

IRA DISTRIBUTION REQUEST

PLEASE READ THE ATTACHED INSTRUCTIONS.

I. PARTICIPANT INFORMATION (Complete all sections.)

NAME (Please print): _____

ACCOUNT NUMBER: _____ - _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DATE OF BIRTH: _____

STATE OF RESIDENCE: _____ (For state tax purposes.)

II. TYPE OF DISTRIBUTION (Select one type.)

- A. NORMAL (Age 59½ and older)
- B. EARLY (Under age 59½—no known exceptions)
- C. SUBSTANTIALLY EQUAL SERIES
- D. RETURN OF EXCESS CONTRIBUTION FOR TAX YEAR _____
- Specify excess amount, month, day, and year contribution was made:
\$ _____
 - Earnings accrued on excess contribution \$ _____
 - Is excess being removed prior to the tax return due date, including extensions?
 YES NO
- E. DUE TO DEATH FROM INHERITED/BENEFICIARY IRA
- F. PERMANENT DISABILITY
- G. DIRECT ROLLOVER TO A QUALIFIED RETIREMENT PLAN
- H. ROTH IRA
- I. SIMPLE IRA EARLY
- J. EDUCATION SAVINGS ACCOUNT (No tax withholding—see instructions.)

III. DISTRIBUTION METHOD AND TAX WITHHOLDING

Select one distribution method, make a tax withholding election, and then select the delivery method in section IV.

- A. ONE-TIME DISTRIBUTION
- Payment in the amount of \$ _____
 - In-kind distribution of securities (Indicate description and quantity.)
- | DESCRIPTION | QUANTITY |
|-------------|----------|
| _____ | _____ |
| _____ | _____ |
- B. SCHEDULED DISTRIBUTION (Complete applicable items below.)
- SELECT ONE: New request Change of instruction
 - Principal payment in the amount of \$ _____
 - Income (dividends and capital gains) and interest
 - SELECT ONE: Monthly Quarterly Semi-Annually Annually
Beginning: _____
- C. TOTAL DISTRIBUTION (Select one—account will be closed.)
- Total distribution of entire account in cash
(Please arrange to have your investment professional liquidate all assets.)
 - Register and mail securities, and distribute cash
 - Fees enclosed or charge to the following Pershing account:

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

1. FEDERAL INCOME TAX WITHHOLDING (Select one):
(If an election is not made below, we will withhold 10% of the gross distribution amount.)
- Do **NOT** withhold federal income tax from the gross distribution amount.
- Withhold federal income tax from the gross distribution amount at the rate of 10%.
- Withhold _____ % based on the gross distribution amount (must be at least 10%).
- Withhold \$ _____ of federal income tax from the gross distribution amount. (**NOT** available for scheduled distributions.)
- State income tax withholding may be required when you elect federal income tax withholding.
2. 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.)
- Do **NOT** withhold state income tax from the distribution. (Not applicable to all states.)
- Withhold state income tax from the distribution.
- Withhold _____ % based on the distribution amount.
- Withhold \$ _____ of state income tax from the distribution amount. (**NOT** available for scheduled distributions.)

IV. DELIVERY INSTRUCTIONS

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

- A. ALTERNATE PAYEE: _____
(Signature guarantee required.)
- B. ALTERNATE ADDRESS: _____

- C. ACH (For scheduled distributions only. See instructions for paperwork requirements.)
- D. TO THE FOLLOWING PERSHING ACCOUNT:

- E. OVERNIGHT DELIVERY (Fees will be assessed.)
- F. FEDERAL FUND WIRE (Not available for scheduled distributions. Fees will be assessed.)
- ABA NUMBER: _____
- BANK NAME: _____
- CITY, STATE: _____
- ACCOUNT NUMBER: _____
- FOR THE BENEFIT OF: _____
- ACCOUNT NUMBER: _____
- FURTHER CREDIT TO: _____
- ACCOUNT NUMBER: _____

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

Refer to section V of the IRA Distribution Request Instructions.

