# IRA/ESA 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.

	P 1. ACCOUNT OWNER INFOR					
To es	tablish a standing tax election a	nd associated delivery in	struction only, please move to	the tax withholding election section.		
Name						
Accou	nt Number		State of Residence (fo	or state tax purposes)		
СТЕ	EP 2. REQUEST REASON					
		stee-to-trustee transfer o	f assets to another IRA. See ins	tructions for further information.		
	ot use this form to purchase an i			tractions for farther information.		
Do no	ot use this form to request a Dire	ect Beneficiary transfer or	r distribution refer to the Benef	iciary Distribution form.		
	Normal — age 59½ and older, i	ncluding RMDs and Qual	ified Charitable Distributions if	applicable		
	<b>Roth Qualified</b> — Age 59 1/2 a	nd older, and account res	sided on Pershing's Platform m	inimum of 5 Years		
	<b>Early</b> — under age 59½, no kno	wn exceptions				
	<b>SIMPLE IRA Early</b> — use if "2 ye	ear rule" and account ow	ner is under age 59½			
	Education Savings Account —	no tax withholding, see ir	nstructions			
	<b>Beneficiary Distribution</b> — from	m an Inherited/beneficia	ry IRA or ESA			
	Direct Rollover to an Eligible Enplans) — Letter of Acceptance			01(k) plans, 403(b) plans, governmental 4	157(b)	
	Return of Excess Contribution for Tax Year — all below must be completed Please note: Return of excess SEP & SIMPLE employer contributions may require a letter of instruction from your employer. Contact your advisor for additional information.) Tax year					
	• Specify excess amount, month	n, day, and year contribut	ion was made: \$			
• If this is a prior-year excess, is this excess being removed prior to the extended tax return due date			urn due date?			
Yes Provide earnings/loss attributable to excess contribution amounts (see instructions) \$				uctions) \$		
	No If no, select Excess aff	ter tax filing deadline in a	sset movement, earnings/loss	does not apply		
STE	EP 3. TRANSACTION TYPE					
	ther gross nor net is selected, gro	oss will become the defa	ult.			
	t" is elected, applicable taxes m					
				ons to provide list of payments with a brea		
	ernate payees, name, address a ustodial IRA account number.	and dollar amount. This a	attachment should be signed b	y the investor, dated and reference the Po	ershing	
	astodiai iiv vaccodiit iidiiiboi.					
	Total Distribution — select one,					
	Total distribution of the enti					
a	Total distribution of the ent assets.	ire account in cash ONL	Y. Please arrange to have your	advisor or financial institution liquidate a	I	
	One-Time Partial Distribution:					
<u></u>	Gross Net					
ĺ	Cash payment in the amoun	t of \$				
	Distribute securities (indicat		d quantity).		_	
Г				OHANTITY	, <b>i</b>	
	SYMBOL	DESCRIPTION	SHARE CLASS	QUANTITY		

Periodic distribution or standing instructions will expire with Periodic distributions must be initiated in principal amount n			ding election.
Periodic Distributions			
Request Type  New request Change of instructions			
Frequency Semi-Monthly Monthly Quarterly Start Date	Semi-Annually	Annu	ally
Start Date			End Date (optional)
retirement assets ON OR AFTER January 1, 2020, this option unless an exception applies. Periodic d the single life expectancy of the original beneficiary	e 73 (Scheduled RI duled RMD from a ARIES WHO INHE you may be subje istributions will be of the IRA. In orde	MD) n Inherite RITED AS ct to the calculate r to calcu	
Decedent's Date of Birth (original owner)			Decedent's Date of Death (original owner)
Original Beneficiary's Date of Birth (for RMD calculation)			Relationship to Decedent (relationship to original owner)

On selling your shares, you may pay a sales charge. For the charge a nitial distribution, instructions must be added eight days prior to the	nd other fees, see the prospectus. If	funds are not available for the
Distribute available CASH only (default if no other method selec	eted)	
Distribute PROPORTIONATELY across cash, money market and	l all eligible mutual funds	
Distribute by specific eligible mutual funds (10 maximum, provi	de all details below):	
FUND NAME	SYMBOL	PERCENTAGE
	Total (must equal 10	0%)

This space intentionally left blank.

# STEP 4. TAX WITHHOLDING ELECTION

Tax withholding does not apply to distributions from an education savings account, Roth qualified distributions, or to direct rollovers from an IRA to an eligible employer sponsored plans.

For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% below. Please ensure that you have sufficient cash available to process. If you elect withholding on a distribution of securities, the value of the securities represents your net amount.

If you are a U.S. Citizen or resident alien receiving an IRA distribution that is delivered outside the United States or its possessions, withholding is required and may not be waived.

State Income tax withholding may be required when you elect federal income tax withholding.

# Federal Income Tax Withholding

# (Form W-4R/OMB No. 1545-0074) Dept. of Treasury, Internal Revenue Service).

Please see form instructions for withholding notice information.

