

## MINIMUM DISTRIBUTION ELECTION FORM

Annuitant: \_\_\_\_\_ Policy/Contract/Certificate Number: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Note: If you borrow, surrender, or withdraw any funds from your policy/contract/certificate, the guaranteed elements, non-guaranteed elements, face amount, or surrender value of your existing policy/contract/certificate may be affected.

<p><b>SECTION I</b></p> <p><b>MINIMUM DISTRIBUTION ELECTION</b></p>	<p><b>Select only one option:</b></p> <p><input type="checkbox"/> A. I elect to withdraw my required minimum distribution from my First SunAmerica Life Insurance Company ("FSA") annuity based on the entire account balance of my policy/contract/certificate. <b>(Please complete ALL sections.)</b></p> <hr/> <p><input type="checkbox"/> B. 403(b) TSA Policy Owners Only: I elect to withdraw my required distribution from my FSA annuity based on the accrued benefits since December 31, 1986. <b>(Please complete ALL sections.)</b></p> <hr/> <p><input type="checkbox"/> C. I elect to withdraw my required minimum distribution from another institution. <b>(Please sign below.)</b></p> <p><b>FSA is entitled to rely on my election to take my annual required minimum distributions from another institution. I assume all responsibility for any tax consequences that may result from aggregating my accounts. I agree to supply the other institution(s) with the account balance of my FSA annuity. I understand my election will remain in effect until I notify FSA of my intent to begin taking distributions from my FSA annuity.</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature <span style="margin-left: 200px;">Date</span></p> <hr/> <p><input type="checkbox"/> D. I elect to defer taking my required minimum distribution from my FSA annuity until I retire. I will be responsible for notifying FSA when I retire. (This option is not available to 5% owners or IRA owners.)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature <span style="margin-left: 200px;">Date</span></p>
<p><b>SECTION II</b></p> <p><b>METHOD OF CALCULATION</b></p>	<p><b>Select only one option:</b></p> <p><input type="checkbox"/> A. Uniform Lifetime Method (This option is available to all annuitants).</p> <p><input type="checkbox"/> B. Joint Life Recalculated Method (This option is available only if your sole beneficiary is your spouse AND he/she is more than 10 years younger than you.)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name of Spouse <span style="margin-left: 200px;">Date of Birth of Spouse</span></p>
<p><b>SECTION III</b></p> <p><b>PAYMENT DATE AND FREQUENCY</b></p>	<p>I would like to begin receiving my payment _____, _____.</p> <p style="text-align: center; margin-left: 100px;">Month <span style="margin-left: 100px;">Year</span></p> <p>I would like my payment on the ____ 10<sup>th</sup> ____ 25<sup>th</sup> ____ or the last day of the month.</p> <p>I would like my payment to be made ____monthly ____quarterly ____semi-annually ____or annually.</p> <p>(For monthly, quarterly, and semi-annual payments, the minimum payment amount is \$50.00. If your payment is less than \$50.00, we will process the payment when the minimum amount is accumulated and adjust the frequency accordingly.) <b>If the frequency or month of the first installment is not indicated, payments will be made annually.</b></p>

**Please complete Page 2 of this form. Failure to do so may delay your request.**

