

Premiere Select® IRA One-Time Distribution Request Form

Customer Instructions, Terms and Conditions

The attached form should be used to request a one-time distribution from your Premiere Select Traditional IRA, Roth IRA, Rollover IRA, SEP-IRA, SIMPLE IRA, IRA Beneficiary Distribution Account or Roth IRA Beneficiary Distribution Account ("Premiere Select IRA"). If you wish to request a distribution from more than one Premiere Select IRA, you must complete a separate Premiere Select IRA One-Time Distribution Request Form for each Premiere Select IRA.

Please read these Instructions, Terms and Conditions carefully before completing the attached form. You are responsible for complying with IRS rules governing IRA distributions including required minimum distributions, and substantially equal periodic payments. If you fail to meet any IRS requirements regulating IRA distributions, you may be subject to tax penalties. If you have any questions regarding your specific situation, please consult with your tax advisor.

Distributions made in cash will be paid from the balance of your core money market mutual fund account ("core account"). It is your responsibility to ensure there are sufficient funds available in the core account to process the distribution. For a full distribution, if there are insufficient funds available in the core account, the distribution may not be processed. For a partial distribution, if there are insufficient funds available in the core account, National Financial Services LLC (NFS) will generally attempt to process your requested distribution each day for the next 15 business days. Generally, if there are insufficient funds available in the core account by the expiration of that 15-day period, the distribution will not be processed.

For full distributions, a \$75 liquidation/termination fee and a final year annual maintenance fee, if applicable, as described in your Premiere Select IRA Application or in some other manner acceptable to the Custodian, if applicable, will be collected from the final distribution amount.

If you have any questions, please consult your Broker, Financial Advisor or Investment Professional ("investment representative").

Write your account number in the boxes in the upper right-hand corner of the form.

1 Account Information – Please complete this section as appropriate.

2 Reason for Distribution – Please indicate the reason for this distribution, choosing only one. You may wish to consult with your tax advisor regarding the tax implications associated with each distribution choice.

If you are taking a qualified Roth IRA distribution, your account must meet the IRS requirement of the 5-taxable-year period which begins on the first day of your taxable year for which the first regular contribution is made to any Roth IRA owned by you or, if earlier, the first day of your taxable year in which the first conversion contribution is made to any Roth IRA owned by you.

If you wish to take a death distribution from inherited IRA assets you must first transfer the assets to an IRA Beneficiary Distribution Account or Roth IRA Beneficiary Distribution Account ("IRA-BDA"), as applicable, and then take the death distribution from the IRA-BDA.

If you are a spouse beneficiary and the sole beneficiary, and you wish to transfer an inherited IRA to your own IRA, do not complete this form; you must complete a Premiere Select IRA Transfer Request Form for Spouse Beneficiary, which can be obtained from your investment representative. If you are a spouse beneficiary who has transferred inherited IRA assets to your own IRA and you are required to take the decedent's year of death Required Minimum Distribution (RMD), you may take the RMD directly from your IRA after the transfer has been processed. If you wish to request a transfer pursuant to a divorce or separation of the IRA owner, do not complete this form. Please contact your investment representative for additional instructions.

If you are under age 59½ and are taking distributions from your SIMPLE IRA before the expiration of the two-year period beginning on the date your employer makes the first contribution to your SIMPLE IRA, you may be subject to a 25% penalty.

3 Distribution Instructions – For a distribution other than a Return of Excess Contribution, choose one of the 3 options listed (For a Return of Excess Contribution, please refer to Section 4 below):

Option A. Partial Distribution in Cash The distribution will be paid from the balance in your core account. Please provide a specific gross dollar amount to be distributed and select one payment method in Section 5.

Option B. Partial Distribution In-Kind* Please provide the security name(s) and share/unit amount(s) to be re-registered into your non-retirement brokerage account and provide the account number in Section 5.A. If more space for investment information is needed, please list the information requested on the form along with your name, account number and Tax Identification/Social Security number on a separate sheet of paper, sign and date it and attach it to the form.

Option C. Full Distribution* (Distribution of your entire IRA balance)

- For a full distribution that is to be made in cash from your core account, please select one payment method in Section 5.
- For a full distribution to be made in-kind, please provide your non-retirement brokerage account number in Section 5.A.

