Trust Company of America
Institutional Advisor Services

BENEFICIARY DISTRIBUTION REQUEST

General Instructions

Use these instructions to complete the Beneficiary Distribution Request form for retirement accounts.

Purpose of this form. This form is required to request a one-time or systematic distribution from a Traditional IRA, Roth IRA, SEP IRA, SARSEP IRA, SIMPLE IRA, 403(b), 403(b) Roth, 457, or Profit Sharing Plan (PSP) account after the account owner's death or a one-time or systematic distribution from your Beneficiary IRA or Beneficiary Roth IRA. *Note: Only one set of instructions should be submitted on this form.*

Important: This form cannot be used to transfer assets from Trust Company IRAs to IRAs, including Beneficiary IRAs, in your name at another trustee or custodian. Use the new custodian's transfer form to complete this type of action.

Important: This document uses the term 'employer' to imply 'plan trustee' or 'plan administrator'.

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: Request Type

Check the appropriate box to indicate the type of action you want to take with this form.

Note: Systematic distributions are only applicable to Beneficiary IRA distributions.

Change a systematic distribution. Provide account information in Section 2 and information to be changed in Sections 4, 5, 6, and 7 as applicable.

Cancel a systematic distribution. Select which type of systematic distribution should be cancelled. If the account has more than one systematic distribution, indicate the distribution amount and the withdrawal schedule of the systematic distribution to cancel.

Section 2: 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. Deceased Account Owner

Enter the deceased account owner information for this account exactly as it appears on the Trust Company account. Also provide their date of death.

C. Beneficiary

Important: If a trust, estate, or charity is the beneficiary, provide the required information outlined below.

Trust beneficiary. Complete a trust certification form signed by the current trustee.

Estate beneficiary. Include a Letter of Testamentary or, based on your state limitations, a Small Estate Affidavit from the executor.

Charity beneficiary. Include a corporate resolution or document that designates the person authorized to sign on behalf of the charity.

Section 3: Reason for Distribution

Select either distribution due to death or a distribution from your Beneficiary IRA.

Death distribution. Use to request a distribution of the amount due to you as a beneficiary from the deceased account owner's Trust Company account after their death. Include a photocopy of the account owner's certified death certificate with visible seal. *Note: If the receiving account is not an existing account, attach the appropriate Trust Company account application*.

Important: For a distribution due to death from a 403(b), 403(b) Roth, 457, or a pooled PSP account, your employer must sign in Section 9.

Beneficiary IRA distribution. Use to request a distribution from your Trust Company Beneficiary IRA or Beneficiary Roth IRA.

Section 4: Distribution Amount

Complete either the full distribution instructions in Section 4A or the partial or systematic distribution instructions in Section 4B.

Liquidate assets for cash distribution. To liquidate assets for a full, partial, or systematic 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 Instructions, if applicable

For full distributions, check either Full Cash Distribution or Full In-kind Distribution box. *Note: For distributions due to a death, the amount and shares will be equal to your beneficial portion.*

B. Partial or Systematic Distribution Instructions, 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 RMD or Beneficiary IRA Life Expectancy amount that has been calculated by you or your tax advisor. *Note: For a systematic distribution, enter the gross cash amount to withdraw each period.*

The Beneficiary Life Expectancy amount for your Beneficiary IRA account. Trust Company will calculate the Beneficiary Life Expectancy amount for the current year using non-recalculation of the Single Life Expectancy Table. *Note: May be a one-time or systematic distribution.*

Deceased account owner's Required Minimum Distribution (RMD). Use to request the deceased account owner's RMD for the year of their death. *Note: The deceased account owner's RMD distribution must be completed prior to moving the account into a Beneficiary IRA.*

Partial security shares in-kind. Provide the number of shares and the security description and symbol, if available. *Note: The value of the distribution, including securities, 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.*

More than two securities. For a partial distribution, if there are more than two securities being requested, list the information for the additional securities on a separate piece of paper and check the 'Additional securities information provided' box at the end of the section.

Section 5: 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 election 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.

Withholding on in-kind security distributions. For in-kind security distributions, there must be a sufficient cash balance to cover the withholding amounts specified. For withholdings specified as a percentage, the withholding amounts will be calculated on the gross cash amount plus the value of in-kind securities.

Section 6: Distribution Frequency

Select the appropriate distribution frequency.

