Trust Company of America
Institutional Advisor Services

NON-RETIREMENT ACCOUNT DISTRIBUTION REQUEST

General Instructions

Use these instructions to complete the Non-Retirement Account Distribution Request form.

Purpose of this form: This form is used to provide distribution instructions to withdraw funds or perform an internal transfer from a non-retirement account.

You must **complete all required fields and provide all 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.

Unknown information. If information is requested and you do not know where to obtain the requested information, contact your investment advisor or client representative for direction.

Section 1: Account Owner

Enter the account owner information for this account exactly as it appears on your Trust Company of America account.

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 withdrawal. 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. Distributes all cash and security balances in-kind.

IMPORTANT: If you are requesting a full withdrawal, all systematic distribution schedules for the account will be stopped upon receipt of your request.

Section 3: 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 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.*

Multiple third party payees. If there is more than one third party payee, check the 'Multiple third party payee information attached' 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 in lieu of bank information' box on the application and indicate type of bank account above.

By internal journal. Select this method to transfer 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

A. Account Owner Signature

Sign and date the form. *Note: For custodial and legal accounts, the custodian, guardian, or conservator must sign.*

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 withdrawal representing a change of ownership
- Large value distributions of $100,000.00 or more

No client signature required. Without your signature, your Investment Advisor may request a single check or a systematic distribution by check to your address of record or a wire to your bank account.

Advisor authorization. If you have preauthorized your investment advisor to request distributions on your behalf, your signature is not required.
Note: Complete the Advisor Authorization for Distributions form to authorize your investment advisor to sign on your behalf in selected situations.

B. Investment Advisor Signature, if applicable

If the account owner has granted authority in this situation by completing an Advisor Authorization for Distributions form and/or the distribution situation does not require a client signature, the investment advisor may sign on behalf of the client.

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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Trust
Trust Company of America

SECTION 1: Account Owner

Trust Company Account Number Account Type

Account Title

Last 4 Digits of Social Security or Tax Identification Number

SECTION 2: Distribution Amount

Select a full or partial distribution:

☐ **Full distribution and close my account**, select one:
☐ Liquidate ☐ In-Kind

☐ **Partial distribution**, select all that apply:
☐ Partial cash, list amount:

Gross Cash Amount

☐ Partial securities in-kind, list securities:

Number of Shares Security Description / Symbol

Number of Shares Security Description / Symbol

Number of Shares Security Description / Symbol

☐ Additional securities information provided

SECTION 3: Distribution Method

Select all that apply:

☐ **By check or security delivery**:

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

Select one:
☐ To the account owner and mailed to the address on record
☐ To the account owner and mailed to the address below
☐ To the third party payee at the address below

Third Party Payee, if applicable

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

Trust Company Account Number

SECTION 3: Distribution Method Continued

☐ **By electronic transfer (for cash distributions only)**

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

Bank Name ABA (Routing) Number

Name on Bank Account Bank Account Number

☐ Voided check provided in lieu of bank information. *Note: You still need to indicate the type of bank account above.*

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

Trust Company Account Number Account Type

Account Title

SECTION 4: Signature

I/we authorize Trust Company to disburse or transfer assets from my/our Trust Company account according to the above instructions. In the event an ACH entry is incorrect, Trust Company 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.

A. ACCOUNT OWNER SIGNATURE

Account Owner Signature Date

Note: For custodial and legal accounts, the custodian, guardian, or conservator must sign.

Print Name

Joint Owner Signature, if applicable Date

Print Name

B. INVESTMENT ADVISOR SIGNATURE, if applicable

I am signing on behalf of the account owner as accepted by Trust Company or authorized by the Advisor Authorization for Distributions form previously signed and submitted by the account owner.

Investment Advisor Signature Date

Print Name

- End of Form -