***Note:** Certain securities may only be issued in specified denominations.

4 Return of Excess Contribution – (Do not use this form to correct an excess contribution to a SIMPLE IRA. Contact your investment representative for information on how to request a return of excess contribution to a SIMPLE IRA.) If you wish to correct an excess contribution by requesting a return of the excess contribution, plus any applicable earnings, if necessary, please specify the amount of the excess contribution (principal amount) and the amount of the earnings attributable to the excess contribution (earnings amount), if any and the total of these two amounts. Of this total amount, please specify the amount to be paid to you*, if applicable, and the amount to be redeposited as a current year contribution** (total cannot exceed your current year allowable IRA contribution limit), if applicable.

*Payment to you will be made in accordance with the payment method selected in Section 5 and will be reported, less the wire fee, if applicable, on IRS Form 1099-R.

**Any amount to be distributed and then redeposited as a current year contribution will be reported on IRS Form 1099-R (for the distribution) and IRS Form 5498 (for the contribution).

Please also provide the date on which the excess contribution was made, the tax year for which the excess contribution was made, and whether you are requesting the return of excess contribution before or after your tax filing deadline including extensions, for the year in which the excess contribution was made.

Note:

- You may be able to correct contributions to a Roth IRA by recharacterizing your Roth IRA contribution (and its earnings) to another IRA for the same tax year. Please contact your tax advisor and/or investment representative for more information on how to correct an excess Roth IRA contribution via recharacterization.
- If your employer makes a nondeductible contribution to your SEP-IRA, the excess amount is first treated as a regular annual IRA contribution and then to the extent the amount exceeds your annual IRA contribution limit, an excess occurs and can be corrected by requesting a return of excess contribution in this section of the form.
- A return of excess contribution (distribution) is not required if you are correcting the excess contribution by using the carry-over method of re-applying the excess contribution to subsequent tax years until the excess is depleted. Do not complete this form if you choose this option. Please consult your tax advisor or investment representative for more information.
- The amount of an excess contribution that is not distributed to you or applied to a subsequent year contribution by the tax filing deadline, including extensions, for the year in which the contribution was made, is subject to a 6% IRS penalty for each year that it remains in your IRA.
- Any applicable earnings distributed to you should be included as income in the year the contribution was made and may be subject to a 10% IRS early distribution penalty if you are under age 59½.
- If you elect to have federal and/or state income taxes withheld from the distribution, (i) if the distribution is processed prior to your tax filing deadline, including extensions, for the year in which the excess contribution was made, withholding will only apply to the earnings that you specify; (ii) if the distribution is processed after your tax filing deadline, including extensions, for the year in which the excess contribution was made, withholding will apply to the entire amount of the distribution.

Premiere Select® IRA One-Time Distribution Request Form

Customer Instructions, Terms and Conditions

5 Payment Method – If no payment method is selected, your payment will be made by check to your mailing address of record (option B).

A. In-Kind Distribution to your Non-Retirement Brokerage Account If you request a partial or full distribution to be distributed in-kind to your new or existing non-retirement brokerage account, please check this box and provide your account number. An application must be completed to establish a new non-retirement brokerage account.

B. Check to Mailing Address of Record Check will be mailed to the mailing address of record on your IRA.

C. Paid and/or Mailed to an Alternate Payee and/or Address If you want a check paid to a payee other than the Premiere Select IRA owner and/or mailed to an address other than the mailing address of record, check this box and provide complete alternative payee and/or alternative address information.

If you wish to have your check mailed to you via overnight delivery (available for payment methods B & C only), please provide the carrier's name and the billing number. If this information is not provided or is not in good order, your check will be sent via regular mail.

D. Directly Deposited to your Bank or Credit Union Account, Using Electronic Funds Transfer (EFT) If you would like the distribution to be deposited directly to your bank or credit union account via EFT you must have EFT instructions on your account. If your account is not currently set up for EFT, please note that it will take up to 14 days to establish EFT instructions. To add EFT instructions, complete the **Bank Information** section or attach a voided check. Once EFT is established, please allow 2-3 days after the date the distribution is processed for funds to reach your bank or credit union. In order to send your distribution via EFT the recipient bank must be a member of the Automated Clearing House.