Systematic distribution. Select the Systematic Distribution checkbox and complete the schedule information. *Note: Allow up to 7 days from receipt of this form for the systematic distribution to be activated, changed, or cancelled.*

Important: Your first distribution may be delayed to the next scheduled date if this form is received less than 8 days before your first requested withdrawal.

Note: Systematic distributions will be withdrawn from the models in the account according to the account's model distribution percentages.

Section 7: Distribution Method

Select the appropriate distribution method(s).

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.

For Cash and in-kind instructions. Check either the By Electronic Transfer or By Check box for the cash portion of the distribution and complete the By Security Delivery information for the in-kind portion.

- **By electronic transfer.** For cash distributions only. 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.*

  Important: All systematic distributions will be processed by ACH, even if the By Wire box is selected.

- **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.*

  Important: Checks will be sent to the beneficiary listed in Section 2c for death distributions and to the account owner at the address of record for Beneficiary IRA distributions if no election is made.

- **By internal transfer to my Trust Company account.** This method moves the cash and securities from the deceased account owner's IRA or your Beneficiary IRA to another Trust Company retirement or non-retirement account in your name.

  Check the box indicating if it is a new or existing account. For new accounts, enter the type of account and attach the appropriate Trust Company account application to this form. For existing accounts, provide the Trust Company account number and account type.

  Important: Only spouse beneficiaries can move cash and securities into their own Trust Company IRA.

- **By security delivery.** This method delivers the securities in certificate form to you or in electronic form to a third party to hold for your non-retirement account. *Note: Allow approximately four to six weeks to process distributions of securities in certificate form. Certificates of deposit, treasuries and some mutual funds and securities cannot be delivered in certificate form.*

Section 8: Signature

Sign and date the form.

Section 9: Employer or Approved Provider Affirmation

For 403(b), 403(b) Roth, 457, or pooled PSP account distributions due to a death, provide signature of approved provider or employer to authorize distribution.

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: Request Type

Note: Systematic distributions are only applicable to Beneficiary IRA distributions.

Select one:
☐ **Request One-time, Full Distribution.**
☐ **Request One-time, Partial Distribution.**
☐ **Establish Systematic Distribution.**
☐ **Change Systematic Distribution.** Provide information to change in Sections 2, 4, 5, 6 and 7 as applicable, then sign in Section 8.
☐ **Cancel Systematic Distribution.** Provide information below and in Section 2, then sign in Section 8.

To cancel a systematic distribution, select one:
☐ Cancel the sole systematic distribution currently on file
☐ Cancel the specified systematic instructions listed below:

_____
Distribution Amount Withdrawal Schedule

SECTION 2: Account

A. ACCOUNT TYPE

Select one:
☐ Traditional IRA, Roth IRA, SEP IRA, SARSEP IRA, or SIMPLE IRA
☐ Beneficiary IRA or Beneficiary Roth IRA
☐ 403(b), 403(b) Roth, or 457 account
☐ Profit Sharing Plan (PSP) account
☐ Other, list_____

Select one: ☐ New account ☐ Existing account

_____
Trust Company Account Number, if applicable

B. DECEASED ACCOUNT OWNER

_____
First Name MI Last Name

_____
Last 4 Digits of Social Security Number

_____
Date of Birth Date of Death

C. BENEFICIARY

_____
Beneficiary's First Name MI Last Name

_____
Social Security Number/Tax ID Number Date of Birth

_____
Street Address

_____
City State Zip

Note: Additional documents may be required as outlined in the instructions.

_____
Trust Company Account Number

SECTION 3: Reason for Distribution

Select one:

☐ **Death distribution.** Select for distributions to a beneficiary from an account owner's Trust Company account after their death. Include a photocopy of the account owner's certified death certificate with a visible seal.

☐ **Beneficiary IRA distribution.** Select for distributions from your Trust Company Beneficiary IRA or Beneficiary Roth IRA.

SECTION 4: Distribution Amount

Provide either full distribution instructions or the partial or systematic distribution instructions.

IMPORTANT: To liquidate assets for a full, partial, or systematic 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 my account, send the total balance of my entire account, and close my account. *Note: For distributions due to a death, the amount will be equal to your beneficial portion.*

☐ **Full in-kind distribution.** Distribute all cash and security balances in-kind and close my account. *Note: For distributions due to a death, the amount and shares will be equal to your beneficial portion.*

B. PARTIAL OR SYSTEMATIC DISTRIBUTION INSTRUCTIONS, if applicable

Select one:

☐ **Gross cash amount of $_____.**
Note: Provide amount before tax withholding. For a systematic distribution, enter the gross cash amount to withdraw each period.