SIGNATURE: _____ DATE: _____

SIGNATURE GUARANTEE BOX



IRA DISTRIBUTION REQUEST

Use this form to request a distribution of assets from Traditional IRAs, SEP IRAs, SIMPLE IRAs, Roth IRAs, and Education Savings Accounts

PLEASE BE AWARE OF THE FOLLOWING WHEN COMPLETING THIS FORM:

- Use of this form will result in a distribution that is reportable to the Internal Revenue Service (IRS) and, if applicable, the tax authorities in your state
- Read the attached instructions prior to completing the form
- Do not use this form to request a transfer of assets from this account (including transfer due to death of participant or for a divorce decree), a Roth conversion, or to purchase securities for this retirement account
- You are responsible for ensuring that the funds you request are available; this may require asking your investment professional to sell securities in order to make the cash you are requesting available
- Some delivery methods result in fees being applied (as noted in the instructions)—for a schedule of fees, please contact your investment professional
- Please separate the instructions from the distribution request prior to returning the form
- The completed form should be returned to your investment professional or financial organization

IRA DISTRIBUTION REQUEST INSTRUCTIONS

I. PARTICIPANT INFORMATION

Please print your name (First, Middle Initial, Last) and fill in the boxes for account number, Social Security Number, date of birth, and state of residence. Provide the two-letter state abbreviation for state of residence. If payment is being made to an alternate payee and/or address, provide the appropriate information in section IV.

II. TYPE OF DISTRIBUTION (Please see your tax advisor regarding possible taxes and penalties.)

- A. NORMAL**—For clients who are the age of 59½ and older. This includes Required Minimum Distributions (RMDs) from Traditional IRAs, SEPs, and SIMPLE IRAs for clients who are the age of 70½ and older. If you are over 70½, the IRS requires that minimum distributions be taken according to a specific, elected formula. Please verify the method and amount of your RMD calculation with your tax professional.
- B. EARLY**—For clients who are under the age of 59½ and do not qualify for any of the exceptions to tax penalties as defined in IRC Section 72(t); death, disability, or substantially equal series. The distribution may be subject to the early distribution penalty.
- C. SUBSTANTIALLY EQUAL SERIES**—As defined in IRC Section 72(t). Complete if you are under the age of 59½ and are taking distributions as part of substantially equal periodic payments. Premature distribution penalty does not apply. Please consult with your tax professional for more information.
- D. RETURN OF EXCESS CONTRIBUTION**—State the amount and date of the excess contribution(s). Excess contribution(s) plus their earnings must be withdrawn by your tax-filing deadline for the year the deposit was made, plus extensions. Provide the date of contribution and the excess amount. State the earnings separately. Indicate if the request is being submitted prior to your tax return filing date, plus extensions. Excess contributions removed after tax-filing date (including extensions) will be reported as normal or early, depending on the age of the participant and will not include earnings.
- E. DISTRIBUTION DUE TO DEATH**—For distributions that are taken as a result of the death of the IRA owner. The distribution is taken from the inherited/beneficiary IRA.
- F. PERMANENT DISABILITY**—Within the meaning of IRC Section 72(m)(7). Consult your tax professional or employer to determine eligibility.
- G. DIRECT ROLLOVER TO A QUALIFIED RETIREMENT (QRP) PLAN**—For distributions from an IRA that are being rolled back to a qualified plan (QRP, a 403(b) plan, or a 457 plan). An acceptance letter is required from the successor custodian or trustee of the QRP.
- H. ROTH**—For any distributions from a Roth or Roth Conversion Account.
- I. SIMPLE IRA EARLY**—Distribution taken within two years of participation in an employer's SIMPLE IRA plan that does not qualify for tax penalty exceptions.
- J. EDUCATION SAVINGS ACCOUNT**—For any distributions from an Education Savings Account. **DO NOT** elect tax withholding. Education Savings Accounts are exempt from tax withholding.

