Trust Company of America
Institutional Advisor Services

CUSTODY ONLY QUALIFIED PLAN DISTRIBUTION REQUEST

General Instructions

Use these instructions to complete the Custody Only Qualified Plan Distribution Request form.

Purpose of this form. This form is used to provide instructions to distribute funds or securities from a retirement plan account where Trust Company acts only as custodian and has not provided plan documents and does not provide 1099R tax reporting.

Important: Other qualified/retirement plan account type distribution instructions must be submitted on one of the following distribution forms and will not be accepted on this form.

403(b) and 457 distribution. The 403(b) and 457 Custodial Account Distribution Request form must be used to request distributions from a 403(b) or 457 custodial account.

Qualified/Retirement plan distribution. The Qualified/Retirement Plan Account Distribution Request form must be used to request distributions from a retirement plan account where Trust Company provides 1099R tax reporting. This includes all Qualified/Retirement Plan (QP) account types where Trust Company has not provided plan documents and Money Purchase Plan (MPP), Profit Sharing Plan (PSP) and 401(k) account types where Trust Company plan documents have been provided.

All fields are required unless noted. All fields are required unless designated as 'if applicable'. 'If applicable' indicates the section or entry is required if certain conditions apply. These conditions are outlined in detail in these instructions.

You must **complete all required fields and provide all required additional forms and documentation** to expedite processing and to avoid requests for additional information.

Print or type all entries. Print clearly in all CAPITAL LETTERS to complete this application. To type entries, a fillable PDF of this form can be found online at www.trustamerica.com/advisor-forms.

Section 1: Account Information

Enter the account registration information for this account exactly as it appears on your Trust Company account statement.

Section 2: Distribution Amount

Select either a full or partial distribution by selecting the appropriate box. For full distribution, select either liquidate or in-kind distribution. For partial distribution, select all distribution types that apply and supply the requested information for each selected.

Liquidate assets for cash distribution. To liquidate assets for a full or partial distribution in cash, contact your investment advisor to initiate any liquidations required. If your investment advisor needs to liquidate assets to cover the requested cash, the distribution will not be processed until the settlement date for the sells. *Note: If you request to liquidate an asset that cannot be liquidated, we will return the paperwork to your investment advisor for clarification and no action will be taken on the request.*

In-Kind Distribution. Distributes all cash and security balances in-kind.

Note: The value of a securities distribution is determined as of the closing price on the business date the distribution is issued. Certificates of deposit, treasuries and some mutual funds and securities cannot be delivered in certificate form.

Section 3: Distribution Method

Select the appropriate cash distribution method.

By check or security certificate delivery. Select the box indicating to whom the check should be payable or the certificate registered and where the check or certificate should be sent. If applicable, enter the third party payee information and the address information for this request. *Note: Contact your investment advisor for information regarding any re-registration fees. Allow 10 business days for delivery of mailed checks and four to six weeks for security certificates. In the event no payment or mailing instructions are provided in Section 3, the address of record will be used as default instructions.*

Multiple third party payees. If there is more than one third party payee, check the multiple payee checkbox and attach a separate listing of the third party payees, their addresses, distribution amounts for each, and delivery instructions for each.

By electronic transfer (for cash distributions only). Select the type of electronic transfer, then select either a checking account or savings account. Enter your bank information or provide a voided check with the application. If you provide a voided check, check the 'Voided check provided' box on the application.

By internal journal. Select this method to journal assets (securities and/or cash) into another Trust Company account. *Note: You may submit a Trust Company account application with this form to establish a new account to receive the transfer.*

Section 4: Signature

The authorized plan trustee must sign and date the form.

Return your completed form as instructed by your investment advisor or your client representative. Questions regarding this form should be directed to your investment advisor.

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SECTION 1: Account Information

Account Registration (as it appears on the account statement)

Account Registration (Continued)

Last 4 Digits of Tax Identification Number

Trust Company Account Number

IMPORTANT: Trust Company will provide no tax reporting for distributions authorized on this form.

SECTION 2: Distribution Amount

Provide either full distribution instructions or partial distribution instructions.

IMPORTANT: To liquidate assets for a full or partial distribution in cash, contact your investment advisor to initiate any asset liquidations required. If your investment advisor needs to liquidate assets to cover the requested cash, the distribution will not be processed until the settlement date for the sells.

A. FULL DISTRIBUTION INSTRUCTIONS, if applicable

Select one:

☐ **Full cash distribution.** Confirm that my investment advisor has liquidated all assets in the account, send the total balance of the entire account, and close the account.

☐ **Full in-kind distribution.** Distribute all cash and security balances in-kind and close the account.

B. PARTIAL DISTRIBUTION INSTRUCTIONS, if applicable
Select one option for Partial Cash Amount and if applicable, complete the Partial Security Shares information.

☐ **Partial Cash** - Gross cash amount of $_____

☐ **Partial Securities Shares**, if applicable

Provide the following information for any securities to be included in the partial distribution:

Number of Shares | Security Description/Symbol

Number of Shares | Security Description/Symbol

Number of Shares | Security Description/Symbol

☐ Additional securities information provided

Note: The value of a securities distribution is determined as of the closing price on the business date the distribution is issued. Certificates of deposit, treasuries and some mutual funds and securities cannot be delivered in certificate form.

SECTION 3: Distribution Method

Select the appropriate distribution method:

☐ **By check or security delivery** (see Section 2)
Note: Allow 10 business days for check delivery. If no payment or mailing instructions are provided in Section 3, the address of record will be used as default instructions.

Trust Company Account Number

SECTION 3: Distribution Method (Continued)

Payable To

For the Benefit Of (FBO), if applicable

Mailing Address

City | State | Zip+4

DTC security delivery information, if applicable

☐ Multiple third party payee information attached

☐ **By electronic transfer**

Select one: ☐ By wire (fee may apply) ☐ By ACH
Select one: ☐ Checking account ☐ Savings account

Bank Name | ABA (Routing) Number

Name on Bank Account

Account Number

☐ Voided check provided in lieu of bank information. *Note: You still need to indicate checking or savings above.*

☐ **By internal journal,** journal to:

Trust Company Account Number | Account Type

Account Title

SECTION 4: Signature

I/we authorize Trust Company of America to disburse or transfer assets from this Trust Company of America account according to the above instructions.

In the event an ACH entry is incorrect, Trust Company of America reserves the right to submit correcting entries. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. Law.

By signing, I/we hereby agree to indemnify and hold harmless your firm, their successors and assigns, from and against any losses, claims, liabilities, damages, actions, charges, and expenses including attorney fees, resulting from your compliance with this request, including but not limited to transfer to another party.

Plan Trustee Signature | Date

Print Name

- End of Form -