

# 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.**

## STEP 1. ACCOUNT OWNER INFORMATION

To establish a standing tax election and associated delivery instruction only, please move to the tax withholding election section.

Name	
Account Number	State of Residence (for state tax purposes)

## STEP 2. REQUEST REASON

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

Do not use this form to purchase an investment within your account.

Do not use this form to request a Direct Beneficiary transfer or distribution refer to the Beneficiary Distribution form.

- Normal** — age 59½ and older, including RMDs and Qualified Charitable Distributions if applicable
- Roth Qualified** — Age 59 1/2 and older, and account resided on Pershing's Platform minimum of 5 Years
- Early** — under age 59½, no known exceptions
- SIMPLE IRA Early** — use if "2 year rule" and account owner is under age 59½
- Education Savings Account** — no tax withholding, see instructions
- Beneficiary Distribution** — from an Inherited/beneficiary IRA or ESA
- Direct Rollover to an Eligible Employer-Sponsored Plan (e.g. 401(a) qualified plans, 401(k) plans, 403(b) plans, governmental 457(b) plans)** — Letter of Acceptance required from receiving employer plan, see instructions for more details
- 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, day, and year contribution was made: \$ \_\_\_\_\_
  - If this is a prior-year excess, is this excess being removed prior to the extended tax return due date?
    - Yes Provide earnings/loss attributable to excess contribution amounts (see instructions) \$ \_\_\_\_\_
    - No If no, select Excess after tax filing deadline in asset movement, earnings/loss does not apply

## STEP 3. TRANSACTION TYPE

If neither gross nor net is selected, gross will become the default.

If "net" is elected, applicable taxes must be available in cash.

Attach LOA if distributing more than 2 positions or for multiple qualified charitable distributions to provide list of payments with a break down of alternate payees, name, address and dollar amount. This attachment should be signed by the investor, dated and reference the Pershing LLC custodial IRA account number.

- Total Distribution** — select one, account will be closed:
  - Total distribution of the entire account in cash and securities.
  - Total distribution of the entire account in cash ONLY. Please arrange to have your advisor or financial institution liquidate all assets.
- One-Time Partial Distribution:**
  - Gross  Net
  - Cash payment in the amount of \$ \_\_\_\_\_
  - Distribute securities (indicate symbol, description and quantity).

SYMBOL	DESCRIPTION	SHARE CLASS	QUANTITY



Periodic distribution or standing instructions will expire within 36 months of non-use.  
 Periodic distributions must be initiated in principal amount not factoring in your withholding election.

**Periodic Distributions**

**Request Type**

- New request     Change of instructions

**Frequency**

- Semi-Monthly     Monthly     Quarterly     Semi-Annually     Annually

Start Date		End Date (optional)
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**Distribution Type**

Your advisor will add this information to your account profile to ensure your RMD is calculated annually.

- Principal payment in the amount of \$ \_\_\_\_\_
- Income (dividends and capital gains) and interest
- Required Minimum Distribution due to reaching age 73 (Scheduled RMD)
- Required Minimum Distribution due to death (Scheduled RMD from an Inherited IRA)\*

\*THIS OPTION IS INTENDED FOR IRA BENEFICIARIES WHO INHERITED ASSETS PRIOR TO JANUARY 1, 2020. If you inherited retirement assets ON OR AFTER January 1, 2020, you may be subject to the 10-year distribution rule and should not be selecting this option unless an exception applies. 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 advisor with the following information, if you have not already done so. Your advisor will add this information to your Account Profile to ensure your RMD is calculated annually.

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)

**Important Information About Year-end RMD Distributions**

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.

Please note: Any additional distributions, either from one-time distribution(s) or additional periodic distributions plans, will not automatically reduce your annually calculated RMD schedule payment amount. distributions plans, will not automatically reduce your annually calculated RMD schedule payment amount. In addition, other attributes of your periodic RMD payment schedule will not change. So you may end up distributing more than your required minimum distribution amount for the year.

- Reduce** (if applicable) and suspend my annually calculated RMD scheduled payment for this account if additional distributions from this account meet the RMD or would cause the next scheduled payment to meet the RMD.

**Funding Method to support proportionate distributions. This feature raises funds for periodic distributions. (select one)**

On selling your shares, you may pay a sales charge. For the charge and other fees, see the prospectus.

- Distribute available CASH only (default if no other method selected)
- Distribute PROPORTIONATELY across cash, money market and all eligible mutual funds
- Distribute by specific eligible mutual funds (10 maximum, provide all details below):

FUND NAME	SYMBOL	PERCENTAGE
Total (must equal 100%)		

*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 income tax by indicating your election below, 10% will be withheld from your IRA distribution. You can choose to have a different rate by entering a rate between 0% and 100%. Please refer to <https://www.irs.gov/pub/irs-pdf/fw4r.pdf> for the marginal rate tables to help you determine the appropriate withholding rate. The marginal rate tables are provided below.

- 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** \_\_\_\_\_ % of federal income tax from the gross distribution amount.  
Enter the rate as a whole number (no decimals).

**State Income Tax Withholding**

If an election is not made, we will withhold from your distribution according to your state of residence requirement as noted in Step 1. 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. 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 Federal and State Income Tax Withholding Instructions.
- Withhold** \_\_\_\_\_ % or \$ \_\_\_\_\_ of state income tax.

If standing instructions are selected, the percentage withholding election is the only option available.

**Nonresident Alien Tax Withholding**

If you are a nonresident alien, mandatory withholding may apply. NRA tax will be withheld at a rate of 30% unless you live in a country eligible for a reduced treaty rate, have submitted a W-8BEN form, have a Tax Identification Number, and are claiming a reduced treaty rate. 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.

**STEP 5. METHOD OF DELIVERY**

Qualified charitable distributions should be made payable to the charity. Consult with your tax advisor regarding requirements.

Select a method of delivery. If left blank, delivery will be in the form of a check and mailed to the address of record.

**Journal entry** to the following Pershing account :  
 Account Number

**Deliver** 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.

Name		
Address		
City	State	Zip/Postal Code

**ACH:** Use existing instructions on file. If none exist, complete an ACH Authorization Form

**Overnight check delivery.** (Not available for periodic or standing instructions. Fees will be assessed.)

**Federal Fund Wire**

ABA/Routing Number	DDA/Bank Account Number		
Bank Name			
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 )	

**STEP 6. STANDING INSTRUCTIONS (OPTIONAL)**

Standing instructions will expire within 36 months of non-use.

Select one or both of the box(es) below if you would like to establish standing instructions for all future on-demand payments. This may allow your financial professional or their firm to request payments without requiring an additional signed distribution form.

**Tax Withholding** as noted in Step 4 above.

**Method of Delivery** as noted in Step 5 above.

**STEP 7. FEES (OPTIONAL)**

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

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 <b>X</b>	