Trust Company of America
Institutional Advisor Services

EZ IRA DISTRIBUTION REQUEST

General Instructions

Use these instructions to complete the EZ IRA Distribution Request form.

Purpose of this form. This form can be used to request a one-time cash distribution by ACH, check, or wire. *Note: Only one set of instructions should be submitted on this form.*

Important: Certain one-time IRA distribution instructions require detailed information and cannot be submitted on this form.

- Use the **IRA Distribution Request** form for:
  - Systematic distributions
  - A direct rollover or transfer to another Trust Company account in your name
  - IRA rollovers to a qualified plan account at Trust Company
  - Divorce transfers
  - Return of excess contributions
  - Conversions to a Roth IRA
  - IRA recharacterizations

- Use the **Beneficiary Distribution Request** form for:
  - Distributions from a deceased account owner's account
  - Distributions from a Beneficiary IRA or a Beneficiary Roth IRA

Distribution fees. There may be fees associated with your distribution request, including but not limited to:
- Wire fees
- Check fees
- Overnight mail fees

Important: Applicable distribution fees will be deducted from your account balance. *Note: For information on distribution fees for this request, contact your investment advisor.*

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 form. To type entries, a fillable PDF of this form can be found online at www.trustamerica.com/advisor-forms.

Section 1: Account

A. Account Type

Check the box indicating the retirement account type and then select if it is a new or existing account. For an existing account, provide the Trust Company account number. For a new account, provide the appropriate Trust Company account application with this form.

B. Account Owner

Enter the account owner information for this account exactly as it appears on your Trust Company account. For new accounts, enter the account name exactly as it is written on the application form.

Section 2: Reason for Distribution

This information is required for IRS reporting purposes. In most situations, Trust Company is required to issue a Form 1099-R for distributions from your IRA. Depending on the nature of the distribution, the distribution may or may not be taxable. *Note: For additional information, consult your tax advisor or the IRS.*

Select one of the following distribution reasons.

- **Normal distribution.** (age 59½ or older). Also used for a Required Minimum Distribution (RMD) or if you intend to rollover the distribution to another retirement plan within 60 days.

- **Premature distribution.** (under age 59½; may or may not be subject to 10% early withdrawal penalty). *Note: For additional information, consult your tax advisor or the IRS.*

- **Disability distribution.** (under age 59½; not subject to 10% early withdrawal penalty). Under the Internal Revenue Code an individual is deemed to be disabled if "he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration." *Note: The Social Security definition of disability does not apply here. Proof of disability may be required by the IRS.*

- **Early SIMPLE IRA distribution.** (under age 59½; first contribution was less than two years ago; subject to 25% penalty tax). Use this method if you are under 59 ½, your first contribution was less than two years ago, and none of the exceptions allowed by the IRS are known to apply. You may be subject to a 25% penalty tax. *Note: The two-year period begins on the day contributions were first deposited in your SIMPLE IRA. For additional information regarding exceptions, consult your tax advisor or the IRS.*

  Important: Do not choose this distribution reason if the first contribution went into your SIMPLE IRA more than two years ago. Select Premature Distribution instead if you are younger than 59 1/2 and the SIMPLE has been in existence for more than 2 years.

Section 3: Distribution Amount

Complete either the full distribution instructions in Section 3A or the partial distribution instructions in Section 3B.

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.*

A. Full Distribution Amount

For full distributions, select the Full Cash Distribution checkbox. *Note: Distributions requiring the liquidation of assets will be processed after all liquidating trades have settled.*

Important: If you are requesting a full distribution, all systematic distributions for the account will be stopped upon receipt of this distribution request.

B. Partial Distribution, if applicable

For partial or systematic distributions, select the appropriate type of distribution and provide the requested information, if applicable.

Gross cash amount. The gross cash amount is the amount before any tax withholding has been applied. Provide the gross cash amount for any distribution reason, including requesting a Required Minimum Distribution (RMD) that has been calculated by you or your tax advisor.

The Required Minimum Distribution (RMD) amount. Trust Company will calculate your RMD amount based on the Type of RMD and spouse information provided in this section.

