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GLWB Monthly RMD Election Form (Please Print)

Annuity Contract Number	Annuitant	Owner
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Please read the following information carefully

Use this form if your contract was issued in conjunction with the Guaranteed Lifetime Withdrawal Benefit (GLWB) Rider and you wish to elect the Rider's Monthly Required Minimum Distribution Treatment (Monthly RMD) provision.

Monthly RMD will give you the greater of 1/12th of the Rider's Maximum Annual Withdrawal (MAW) Amount or the RMD amount. This ensures that you will always receive at least your RMD amount, but also enables you to take advantage of the MAW amount if it is higher.

To qualify for Monthly RMD:

- Your contract must be tax qualified and subject to the required minimum distribution rules as set by the IRS.
- Your contract must have been active on December 31st of the previous year.
- You must have attained age 72 by the end of the calendar year.

Important notes about the Rider's Monthly RMD provision:

- The provision must be elected prior to January 25th of any year after you meet the qualifications and the withdrawal must begin that January.
- Once the provision is elected, the withdrawal will take place on the same day every month and cannot be changed.
- Amounts less than \$500 must be paid by Electronic Funds Transfer (EFT) to your checking or savings account (not applicable to custodial contracts).
- Once you begin receiving withdrawals under the provision, these withdrawals cannot be terminated except upon death.
- If you are currently receiving an RMD payout for this contract, that payout will terminate and this monthly withdrawal will take its place.

You may, by notice to AuguStar, elect not to take one or more monthly withdrawals, but, if you do not take a withdrawal in a month, you may not make up that withdrawal without it being considered an excess withdrawal under the GLWB Rider. Any additional withdrawal in any contract year after you have elected Monthly RMD treatment will be considered an excess withdrawal.

Section 1: Program Election

I have read the above information and understand that, by signing this form, I am requesting automatic Monthly RMD treatment under my GLWB Rider. I would like to begin my withdrawal on the date indicated below. Please note, if no date is indicated or the request is received after the requested start date, the payout will begin as soon as possible and continue on the same day of the month for the lifetime of the withdrawal.

Please begin my GLWB RMD Elections on January _____ (must be between the 1st and the 25th of the month)

Section 2a: Federal 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%)

Section 2b: State Taxation

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.

- I DO NOT want to have state income tax withheld from this payment.
- I DO want to have _____% state income tax withheld from this payment (must be less than 100%)

Other federal or state mandatory withholding rules may apply to your withdrawal.

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.

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.

- I elect to have my systematic withdrawal directly deposited to my checking or savings account via EFT. You are hereby authorized and directed to pay to:*

- Type of account:** Checking (please attach a 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

For credit to my/our account all funds payable by AuguStar Life Insurance Company (hereafter referred to as AuguStar) representing payment requested from my/our above-referenced contract(s).

This authority is to remain in full force and effect until AuguStar has received notification at our home office in Cincinnati, OH from me/us of the termination of this agreement in such time and manner as to afford AuguStar and the Financial Institution reasonable opportunity to act on it.

I/We authorize the Financial Institution named above to reimburse AuguStar, from this or any other account I/we may hold in such institution, for any payment received by the Financial Institution to which I/we was/were not entitled due to death prior to the due date of the payment.

I/We understand that AuguStar is relying on the information that I/we provided on this form, and further understand that AuguStar will not be liable for any losses or charges due to incorrect, outdated or incomplete information that has been provided on this form.

The undersigned hereby consents to the provisions contained 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 is unable to pay or direct deposit to a third-party account.

**If you are signing pursuant to a power of attorney, guardian, or conservator, you must indicate this after the signature (e.g., Attorney-in-Fact, Guardian, Conservator, etc.)

*****Certification:** 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 The AuguStarSM Life Insurance Company, 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's actions in making the change requested above and release the same from any liability arising from the execution of this transaction.