Unless a previous withholding election is in place, or you indicate a different withholding rate below, or you elect not to withhold Federal 10% will be withheld from IDA distribution Vo

	, , ,	•	om your IRA distribution. You can choose to have a different rate by .irs.gov/pub/irs-pdf/fw4r.pdf for the marginal rate tables to help you.			
		hholding rate. The marginal rate tables ar				
		al income tax from the gross distribution a				
		outions subject to mandatory withholding				
	Withhold federal income tax from the gross distribution amount at the rate of 10%.					
	Withhold	% of federal income ta	x from the gross distribution amount.			
	Enter the rate as a whole number (no decimals).					
State	Income Tax Withholding	g				
minir withh	num state of residence r nolding, no withholding w elect federal income tax w	equirement must be withheld if a specification and a specification of the requirement of the second	cording to your state of residence requirement as noted in Step 1. The fic percentage or dollar amount is provided. For states with voluntary t is not specified. State income tax withholding may be required when plicable to all states.)			
	<b>Withhold</b> state income to Tax Withholding Instruc		e requirements as outlined in Pershing's IRA Federal and State Income			
	Withhold	% or \$	of state income tax.			
If sta	nding instructions are sel	ected, the percentage withholding election	n is the only option available.			
lf yoι for a		mandatory withholding may apply. NRA to submitted a W-8BEN form, have a Tax	tax will be withheld at a rate of 30% unless you live in a country eligible dentification Number, and are claiming a reduced treaty rate. Please			
	<b>Do NOT withhold</b> nonres	ident alien tax from the distribution. I hav	ve submitted a W-8BEN claiming a zero treaty rate.			
	Withhold nonresident ali	en tax from the gross distribution amoun	t at the rate of 30%.			
	Withhold	% or \$	of NRA taxes.			

S	TEP 5. METHOD OF DELIVERY						
	alified charitable distributions should be made pay	able to the charit	y. Consult with y	our tax advisor	regarding requirements.		
ام؟	ect a method of delivery. If left blank, delivery will	ha in the form of	a chock and mails	od to the addre	es of record		
	Journal entry to the following Pershing account:		a check and mane	eu to the addre	ss of record.		
	Account Number						
	<b>Deliver</b> check in the name of the account owner	to the address of	record.				
	Alternate payee name and/or address (a.k.a. third-party) for check or security. Tax reporting will still be generated in the name of the IRA owner.					the	
	Name						
	Address						
	City	State			Zip/Postal Code		
	ACH: Use existing instructions on file. If none exi Standing Instruction ID (if multiple instructions are available):		CH Authorizatio	n Form			
	Startan & matter of the articles are a familiary.						
	Overnight check delivery. (Not available for peri	iodic or standing i	nstructions. Fees	will be assesse	ed.)		
	Federal Fund Wire  ABA/Routing Number		DDA/Bank Ultimat	te Beneficiary Acco	unt Number		
				,			
	Bank Name						
			1-		I=		I
	City		State		Zip/Postal Code		
	Second Bank Information (if necessary)						
	Further Credit to Intermediary Name and Number						
	Ultimate Beneficiary Name (required for third parties)  Purpose of Wire (only required if requested )						
	Ultimate Beneficiary Name (required for third parties)		ruipose oi vviie (o	nny required ir requ	esteu )		
S	TEP 6. STANDING INSTRUCTIONS (OPTIONAL)						
Sta	inding instructions will expire within 36 months of	non-use.					
Sel	ect one or both of the box(es) below if you would	like to establish s	tanding instructio	ons for all future	e on-demand payments.	This ma <sup>,</sup>	v allow
	ur financial professional or their firm to request pay						
	Tax Withholding as noted in Step 4 above.						
	<b>Method of Delivery</b> as noted in Step 5 above.						

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

STEP 7. FEES (OPTIONAL)

Account Number

# **STEP 8. SIGNATURE**

I acknowledge that I have read and understood the Tax Withholding instructions and Pershing LLC (Pershing) is not responsible for determining the appropriateness of the distribution and withholding election. Also, my federal, state, and nonresident alien income tax withholding election is applicable to any subsequent distributions, until I revoke the election under the procedure established by Pershing LLC. If I have selected Standing Instructions, inclusive of a withholding election, I acknowledge that this may allow my financial professional or their firm to request distributions on my behalf, if their policies permit. I certify that I have provided Pershing with correct information, and I understand that a distribution or distributions will be made from my Pershing IRA or ESA based on that information, and as a result of this direction, I certify that this distribution request is in accordance with the provisions of the IRA or ESA and satisfies applicable federal and state law requirements. I understand that I am responsible for maintaining sufficient cash or marketable securities in my account to support these distributions. I understand that the distribution is reported to the IRS (and my state of residence, if it requires reporting) for the tax year in which Pershing processes and makes the distribution and there are no exceptions to this policy. I understand this distribution is irrevocable and will be reported to the IRS. I understand that Pershing does not provide tax or legal advice, and that Pershing strongly recommends that I consult my tax or legal advisor prior to completing this request. I hereby indemnify and hold harmless Pershing LLC and its affiliates for any tax consequences of this distribution request, the elections made above, and any future distribution request utilizing these elections. Pershing LLC may rely on my certification without further investigation or inquiry and shall not be liable for any misrepresentation of fact.

I acknowledge that I understand the one-rollover-per-year rollover limitation as defined by § 408(d)(3)(B) of the Internal Revenue Code. I also represent that this distribution request is NOT being used to purchase an investment custodied away from Pershing LLC for this referenced Pershing IRA or ESA. Please speak with your advisor or financial institution about investment eligibility standards.

If I am requesting a distribution instruction for inherited assets that I acquired on or after January 1, 2020, I acknowledge I may be subject to the 10-year distribution rule. Exceptions, including inheritance by spouses, do apply. Due to the complexity of RMD requirements for inherited accounts, I have been advised to speak with a tax professional regarding distribution requirements and the options available.

Upon completion, please return the completed distribution form to your advisor or financial institution. **This request must be processed within 60 days of your signature and date.** You may keep a copy of the instructions for your reference.

IRA Owner/ESA Responsible Individual				
	Print Name	Date		
	Signature			
	V			
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