Full RMD amount. Trust Company will calculate and distribute the total RMD amount for the year. *Note: Any previous distributions for the year will be ignored.*

Remaining RMD balance. Trust Company will calculate the total RMD amount for the year, subtract any previous distributions for the year, and distribute the remaining amount.

Important: The RMD calculation will be based on the information available to Trust Company. The account owner is responsible for

notifying Trust Company if there are any outstanding rollovers, outstanding transfers, conversions, or recharacterizations that are not reflected on the previous year-end statement.

Important: Trust Company will calculate the RMD using the Uniform Lifetime Table unless the sole beneficiary is a spouse more than 10 years younger than the account owner. If the spouse beneficiary is more than 10 years younger, Trust Company will calculate the RMD using the Joint Life Expectancy Table.

Section 4: Withholding

Important: The distributions you receive from your retirement account are subject to federal and possibly state income tax. Even if you elect not to have tax withheld, you are liable for payment of income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your withholding or payments of estimated tax, if any, are not adequate. *Note: For additional information, consult your tax advisor or the IRS.*

A. Federal Withholding

Check the box indicating the federal withholding and the percent or amount to be withheld or specify that you want no federal tax withheld. *Note: The total amount withheld must be no less than 10%. To elect no federal withholding, Trust Company must have a street address on file for your account.*

Important: If no selection is made, federal withholding of 10% will be withheld.

B. State Withholding

Check the box indicating the state withholding and the percent or amount to be withheld or specify that you want no state tax withheld. *Note: All state withholding will be rounded to the nearest whole dollar. The account's legal address of record at the time of the distribution determines the state withholding requirements.*

Important: State withholding is not available for all states. For a list of states available for withholding and the withholding rules by state, refer to the Trust Company Withholding Information document found online at www.trustamerica.com/advisor-forms.

Important: If your state has mandatory withholding requirements, state withholding may be processed even if the 'I elect not to have state income tax withheld' box is checked or no state withholding box is checked.

Section 5: Distribution Method

Select the appropriate distribution method.

Important: Funds sent overnight via check or wired may be subject to a fee, which will be deducted from your account balance. Your investment advisor can provide you with fee information regarding this transaction.

- **By electronic transfer.** Select the type of electronic transfer and provide the bank information below. If you select the Voided Check Provided box, provide a blank check with this form. If you select either Checking Account or Savings Account, enter your banking information. *Note: Allow 1-2 business days for delivery from the processed date for ACH, and the same or next business day for wires.*

- **By check.** Select the appropriate box indicating the payee and address information for this request. *Note: Allow up to 10 business days for delivery of mailed checks. Overnight delivery is not available for P.O. Box addresses. If no election is made, a check will be sent to the address of record, payable to the account owner.*

Section 6: Signature

Sign and date the form.

Custodial IRA or Custodial Roth IRA. The custodian must sign.

Advisor Authorization for Distributions. If your investment advisor has been preauthorized to sign IRA distribution requests for you and the distribution situation does not require a client signature, your investment advisor may sign in place of you. *Note: Complete the Advisor Authorization for Distributions form to authorize your investment advisor to sign on your behalf in selected situations.*

Client signature always required. Your signature will always be required for the following instruction requests:

- Check withdrawal to an address different than the account's address of record
- Check or wire distribution made payable to someone other than the account owner
- IRA distributions for a disability
- Distributions of $100,000.00 or more

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

A. ACCOUNT TYPE

Select one:
- ☐ Traditional IRA
- ☐ Custodial IRA
- ☐ Rollover IRA
- ☐ SEP IRA
- ☐ SARSEP IRA
- ☐ Roth IRA
- ☐ Custodial Roth IRA
- ☐ Conversion Roth IRA
- ☐ SIMPLE IRA

Select one: ☐ New account ☐ Existing account

_____
Trust Company Account Number, if applicable

B. ACCOUNT OWNER

_____
First Name MI Last Name

_____
Last 4 Digits of Social Security Number Date of Birth

SECTION 2: Reason for Distribution

IMPORTANT: This information must be completed for IRA reporting purposes.

Select one:

☐ **Normal distribution.** (age 59½ or older.) Also select for a Required Minimum Distribution (RMD).