E. Wired to your Bank Account To request a distribution to be paid by wire, check this box and complete the **Bank Information** section or attach a voided check. In order to send your distribution via wire, the recipient institution must be a member of the Federal Reserve System.

A wire processing fee of \$15 will be deducted from the distribution amount indicated on this form, and will affect your reported distribution amount. For example, if you request a distribution of \$1,000, both the distribution amount wired to your bank account and the distribution amount reported on IRS Form 1099-R will be \$985. Your bank may also charge a fee for receipt.

F. Direct Rollover to an Employer-Sponsored Retirement Plan To request a direct rollover of an eligible rollover distribution to an employer-sponsored retirement plan, check this box and provide the name and address of the Trustee/Custodian of the employer-sponsored retirement plan. The distribution check will be issued payable to the Trustee/Custodian and mailed to the address provided.

6 Notice of Withholding

Please read carefully before completing the Withholding Election section of the form.

Your IRA distributions, other than Roth IRA distributions, are subject to federal (and in some cases, state) income tax withholding unless you elect not to have withholding apply. Withholding will apply to the gross amount of each distribution, even if you have made non-deductible contributions. Moreover, failure to provide a U.S. residential address will result in 10% federal income tax withholding (and possible state income tax withholding) on the distribution proceeds even if you have elected not to have tax withheld (an IRS requirement as applicable). A Post Office Box does not qualify as a residential address.

If you elect to have withholding apply (by indicating so on the distribution request form, by making no choice, or by not providing a U.S. residential address), federal income tax will be withheld from your IRA distribution(s) (excluding Roth IRA distributions) at a rate of at least ten percent (10%). Federal income tax will not be withheld from distributions from a Roth IRA unless you elect to have such tax withheld.

If federal income tax is withheld from your distribution, state income taxes may also be withheld regardless of your election. See below for your state's withholding rules. Your state of residence will determine your state income tax withholding requirements, if any. Your state of residence is determined by your legal address of record provided for your IRA.

Residents of IA, KS, MA, ME, OK, and VT: If federal income tax is withheld, state income tax of at least your state's minimum requirements must be withheld in addition to federal income tax withholding at the time of your distribution. If you elect out of federal income tax withholding, state income tax will not be withheld unless you indicate otherwise.

Residents of CA, DE, NC, and OR: If federal income tax is withheld, state income tax of at least your state's minimum requirements must be withheld in addition to federal income tax withholding at the time of your distribution unless you elect not to have state income taxes withheld.

Residents of AK, FL, HI, MS, NH, NV, SD, TN, TX, WA, and WY: State income tax withholding is not available on your IRA distributions. Please consult your tax advisor, state agency, or investment representative for more information.

Residents of all other states and the District of Columbia: You are not subject to mandatory state income tax withholding; however, you may elect voluntary state income tax withholding in a percentage. If you elect to have state income taxes withheld and your state provides a minimum amount or percentage for withholding, you must elect a percentage that is not less than your state's minimum withholding requirements. If the percentage you elect for withholding is less than your state's minimum withholding requirements, your state's minimum amount or percentage will be withheld.

Whether or not you elect to have federal, and if applicable, state income tax withheld, you are still responsible for the full payment of federal income tax, any state tax or local taxes, and any penalties which may apply to your distribution(s). Whether or not you elect to have withholding apply (by indicating so on the distribution form), you may be responsible for payment of estimated taxes. You may incur penalties under the IRS and applicable state tax rules if your estimated tax payments are not sufficient.

If you are not a U.S. person (including a U.S. resident alien), you must submit IRS Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding, with the distribution request form to claim tax treaty benefits, if applicable. To obtain Form W-8BEN, please consult your tax advisor or go to the IRS Website at <http://www.irs.gov>.

7 Signature

Before signing the distribution form, please carefully read the **Premiere Select IRA Custodial Agreement and Disclosure Statement or Premiere Select Roth IRA Custodial Agreement and Disclosure Statement or Premiere Select SIMPLE IRA Custodial Agreement and Disclosure Statement**, as applicable, as well as all sections of the **Premiere Select IRA One-Time Distribution Request Form** and attached **Customer Instructions, Terms and Conditions**. This distribution form is part of a legal agreement between you and NFS and by signing Section 7, you are agreeing to be bound by the terms and conditions contained in the above mentioned documents. Please also print the current date neatly in block letters in the space provided.

