

IRA DISTRIBUTION FORM

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. ACCOUNT OWNER 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, including RMDs 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 (Including RMDs due to death if applicable)</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 PARTIAL DISTRIBUTION**
1. Cash payment in the amount of \$ _____
 2. Distribute securities via Account Transfer (Indicate symbol, description and quantity)

SYMBOL	DESCRIPTION	SHARE CLASS	QUANTITY

- C. **PERIODIC DISTRIBUTION** (Please complete sections 1- 3 below 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. **SELECT ONE DISTRIBUTION TYPE:**
 - Principal payment in the amount of \$ _____
 - Income (dividends and capital gains) and interest
 - Required Minimum Distribution due to reaching age 70 ½ (Scheduled RMD)

SEE IMPORTANT INFORMATION ABOUT SUPPLEMENTAL DISTRIBUTIONS ON NEXT PAGE



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- Required Minimum Distribution due to death (Scheduled RMD from an Inherited IRA)
SEE IMPORTANT INFORMATION ABOUT SUPPLEMENTAL DISTRIBUTION BELOW. Periodic distributions will be calculated for spouse and non-spouse beneficiaries based on the single life expectancy of the original beneficiary of the IRA. In order to calculate your RMD, please ensure that you have provided your financial professional with the following information, if you have not already done so:

- 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) _____

Your financial professional will add this information to your Account Profile to ensure your RMD is calculated annually.

IMPORTANT INFORMATION ABOUT SUPPLEMENTAL DISTRIBUTION

By selecting the Required Minimum Distribution option, 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. Please consult with your tax advisor to ensure that this calculation will satisfy your RMD.

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 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 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-8 BEN 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. 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. Please ensure that you request a sufficient quantity to cover the withholding.**

V. METHOD OF DELIVERY

Select a method of delivery. If left blank, delivery will be in the form of a check and or securities certificate(s) and mailed to the address of record.

A. DELIVER CHECK OR SECURITY CERTIFICATE(S) IN THE NAME OF THE ACCOUNT OWNER TO THE ADDRESS OF RECORD
(Standing Instruction selection [section VI] is not available for distributions of securities)

B. ALTERNATE PAYEE NAME and/or ADDRESS (a.k.a third-party) for CHECK OR SECURITY
(Note: Tax reporting will still be generated in the name of the IRA owner)
(Standing Instruction selection [section VI] is not available for distributions of securities): _____

C. ACH (Note: Please complete an ACH Authorization Form and attach a voided check)

D. JOURNAL ENTRY TO THE FOLLOWING PERSHING ACCOUNT:

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

Complete the section below:

ABA/ROUTING NUMBER (required): _____

DDA/BANK ACCOUNT NUMBER (required): _____

BANK NAME: _____

CITY, STATE: _____

SECOND BANK INFORMATION (if necessary): _____

FURTHER CREDIT TO INTERMEDIARY NAME AND NUMBER: _____

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

PURPOSE OF WIRE (only required if requested by your financial professional): _____

VI. STANDING INSTRUCTIONS (Optional)

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

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

By signing this form, I acknowledge that I have read and understood the Tax Withholding instructions and 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 scheduled distributions, until I revoke the election under the procedure established by the Custodian. 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 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 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 Pershing does not provide tax or legal advice, and that Pershing strongly recommends that I consult my tax or legal advisor prior to completing and signing this form. I hereby indemnify and hold harmless Pershing LLC and its affiliates for any tax consequences of this distribution request and the elections made above. Pershing LLC may rely on my certification without further investigation or inquiry and shall not be liable for any misrepresentation of fact, this authority is to remain in full force and effect until Pershing has received written notification from of its termination in such time and in such manner as to afford Pershing and my bank/credit union a reasonable opportunity to act on it.

Power of Attorney

If you are signing this form as an active Attorney-In-Fact for the account owner, you are hereby attesting that you have no knowledge of any act pursuant to said Power of Attorney or have received actual notice of the revocation or termination of said Power of Attorney by death, disability, or otherwise, or notice of any facts indicating same. That you agree that you will notify the introducing financial institution of the principal's death, of any termination or revocation of the Power of Attorney, and/or modification of the Power of Attorney; you also agree that, if the Power of Attorney is not durable, then you will notify the introducing financial institution of any incapacity of the principal that would render the Power of Attorney void. The Power of Attorney is in full force and effect.

SIGNATURE: _____ **DATE:** _____