

IRA DISTRIBUTION REQUEST

PLEASE READ THE ATTACHED INSTRUCTIONS

USE OF THIS FORM WILL RESULT IN A REPORTABLE DISTRIBUTION TO THE INTERNAL REVENUE SERVICE AND STATE TAX AUTHORITIES, AS REQUIRED.

I. PARTICIPANT INFORMATION (Complete all sections)

NAME (Please print): _____

ACCOUNT NUMBER: —

STATE OF RESIDENCE: (For state tax purposes.)

II. REQUEST REASON (Select just one reason for One-Time Asset Movements or Periodic Instructions only)

Note: Do not use this form to request a trustee-to-trustee transfer of assets to another IRA. See instructions for further information.

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| <p>A. <input type="checkbox"/> NORMAL (Age 59½ and older, for RMD if applicable)</p> <p>B. <input type="checkbox"/> EARLY (Under Age 59½ —no known exceptions)</p> <p>C. <input type="checkbox"/> ROTH IRA (Use for all Roth distributions)</p> <p>D. <input type="checkbox"/> SIMPLE IRA EARLY (Use if "2 year rule" not satisfied)</p> <p>E. <input type="checkbox"/> SUBSTANTIALLY EQUAL SERIES (As defined in IRC Section 72(t))</p> <p>F. <input type="checkbox"/> PERMANENT DISABILITY (Within the meaning of IRC Section 72(m)(7))</p> <p>G. <input type="checkbox"/> EDUCATION SAVINGS ACCOUNT (No tax withholding—see instructions)</p> <p>H. <input type="checkbox"/> DUE TO DEATH FROM INHERITED/BENEFICIARY ACCOUNT</p> | <p>I. <input type="checkbox"/> DIRECT ROLLOVER TO A QUALIFIED RETIREMENT PLAN, 403(B) OR 457(B) GOVERNMENTAL PLANS. (Letter of Acceptance Required.) See instructions for when this option applies.</p> <p>J. <input type="checkbox"/> RETURN OF EXCESS CONTRIBUTION FOR TAX YEAR _____</p> <p>1. Is excess being removed prior to the tax return due date, including extensions?
<input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2. Specify excess amount, month, day, and year contribution was made:
\$ _____ / _____ / _____</p> <p>3. Earnings accrued on excess contribution \$ _____ (See instructions)</p> |
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III. TRANSACTION TYPE (Select one distribution method)

- A. **TOTAL DISTRIBUTION** (Select one—account will be closed.)
1. Total distribution of the entire account
 2. Total distribution of the entire account in cash (Please arrange to have your investment professional liquidate all assets.)
- B. **ONE-TIME DISTRIBUTION**
1. Payment in the amount of \$ _____
 2. In-kind distribution of securities via Account Transfer (Indicate description and quantity.)
- | DESCRIPTION | QUANTITY |
|-------------|----------|
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- C. **PERIODIC INSTRUCTIONS** (Please complete for scheduled checks, ACH and journals.) **NOTE:** ACH Authorization form and voided check required for ACH
1. **SELECT ONE:** New request Change of instructions
 2. **SELECT ONE:** Semi-Monthly Monthly Quarterly Semi-Annually Annually
Beginning Date: ____/____/____ End Date (optional): ____/____/____
 3. Principal payment in the amount of \$ _____
 4. Income (dividends and capital gains) and interest
 5. Required Minimum Distribution (Scheduled RMD) ****NOTE**** By checking this box, you agree to a "supplemental" distribution (up to the available cash in your account) to meet the RMD amount if the account's RMD obligations for the year has not been met by the last day of the year. For this purpose, we will add all scheduled and one-time distributions taken during the year when determining if the RMD has been met.



IRA-100 DIST

IV. TAX WITHHOLDING ELECTION (Rates are subject to change without notice)

A. FEDERAL INCOME TAX WITHHOLDING (Select one): *If either an election is not made below, or you are a U.S. Person sending a distribution abroad, we will withhold 10 percent of the gross distribution amount. A minimum of 10 percent must be withheld if a specific percentage or dollar amount is provided. State income tax withholding may be required when you elect federal income tax withholding.*

- Do **NOT** withhold federal income tax from the gross distribution amount (Not applicable to distributions subject to mandatory withholding).
- Withhold federal income tax from the gross distribution amount at the rate of 10% .
- Withhold _____ % or \$ _____ of federal income tax from the gross distribution amount. Dollar amounts selection only available for pay principal distributions. (must be at least 10%).

B. STATE INCOME TAX WITHHOLDING (Select one): *If an election is not made, we will withhold from your distribution according to your state of residence requirement. The minimum state of residence requirement must be withheld if a specific percentage or dollar amount is provided. For states with voluntary withholding, no withholding will apply if a percentage or dollar amount is not specified.*

- Do **NOT** withhold state income tax from the distribution. (Not applicable to all states.)
- Withhold state income tax from the distribution according to the requirements as outlined in Pershing's IRA Tax Withholding Instructions.
- Withhold _____ % or \$ _____ of state income tax.

C. NONRESIDENT ALIEN TAX WITHHOLDING (Select one): *If you are a Nonresident alien, mandatory withholding may apply. A minimum of 30% NRA tax will be withheld unless you have submitted a W-8BEN form claiming a reduced treaty rate. You may elect a higher rate of withholding below. Please see form instructions for details.*

- Do **NOT** withhold nonresident alien tax from the distribution. (I have submitted a W-8BEN claiming a zero treaty rate.)
- Withhold nonresident alien tax from the gross distribution amount at the rate of 30%.
- Withhold _____ % or \$ _____ of NRA taxes.

*** For distribution of assets other than cash, tax withholding can only be a % and not a dollar amount.**

V. METHOD OF DELIVERY

Leave blank for delivery of a check or security certificate(s) in the account owner's name (a.k.a. first-party). These items are mailed to the address of record.

A. **ALTERNATE PAYEE NAME and/or ADDRESS (a.k.a third-party) for CHECK OR SECURITY:** _____

B. **ACH (Note: ACH Authorization form and voided check required for ACH.)**

C. **JOURNAL ENTRY TO THE FOLLOWING PERSHING ACCOUNT:**

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D. **OVERNIGHT CHECK DELIVERY** (Not available for periodic or standing instructions. Fees will be assessed.)

SATURDAY CHECK DELIVERY (Not available for periodic or standing instructions. Fees will be assessed.)

E. **FEDERAL FUND WIRE** (Not available for periodic instructions. Fees will be assessed.)

ABA NUMBER (required): _____

DDA/ACCOUNT NUMBER: _____

BANK NAME: _____

CITY, STATE: _____

BRANCH INFORMATION: _____

SECOND BANK INFORMATION (if necessary): _____

FURTHER CREDIT TO INTERMEDIARY NAME AND NUMBER: _____

ULTIMATE BENEFICIARY NAME (required for 3rd parties): _____

VI. STANDING INSTRUCTIONS

Select one or both of the box(es) below if you would like to establish standing instructions for all future on-demand payments.

- TAX WITHHOLDING** (as noted in section 4 above)
- METHOD OF DELIVERY** (as noted in section 5 above)

VII. FEES (optional)

Charge applicable fees to the following non-retirement Pershing account number:

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VIII. SIGNATURE (This request cannot be processed without your signature)

By signing, you attest to having read and agreed to Section VIII of the instructions.

SIGNATURE: _____ **DATE:** _____