



## REQUEST FOR REISSUANCE OF FORM 1099-R

DATE OF REQUEST:		YEAR(S) REQUESTED:	
ANNUITANT:		SOCIAL SECURITY NO:	
ADDRESS:		PHONE NO:	
REASON(S) FOR REISSUANCE:			
SIGNATURE OF ANNUITANT:			

**\*\*\*NOTE: Reissued Form 1099-R will be made available 3 business days following the date of request. A \$2.00 reissuance fee will be charged.**



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