Please Note: Your signature must be guaranteed for a distribution amount of \$100,000 or more, (i) if your distribution is being made using Electronic Funds Transfer or via a Bank Wire, (ii) if you have requested a distribution to be sent to an address other than the one on record, (iii) if you have requested a distribution to be paid to an alternate payee, or (iv) if your distribution is to be deposited into a non-retirement brokerage account that is registered other than in your name only. Please see below for a definition of eligible Signature Guarantors.

A signature guarantee may be executed by any "eligible guarantor." Eligible guarantors include Commercial Banks, Trust Companies, Savings Associations and Credit Unions as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange. You should verify with the institution that they are an acceptable (eligible) guarantor prior to signing. A guarantee from a Notary Public is not acceptable.

Detach the completed distribution request form and return it to your investment representative.

-

[illegible]

Please read the attached Customer Instructions, Terms and Conditions before completing this form.

Account Holder Name _____

--

--

--

1

					-				
--	--	--	--	--	---	--	--	--	--

$$\boxed{}\boxed{}\boxed{} - \boxed{}\boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}$$

--	--	--	--	--	--	--	--	--

□ □ - □ □ - □ □ □ □

<input type="checkbox"/>	Normal; I am at least 59½	<input type="checkbox"/>	Substantially Equal Periodic Payments (SEPPs); I am under the age of 59½ and will continue this distribution schedule for the greater of five years or until I reach age 59½.	<input type="checkbox"/>	Rollover from an IRA to an employer-sponsored retirement plan
<input type="checkbox"/>	Premature; I am under the age of 59½ (includes qualified first-time home purchases and distributions for qualified higher education expenses).	<input type="checkbox"/>	Return of Excess Contribution(s)	<input type="checkbox"/>	Disability; I am disabled and under the age of 59½
		<input type="checkbox"/>		<input type="checkbox"/>	Death Distribution

☐ A. Partial Distribution in Cash Amount \$ _____.

Be sure to consider the effect of any fees due that are associated with the payment method selected in Section 5.

Provide the security name(s) and share/unit amount(s) for the security position(s) to be distributed in-kind.

--	--	--	--	--	--	--	--	--

--	--	--	--	--

--	--	--	--	--	--	--	--	--

--	--	--	--	--

--	--	--	--	--	--	--	--	--

□ □ □ □ □

☐ **C. Full Distribution** (Please distribute my entire IRA balance.)

Date on which excess contribution was made: --

--	--	--	--

I am requesting this return of excess contribution: ☐ Before my tax filing deadline ☐ After my tax filing deadline

Distribute the following excess contribution amount and attributable earnings, if any:

Distribute the following excess contribution amount and attributable earnings, if any.

Principal amount \$ [] [] [] [] . [] [] + Earnings amount \$ [] [] [] [] . [] [] = \$ [] [] [] [] . [] [] Total (principal + earnings)

Of the total amount above, \$. is to be distributed to me and \$. is to be distributed and then redeposited as a current year contribution (cannot exceed your allowable current year contribution amount).

Account Number -

5 Payment Method – Choose One:

☐ **A. In-kind distribution to my non-retirement brokerage account number** -

(Signature Guarantee required in Section 7 for distribution amounts of \$100,000 or more if this account is registered other than in your name only)

☐ **B. Check to my mailing address of record***

☐ **C. Check paid and/or mailed to an alternate payee and/or address** (Signature Guarantee required in Section 7 for distribution amounts of \$100,000 or more.)*

Alternate Payee Name (if applicable)

Street Address

City

State

Zip/Postal Code

*Distribution check will be sent via regular mail unless you provide accurate overnight delivery instructions below.

☐ Send my check to me via overnight delivery

Carrier Name

Billing Number

☐ **D. Directly deposited to my bank or credit union account, using Electronic Funds Transfer (EFT)** (Signature Guarantee required in Section 7 for distribution amounts of \$100,000 or more.) Please provide your Bank Information below or attach a voided check.

