



800-927-2547
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catholicfinanciallife.org

PART 1. 2020 RMD WAIVER ELECTION

To be completed by the IRA owner to waive automatic RMD payout not yet received in 2020.

Annuitant: _____ Certificate Number: _____

Waive automatic RMD payout in 2020 that IRA [CFL/DOH] has not distributed prior to the receipt of this form.

PART 2. SIGNATURE

Sign, date and return this form only if you are requesting a waiver of your automatic RMD payout in 2020.

I authorize the waiver of my 2020 RMD described in Part 1 above. I understand that my waiver will not be effective until it is processed by Catholic Financial Life. **I understand that my automatic RMD payout will resume in 2021.**

Print Full Name: _____

Social Security Number: _____

X

Signature of IRA Owner

Date (mm/dd/yyyy)