☐ **The Beneficiary Life Expectancy distribution for your Beneficiary IRA account.** *Note: May be delivered at one-time or by a systematic distribution.*

☐ **Deceased account owner's remaining Required Minimum Distribution (RMD).** *Note: Select to withdraw the remaining RMD amount before transferring assets to a Beneficiary IRA.*

☐ **Partial security shares in-kind.** Enter share information.

_____
Number of Shares Security Description/Symbol

_____
Number of Shares Security Description/Symbol

_____
Number of Shares Security Description/Symbol

☐ Additional security shares information provided

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SECTION 4: Distribution Amount Continued

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 5: Withholding

IMPORTANT for withholding on in-kind security distributions. There must be a sufficient cash balance to cover the withholding amounts specified. For withholdings specified as a percentage, the withholding amounts will be calculated on the gross cash amount plus the value of in-kind securities.

A. FEDERAL WITHHOLDING

Select one:

☐ Withhold federal income tax of _____% or $ _____ from the amount distributed. *Note: The total amount withheld 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.

SECTION 6: Distribution Frequency

Select one:

☐ **One-time distribution.**

☐ **Systematic distribution.** Provide the schedule information below *Note: Available only for Beneficiary IRA distributions of a gross cash amount or the Beneficiary Life Expectancy amount.*

IMPORTANT: It takes approximately 7 days from receipt of this form for the systematic distribution to be activated.

_____
Trust Company Account Number

SECTION 6: Distribution Frequency Continued

_____
Month to Begin Distributions

Frequency of Distributions
Select one: ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Day of Month to Withdraw Distributions
Select one: ☐ 5th ☐ 15th (checks only) ☐ 25th

SECTION 7: Distribution Method

For Cash and in-kind instructions. Check either the By Electronic Transfer or By Check box for the cash portion of the distribution and complete the By Security Delivery information for the in-kind portion.

IMPORTANT: Funds sent via check, overnight, 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.

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 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 or beneficiary at the address of record
☐ By check to beneficiary at the address in Section 2C
☐ By check to account owner or beneficiary 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

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SECTION 7: Distribution Method Continued

☐ **By internal transfer to a Trust Company account.** Move the requested cash and securities specified in Section 4 into my Trust Company account listed below. *Note: If the receiving account is not an existing account, include the appropriate Trust Company account application.*

Important: Only spouse beneficiaries can move cash and securities into their own Trust Company IRA.

Select one: ☐ New account ☐ Existing account

Trust Company Account Number Account Type

☐ **By security delivery.** Re-register and/or deliver the securities designated in Section 4 as a distribution from my Trust Company IRA. *Note: Must be FBO a non-retirement account.*

Deliver To

For the Benefit of (FBO), Account Title, if applicable

Account Number and Account Type, if applicable

Social Security Number (if not account owner)

Mailing Address

City State Zip+4

Note: Allow approximately four to six weeks to process distributions of securities in certificate form. Certificates of deposit, treasuries and some mutual funds and securities cannot be delivered in certificate form.

Trust Company Account Number

SECTION 8: 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.

For 403(b) accounts, I certify as a spouse beneficiary of the above mentioned account, I have waived my right for benefits paid in the form of a Qualified Joint Survivor Annuity.

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, their successors and assigns, from and against any losses, claims, liabilities, damages, actions, charges, and expenses including attorney fees, resulting from Trust Company compliance with this request, including but not limited to transfer to another party.

Beneficiary Signature Date

Print Name

SECTION 9: Employer or Approved Provider Affirmation

Important: Required for 403403(b), 403(b) Roth, 457, or pooled PSP account distributions due to a death.

I am authorized to act individually, on behalf of the Employer or Approved Provider named below, with respect to providing the required affirmation and approving the distribution from this 403(b), 403(b) Roth, 457, or pooled PSP account.

If I am signing as an Approved Provider, I affirm that the Approved Provider named below has entered into an Information Sharing Agreement with the Employer.

Employer or Approved Provider Signature Date

Print Name

Employer or Approved Provider Firm Name

- End of Form -