Mountain Life Insurance Company

Qualified charitable distribution request

Before you begin

You can also complete this form online.

- Visit the forms page at www.mountainlife.com.
- Find the Qualified charitable distribution request form.
- Submit through email to newbusiness@mountainlife.com.

Important information

Use this form to make a qualified charitable distribution (QCD) from your traditional IRA or Roth IRA.

- The distribution check must be made payable and mailed directly to the charitable organization.
- The $105,000 limit is the aggregate amount of the qualified distributions made from all of your IRAs.
- If you make any **deductible** IRA contributions for a tax year ending on or after the date you reach age 70½, such contributions will reduce the amount of any QCD you can exclude from gross income.
- Amounts withdrawn over your required minimum distribution or allotted penalty-free amount (including interest) may be subject to withdrawal charges. Please review your prospectus and/or contract/certificate for further details regarding the impact of withdrawals.
- Please confirm that the organization you designate is eligible to receive QCDs, as Mountain Life is not responsible for making this determination.
- Mountain Life may furnish a copy of this document to the named organization. Please retain a copy for your own records and contact the charitable organization directly for a gift receipt.
- Consult with your own tax professional if you have any questions about this or any other tax matter.

Contact information

Website:
www.mountainlife.com

Phone: 800-888-6542
Fax: 859-335-0307

Mail:
See return instructions at end of this form.

1. Contract information

Contract number

Owner information:

Owner name (First) | MI | Last | Date of birth (mm/dd/yyyy)

Social Security number (or TIN) | Phone number | Email address

Address (Street)

City | State | Zip code | Country (if outside the U.S.)

☐ Check here if address provided is permanent address change for your annuity contracts.

Financial professional name (if applicable) (First) | MI | Last | Phone number

Contract number: _____

2. Qualified charitable distribution information

Enter the information below to make a direct charitable distribution from your Mountain Life IRA and request that the organization named below memorialize your name and address provided in section 1 as the donor of record in connection with this transfer.

Withdraw the following amount: (select one)

☐ Required minimum distribution (RMD) amount for the current year (this option is not available to Roth IRAs or RMDs already distributed)

☐ Other amount (not to exceed $105,000): $ _____

Legal name of charity _____ TIN _____

Attention _____ Phone number _____

Address (Street) _____

City _____ State _____ Zip code _____ Country (if outside the U.S.) _____

3. Signature and authorization

By signing below, I hereby certify the information on this form is correct and accurate. I also authorize Mountain Life to make the distribution in accordance with my designation as noted and to provide a copy of this form to the organization identified in section 2. I understand that this request is subject to all the terms and conditions of the contract/certificate and prospectus. I also understand that once this distribution is made and released by Mountain Life, it will not be reinstated to this contract/certificate. I direct Mountain Life to make the disbursement in accordance with the designation on this form. Furthermore, I certify that the taxpayer identification number of the organization identified in section 2 of this form is correct, and I confirm that the organization is eligible to receive QCDs. I acknowledge that any distribution or full surrender of my annuity contract/certificate may result in a surrender charge and that I may lose certain benefits if this contract does not have a reinstatement provision. I also certify that this distribution is in accordance with the provisions of the Tax Increase Prevention Act of 2014 and Section 408(d)(8) of the Internal Revenue Code of 1986, as amended.

Certification required of U.S. persons only (including U.S. citizens, U.S. resident aliens, or other U.S. persons).

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number,
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 a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).

Certification instructions: You must check the box below if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

☐ I am subject to backup withholding as a result of a failure to report all interest and dividends.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to prevent backup withholding.

SIGN HERE _____ _____

Signature of owner (or fiduciary) Date signed (mm/dd/yyyy)

Return instructions

Please submit your completed and signed form via one of the following:

By email:
newbusiness@mountainlife.com

By fax:
(859) 335-0307

By mail:
Mountain Life Insurance Co.
Attn: Annuity Department
2416 Sir Barton Way, Suite 110
Lexington, KY 40509