III. DISTRIBUTION METHOD AND TAX WITHHOLDING

- A. ONE-TIME DISTRIBUTION:**
1. Indicate the dollar amount of the partial distribution.
 2. Indicate the description and quantity of securities that you wish to receive. Please use the security descriptions as they appear on your brokerage account statement.
- B. SCHEDULED DISTRIBUTION**—For recurring distributions on a specified date.
1. Indicate whether this is a new request or a change of an existing instruction.
 2. Provide a dollar amount to receive distributions of a specified amount. Only available funds will be sent on the date you select. You must make arrangements with your investment professional or financial organization to ensure cash is available on scheduled distribution dates.
 3. Income includes: dividends, interest, and mutual fund capital gains.
 4. Select distribution frequency and provide beginning date. If no beginning date is selected, the first day of the month following the month that Pershing receives a complete form, will be selected. If the day selected falls on a nonbusiness day, your payment will be made on the first business day thereafter.

C. TOTAL DISTRIBUTION—This election will close your account.

1. Total distribution of entire account in cash—Select this if you wish to have all assets distributed in cash. Please arrange with your investment professional or financial organization to sell securities.
 2. Total distribution in-kind—Your account will be closed. Your securities will be mailed to you, if possible, along with any remaining cash balance, unless you request them to be moved to the Pershing account indicated in section IV.
 3. Account termination fees may be due for total distributions. You may either pay by check or have the fees deducted from this account or another Pershing account over which you have trading authority. Contact your investment professional or financial organization to obtain a fee schedule.
- D. TAX WITHHOLDING ELECTION**—Rates are subject to change without notice. (NOTE: Education Savings Accounts are exempt from tax withholding.)

We are required to withhold federal income tax (and state income tax depending on your residency) from distributions. You may elect not to have federal income tax withheld by completing this section. In some cases, you may elect not to have state income tax withheld. If no election is made, 10% federal income tax and applicable state income tax will be withheld unless you indicate otherwise. If you select scheduled payments as the distribution method, federal and state income tax withholding must be stated as a percentage. Dollar amount selections are not available for scheduled payments. For requests to have federal income tax withholding in a dollar amount, ensure that the amount is equal to or greater than 10% of the gross distribution amount. Penalties may be incurred under the estimated tax rules if your withholding and/or tax payments are not sufficient for the tax year. Taxes withheld from your distribution in accordance with your instructions will not be reversed. You may revoke your election at any time before the distribution is processed. Your election remains effective until revoked. For additional information regarding federal and state tax withholding, contact your tax professional.

IV. DELIVERY INSTRUCTIONS

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

- A. ALTERNATE PAYEE**—Provide information if a check or securities should be delivered to an alternate payee. For your protection, your investment professional or financial organization will need to provide a signature guarantee in section V for all distributions paid to an alternate payee.
- B. ALTERNATE ADDRESS**—Provide information if a check or securities should be delivered to an alternate address.
- C. ACH**—For scheduled distributions only. An original ACH agreement and preprinted (encoded) voided check must accompany the distribution request. This election will transmit funds directly to your account. No fee will apply.
- D. TO THE FOLLOWING PERSHING ACCOUNT**—To transfer your distribution to another Pershing account. Please provide the receiving account number.
- E. OVERNIGHT DELIVERY**—You may elect to receive the distribution overnight. A fee is assessed for this service. This service is not available for delivery to a P.O. Box address.
- F. FEDERAL FUND WIRE**—A fee is assessed for this service. This service is not available for scheduled distributions.
- **ABA NUMBER**—The bank's code for wiring funds
 - **BANK NAME**—The bank to which the funds are being sent
 - **CITY, STATE**—City and state location of the bank
 - **ACCOUNT NUMBER**—Bank account number to be credited with funds
 - **FOR THE BENEFIT OF**—Name of recipient
 - **FURTHER CREDIT TO, ACCOUNT NUMBER**—If required, ask your bank for specific instructions

V. SIGNATURE (This form cannot be processed without your signature.)

By signing this form, I acknowledge that I have read and understood the Tax Withholding Instructions and the Custodian is not responsible for determining the appropriateness of the distribution and withholding election. Also, my federal and state income tax withholding election is applicable to any subsequent scheduled distributions, until I revoke the election under the procedure established by the Custodian. (A signature guarantee is required for a distribution payable to an alternate payee. Please contact your investment professional or financial organization.)