identification number

If you are requesting payments as a U.S. Person, the IRS requires you to agree to the following statements. If you are not a U.S. Person, please complete Form W-8BEN.

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number shown on this form is correct or I am waiting for a number to be issued to me.
  2. I am not subject to backup withholding because:
    - a. I am exempt from backup withholding, or
    - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or
    - c. The IRS has notified me that I am no longer subject to backup withholding.
  3. I am a U.S. person, and
  4. The Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
- Check the box **ONLY** if the IRS has notified you that you are currently subject to backup withholding because you failed to report interest and dividends on your tax return.

(continued on next page)

## Section 5: Payment instructions

- Withdrawals can only be made payable and sent to the contract owner or financial institution for the benefit of the contract owner.
- Additional payment methods, such as receiving paper checks, may be available. Please contact us for more information.

### Direct Deposit to owner's checking or savings account - no fee

- Payment will be made electronically by ACH to the account provided in the documentation you have provided to Allianz Life of NY.
- You must provide one form of acceptable documentation for your account. A check will be sent to address of record if documentation is missing, not in good order, or if direct deposit cannot be made. All documentation should include:
  - Account holder name - must match Allianz Life of NY contract owner(s)
  - Full account and routing number - must be valid ACH routing number (9 digits, starting with 0, 1, 2 or 3)
  - Bank name/logo

What documentation has been included (only one is required):

- Voided check       Direct Deposit form from Bank       Bank letter (on bank letterhead)
- Use documentation already on file - Verify last four digits of bank account \_\_\_\_\_

### Send disbursement to owner's Brokerage Account

- Do not use this option for an electronic payment to a personal bank checking/savings account.
- We will verify that this is an eligible option based on the Broker/Dealer associated with your contract. If eligible, we will make the payment to the brokerage account. If not, we make the disbursement payable to the Brokerage Firm and we will mail the payment to the contract owner's address of record.
- **TAX NOTE:** Payments to a brokerage account may be reported as taxable; they will not be treated as a direct rollover or transfer for tax purposes.

Provide additional information for the Brokerage:

Brokerage firm name: \_\_\_\_\_

Brokerage firm account number: \_\_\_\_\_

Brokerage firm address: \_\_\_\_\_

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### Mail check payable to a charity

- Check will be made payable to a charity and mailed to the owner's address of record.

Charity name \_\_\_\_\_

- Please check your withholding election to be sure it is the election you want for a payment to a charity.
- **TAX NOTE:** Payments made payable to a charity will be reported as taxable; they will not be treated as a direct rollover or transfer for tax purposes. Consult a tax professional for questions on how to correctly report a charitable donation of your RMD.

**Section 6: Signatures (Signature section must be completed. All owner's signatures are required.)**

I authorize Allianz Life of NY to process the requested distribution. I am aware that this transaction is **NOT** reversible. Once the distribution is processed, the taxable event and any federal or state withholding that occurred cannot be reversed. I am aware that withdrawal charges may apply and understand the tax consequences of such distribution.

**The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

**This form must be received within 30 days of signing.**

Contract Owner or Authorized Signer's name (print) Contract Owner or Authorized Signer's signature Signed date

Contract Owner's Social Security number Contract Owner's birthday (mm/dd/yyyy)

Day telephone Evening telephone

**(ADDITIONAL SIGNATURES REQUIRED, IF APPLICABLE)**

**Trust:**<sup>1</sup> \_\_\_\_\_ **As trustee of the:** \_\_\_\_\_  
Trustee's signature Trust name (printed) Signed date

**Power-of-Attorney:**<sup>1</sup> \_\_\_\_\_ **By:** \_\_\_\_\_  
Contract owner's name Attorney-in-fact signature Signed date

**Collateral assignment:** \_\_\_\_\_  
Collateral Assignee signature Signed date

<sup>1</sup>Submit Certification of Trust form or legal documents such as power-of-attorney paperwork.

**Please submit your form through one of the options below:**

**Email completed forms to:**

[variableannuity@send.allianzlife.com](mailto:variableannuity@send.allianzlife.com)

**OR**

**Web Upload:**

You can scan and upload your signed and completed form by logging in to your account at [Allianzlife.com/newyork](http://Allianzlife.com/newyork)

**OR**

**Mail:**

Regular mail

Allianz Life Insurance Company of New York

PO Box 59060

Minneapolis, MN 55459-0060

Overnight mail

Allianz Life Insurance Company of New York

5701 Golden Hills Drive

Minneapolis, MN 55416-1297

**OR**

**Fax:** 800.721.2708

**Any questions?** Call us at 800.624.0197

**Have you moved?** Please log in at [www.allianzlife.com/newyork](http://www.allianzlife.com/newyork) or call us to update your address.