☐ **Premature distribution.** (under age 59½; may or may not be subject to 10% early withdrawal penalty.)

☐ **Disability distribution.** (under age 59½; distribution not subject to 10% penalty tax.) By checking this box, I certify that this distribution meets all the disability requirements of the IRS Code.

☐ **Early SIMPLE IRA distribution.** (under age 59½; first contribution was less than two years ago; subject to 25% penalty tax.)

SECTION 3: Distribution Amount

Provide either full 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

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

B. PARTIAL DISTRIBUTION INSTRUCTIONS, if applicable

Select one:

☐ **Gross cash amount of $ _____.**
Note: Provide amount before tax withholding.

☐ **The Required Minimum Distribution (RMD) amount.** Provide the following information for the calculation.

_____
Trust Company Account Number

SECTION 3: Distribution Amount Continued

Type of RMD, select one:

- ☐ Full RMD amount for this account
- ☐ Remaining RMD balance for this account

Answer true or false:

I have designated my spouse or a qualifying trust (where my spouse is the sole primary beneficiary of the trust) as sole primary beneficiary of my account AND my spouse is at least 10 years younger than I.

☐ True ☐ False

If the above statement is true, enter the following information:

_____
Spouse's Date of Birth

SECTION 4: Withholding

A. FEDERAL WITHHOLDING

Select one:

☐ Withhold federal income tax of _____% or $ _____ from the amount distributed. *Note: The total must be no less than 10%.*

☐ I elect not to have any federal income tax withheld. *Note: To elect no federal withholding, Trust Company must have a street address on file for your account.*

IMPORTANT: If no election is made, federal tax withholding of 10% will be withheld.

Even if you elect not to have tax withheld, you are liable for payment of income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your withholding or payments of estimated tax, if any, are not adequate.

B. STATE WITHHOLDING

IMPORTANT: For a list of states available for withholding and their withholding rules, refer to the Trust Company Withholding Information document found online at www.trustamerica.com/advisor-forms. *Note: The account's legal address of record at the time of the distribution determines the state withholding requirements.*

Select one:

☐ Withhold state income tax of _____% or $ _____ from the amount distributed for the state in the address of record for this Trust Company account. *Note: Amounts will be rounded to the nearest whole dollar.*

☐ I elect not to have state income tax withheld.

IMPORTANT: If your state has mandatory withholding requirements, state withholding may be processed even if the 'I elect not to have state income tax withheld' box is checked or no state withholding box is checked.

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SECTION 5: Distribution Method

IMPORTANT: Funds sent via check, overnight, or wired may be subject to a fee, which would be deducted from your account balance. Your investment advisor can provide you with fee information regarding this transaction.

Select one:

☐ **By electronic transfer** *Note: Allow 1-2 business days for delivery from the processed date for ACH, and the same or next business day for wires.*

Select one:
☐ By ACH
☐ By wire

Select one:
☐ Voided check provided in lieu of bank information
☐ Checking account with the bank information below
☐ Savings account with the bank information below

Bank Name ABA (Routing) Number

Name on Bank Account

Account Number

☐ **By check** *Note: Allow up to 10 business days for delivery.*

Select if applicable:
☐ Send check via overnight delivery (not available for a P.O. Box address)

Select one:
☐ By check to account owner at the address of record
☐ By check to account owner at the address below
☐ By check to the third party payee at the address below

Payable To

For the Benefit Of (FBO), if applicable

Mailing Address

City State Zip+4

SECTION 6: Signature

I certify that I am the proper party to receive payment(s) from this IRA and that all information provided is true and accurate. I further certify that no tax advice has been given by Trust Company of America. All decisions regarding this withdrawal are my own. I expressly assume the responsibility of any adverse consequences which may arise from the withdrawal and I agree that Trust Company of America shall in no way be held responsible.

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

By signing, I hereby agree to indemnify and hold harmless Trust Company of America, their successors and assigns, from and against any losses, claims, liabilities, damages, actions, charges, and

Trust Company Account Number

SECTION 6: Signature Continued

expenses including attorney fees, resulting from Trust Company of America compliance with this request, including but not limited to transfer to another party.

Account Owner or Authorized Party Signature Date

Print Name

- End of Form -