

REQUIRED MINIMUM DISTRIBUTION SYSTEMATIC WITHDRAWAL PLAN FOR VARIABLE ANNUITIES

A. TELL US ABOUT YOURSELF (Please print or type)

Contract Number _____ Owner's Name _____
Owner's Birth Date _____ Daytime Phone Number _____
Owner's Address _____
Owner's Social Security Number _____ OR Owner's Employer Identification Number _____

B. WHO WOULD BENEFIT FROM THE REQUIRED MINIMUM DISTRIBUTION (RMD) SYSTEMATIC WITHDRAWAL PLAN?

The Required Minimum Distribution Systematic Withdrawal Plan can be used by individuals participating in a Tax Sheltered Annuity (TSA), Individual Retirement Annuity (IRA) or Simplified Employee Pension (SEP). Such individuals may want to take advantage of the Company's automatic withdrawal plan in order to satisfy minimum distribution requirements.

C. PLEASE READ BEFORE COMPLETING THIS FORM

- Participation in the RMD Systematic Withdrawal Plan will terminate on the earliest of the following events:
 - The subaccount value in a subaccount from which partial withdrawals are being made becomes zero.
 - The owner requests the RMD Systematic Withdrawal Plan cease.
 - The annuity date of the contract has been reached.
- Any additional withdrawals requested by you will reduce your RMD payments for that given year.
- A withdrawal that would reduce the surrender value to less than \$2,000.00 will be treated as a full surrender.

D. TO TERMINATE AN EXISTING SYSTEMATIC WITHDRAWAL PLAN

I would like to terminate my RMD Systematic Withdrawal Plan. I understand that the termination of this withdrawal program may result in a taxable event. (You should discuss this with your tax advisor.)

E. TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify that:

- I am a U.S. person (including a U.S. resident alien), and
- I am not subject to backup withholding because: (a) I am exempt from backup, 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
- The number shown on this form is my correct taxpayer identification number, and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (Not Applicable)

Instructions: You must cross out item 2 above 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.

F. METHOD OF CALCULATING YOUR RMD AMOUNT

On January 12, 2001, the IRS issued new proposed RMD regulations. Based on these regulations, CMFG Life Insurance Company will calculate your RMD amount each year by using your previous 12/31 year-end value divided by your life expectancy and the life expectancy of an individual assumed to be 10 years younger.

Exception: If you have a spouse who is more than 10 years younger than you and is your sole Primary Beneficiary, we can calculate your RMD based on your age and the true age of your spouse instead of an individual only 10 years younger. This calculation will produce an even smaller RMD amount than the calculation above. If you qualify for this exception, please complete the spousal information below. Otherwise, leave this section blank.

Name of Spouse _____

Spouse Social Security Number _____ Spouse Birth Date _____

Note: If you make a change to your beneficiary designation in the future, please notify us immediately. Your RMD calculation will need to be adjusted.

G. SELECT THE SUBACCOUNTS FOR THE WITHDRAWAL

Please indicate by percentage the RMD amount that is to be withdrawn from the various subaccounts. The percentages must be specified in whole percentages and total 100%. A withdrawal may impact your guaranteed death benefit or benefits provided by the Guaranteed Withdrawal Benefit Rider (GLWB/GMWB) or Guaranteed Minimum Accumulation Benefit Rider (GMAB).

_____ % Conservative Allocation	_____ % Mutual Global Discovery VIP IV
_____ % Moderate Allocation	_____ % Oppenheimer Main St/VA Svc
_____ % Aggressive Allocation	_____ % Oppenheimer Main Street Small Cap/VA Svc
_____ % Vanguard VIF Money Market	_____ % Oppenheimer Intl Growth/VA Svc
_____ % Diversified Income	_____ % Invesco VI Growth & Income
_____ % Core Bond	_____ % Invesco VI Mid Cap Growth
_____ % High Income	_____ % Invesco VI Government Securities***
_____ % Large Cap Value	_____ % Invesco VI Global Real Estate
_____ % Large Cap Growth	_____ % BlackRock Global Allocation VI****
_____ % Mid Cap	_____ % Strategic Income*
_____ % International Stock	_____ % T Rowe Price International Stock*
_____ % PIMCO VIT Total Return	_____ % Oppenheimer Global Strategic Income*
_____ % PIMCO VIT Global Bond Unhedged	_____ % Developing Markets*
_____ % PIMCO VIT CommodityRealReturn	_____ % _____ Year Guarantee/Fixed Period**
_____ % Franklin Income VIP IV	_____ % Other _____

* Only available on MEMBERS® Variable Annuity I contracts.

** Not applicable to MEMBERS® Choice Variable Annuity contracts. (If a subaccount or guarantee/amount has insufficient value to follow instructions, fund will be withdrawn on a pro rata basis from all subaccounts and/or guarantee/amount period. If applicable, the foundation account will be excluded unless all other subaccounts are depleted.)

*** Only available for MEMBERS® Variable Annuity III contracts.

**** Only available for MEMBERS® Variable Annuity III contracts issued on or after May 1, 2009.

H. SELECT A PAYMENT FREQUENCY

I would like my withdrawals made under one of the following payment frequencies:

Monthly Quarterly Semiannually Annually

I. SELECT A START DATE

I would like my **first** withdrawal made on _____ ◀ To ensure processing occurs within the calendar year, please select any day of the month prior to the 25th.
Month/Day/Year

If a date is not selected, my first withdrawal will be made upon receipt of this form at the Home Office of the Company. If the date falls on a weekend or holiday, the withdrawal will be made on the following business day.

J. INCOME TAX WITHHOLDING

Notice of Withholding. This distribution you are requesting is **subject to mandatory federal income tax withholding (and state withholding in some states) unless you elect not to have withholding apply.** Withholding only applies to the taxable portion of your distribution. If the taxable portion is unknown, withholding will apply to the gross amount of the payment. This may result in excess withholding on the payment. If an election is not made, the applicable federal income tax (and state income tax if required by your state) will be withheld. If you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax and you may incur penalties under the estimated tax rules if your withholding and estimated tax payments are insufficient.

Election: Please check the appropriate box. **IF NO ELECTION IS MADE, WITHHOLDING WILL APPLY** (see paragraph above).

I do not want to have Federal or state income tax withheld from this distribution.

Withhold the amount as provided in the income tax withholding guidelines.

Note: If no election is made in this section, withholding will apply.

K. ELECTRONIC FUNDS TRANSFER AGREEMENT (EFT)
NOTE: COMPLETION OF THIS SECTION IS REQUIRED.

Please complete the financial institution information below. For your convenience, we will retain your account information provided to automatically credit your account approximately two business days after the withdrawal date.

Please attach a voided check so we may obtain the correct settlement account numbers.

_____			_____		
Financial Institution			Account Number		
_____			_____		
Address			Routing & Transit Number		
_____			_____		
City	State	ZIP Code			

Check one: Checking/Share Draft Account
 Savings/Share Account

L. PLEASE SIGN BELOW

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding as mentioned in Section E above.

I accept the terms and conditions contained on this form. I understand that it is my responsibility to consult with my personal tax advisor regarding the tax consequences of the above withdrawals. Furthermore, I will not hold the Company liable for any direct or indirect damage or loss including (without limitation) taxes suffered or incurred by me or my beneficiary(ies) as a result of those matters.

_____		_____	
Owner's Signature		Irrevocable Beneficiary(ies) Signature, if any	

Date			