☐ **E. Wired to my bank account** Provide your Bank Information below or attach a voided check. (Signature Guarantee required in Section 7 for distribution amounts of \$100,000 or more.) A wire fee of \$15.00 will be deducted from your distribution amount and will impact your tax reporting. See the Customer Instructions, Terms and Conditions for additional information.

Bank Information - For wires, please verify the appropriate wire instructions with your Bank.

Type of Account: ☐ Checking ☐ Savings (non-passbook) ☐ NOW/MMDA

Bank Name

Your Bank's
Routing Number

Your Bank
Account Number

Your Name as it Appears on Your Bank Account

☐ **F. Direct Rollover to an employer-sponsored retirement plan** (Signature Guarantee required in Section 7 for distribution amounts of \$100,000 or more.) Please provide complete payee and address information below.

Plan Name

C/O Plan Administrator Name

Street Address

City

State

Zip/Postal Code

Account Number

 -

6 Withholding Election

Please carefully read the **Notice of Withholding** in the attached **Customer Instructions, Terms and Conditions** before completing this section. Your withholding election will apply to this distribution only.

Note: If you are not a U.S. person (including a U.S. resident alien) DO NOT complete this section.

Federal Income Tax Withholding – If you do not make an election below, federal income tax will be withheld from your IRA distribution (excluding Roth IRA distributions) at a rate of 10%.

☐ I **DO NOT** want to have federal income tax withheld from my IRA distribution.

☐ I **want** to have federal income tax withheld from my IRA distribution at the rate of % (insert whole percentage).
If you select a percentage of less than 10%, we will withhold 10%.

State Income Tax Withholding – Do not complete this section if you are a resident of AK, FL, HI, MS, NH, NV SD, TN, TX, WA, or WY

☐ I **DO NOT** want state income taxes withheld. (For residents of CA, DE, NC, and OR, you must check this box if federal income taxes are being withheld and you do not want state income taxes withheld.)

☐ I **want** to have state income taxes withheld from my IRA distribution in accordance with the minimum amount or percentage, if any, as determined by the requirements of my state of residence. Note: If your state does not provide a minimum amount or percentage for withholding and you do not provide a percentage below, state income taxes will not be withheld from your distribution.

☐ I **want** to have % (insert whole percentage) withheld from my IRA distribution for state income taxes.

Note: If you elect to have state income taxes withheld from your IRA distribution in a percentage that is less than your state's minimum withholding requirements, your state's minimum amount or percentage will be withheld.

7 Signature – Please check to make sure you have completed all appropriate sections of this form, then sign and date below.

I authorize and request National Financial Services LLC ("NFS") to make the above distribution from my Premiere Select IRA indicated above. I have carefully read, fully understand, and agree to comply with the **Customer Instructions, Terms and Conditions** including the **Notice of Withholding** attached to this **Premiere Select IRA One-Time Distribution Request Form**.

I hereby certify under penalties of perjury that if I am a U.S. person (including a U.S. resident alien) the number shown in Section 1 of this form is my correct taxpayer identification (or Social Security) number. If I am not a U.S. person (including a U.S. resident alien), I have attached IRS Form W-8BEN with this **Premiere Select IRA One-Time Distribution Request Form** and included my U.S. taxpayer identification (or Social Security) number in order to claim tax treaty benefits, if applicable.

If I am taking SEPPs, I hereby certify that I will comply with all IRS rules with regard to SEPPs including restrictions on any addition(s) to the account balance, any non-taxable transfer of a portion of the account balance to another retirement plan, or subsequent rollover of a SEPP distribution amount. I understand that NFS may review my account for certain transactions prior to reporting distributions to the IRS.

I indemnify the Custodian of my Premiere Select IRA and NFS and their agent(s), successors, affiliates, and employees from any liability in the event that I fail to meet the IRS requirements regarding distributions from my Premiere Select Traditional IRA, Rollover IRA, Roth IRA, SEP-IRA, SIMPLE IRA, IRA Beneficiary Distribution Account, or Roth IRA Beneficiary Distribution Account as applicable.

IRA Owner

OR

Authorized Signator Signature

Signature Guarantee Stamp

Date

Date