Trust Company of America
Institutional Advisor Services

NON-RETIREMENT ACCOUNT SYSTEMATIC CONTRIBUTION / DISTRIBUTION REQUEST

General Instructions

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

Purpose of this form. This form is required to establish, change, or cancel systematic ACH contribution or systematic distribution (by check or ACH) instructions for non-retirement accounts. *Note: A systematic contribution or systematic distribution instructions for a new account can be provided on the account application.*

Important: Systematic contributions and distributions continue until you notify Trust Company in writing to the contrary.

All fields are required unless noted. All fields are required unless designated as 'if applicable' or 'optional'.

'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.

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 Information

A. Account Type

Enter the type of account and check the box indicating if these instructions apply to a new account or an existing Trust Company account. For existing accounts, provide the Trust Company account number. *Note: If this is a new account, provide this form with your account application.*

B. Account Owner

Enter the account owner information for this account.

Section 2: Systematic ACH Contribution, if applicable

If you want to issue instructions for a systematic ACH contribution from your bank account to your Trust Company of America account, complete this section. *Note: It may take up to 30 days from receipt of this form for a systematic contribution to be activated, changed, or cancelled.*

A. Request Type

Select one request type. *Note: If you select the 'Cancel a systematic contribution' box, complete Section 2B only and sign in Section 4.*

B. Contribution Information

Enter the contribution information. Then enter the bank information in Section 2C.

Important: If you select a month and date to begin this systematic contribution and it is less than 30 days from the date this form is received, the first contribution may take place the following month.

Note: Systematic contributions will be deposited to models in the account according to the account's model contribution percentages.

C. Bank Information

Check the appropriate box if the bank account is a checking account or savings account. Then either 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. *Note: Still indicate the type of account above and clearly mark "Systematic Contribution" in the memo line of the check.*

Section 3: Systematic Distribution, if applicable

If you want to issue instructions for systematic distributions from your Trust Company account, complete this section. *Note: It may take up to 30 days from receipt of this form for a systematic distribution to be activated, changed, or cancelled.*

A. Request Type

Select one request type. *Note: If you select the 'Cancel a systematic distribution' box, complete Section 3B only and sign in Section 4.*

B. Distribution Information

Select the gross cash amount and then provide the gross amount (before taxes are withheld) or select the Cash Dividends or Interest to receive those amounts credited during the period.

Important: If you select a month and date to begin these systematic distributions and it is less than 30 days from the date this form is received, the first distribution may take place the following month.

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

By check. Allow 10 business days for delivery of mailed checks.

By ACH. If you select by ACH, check the appropriate box if the bank account is a checking account or savings account. Then either 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. *Note: Still indicate the type of account above and clearly mark "Systematic Distribution" in the memo line of the check.*

A. Account Owner Signature

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

No client signature required. For non-retirement accounts, instructions for on demand check or wire distributions and for systematic check distributions not representing a change of ownership are accepted from your investment advisor without your signature.

Advisor authorization. If your investment advisor has been preauthorized to sign for you in this situation and/or the distribution situation does not require a client signature, you do not need to sign and date the form. *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 withdrawal representing a change of ownership
- Large value distributions of $100,000.00 or more

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.

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.

Trust Company of America
Institutional Advisor Services

NON-RETIREMENT ACCOUNT SYSTEMATIC CONTRIBUTION / DISTRIBUTION REQUEST

SECTION 1: Account Information

A. ACCOUNT TYPE

Account Type

Select one:
☐ New Trust Company Account (attach to account application)
☐ Existing Trust Company Account

Trust Company Account Number, if existing

B. ACCOUNT OWNER

Account Title

Account Title Continued

Last 4 digits of Social Security Number

SECTION 2: Systematic ACH Contribution, if applicable

A. REQUEST TYPE

If you want to issue instructions for a systematic contribution, select one:
☐ Establish a systematic ACH contribution
☐ Change a systematic ACH contribution
☐ Cancel a systematic ACH contribution (complete Section 2B only)

B. ACH CONTRIBUTION INFORMATION

IMPORTANT: Allow up to 30 days from receipt of this form for the systematic contribution to be activated, changed or cancelled.

Amount of Each Contribution ($)

Month to Begin Contributions (see important note above)

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

Day of Month to Withdraw Contributions
Select one: ☐ 5th ☐ 25th

C. BANK INFORMATION

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: Still indicate the type of account above and clearly mark "Systematic Contribution" in the memo line of the check.*

Trust Company Account Number

SECTION 3: Systematic Distribution, if applicable

A. REQUEST TYPE

If you want to issue instructions for a systematic distribution, select one:
☐ Establish a systematic distribution
☐ Change a systematic distribution
☐ Cancel a systematic distribution (complete Section 3B only)

B. DISTRIBUTION INFORMATION

IMPORTANT: It takes approximately 30 days from receipt of this form for the systematic distribution to be activated.

Amount and Frequency
Select one:
☐ Cash amount of $_____
☐ Dividends and interest only

Month to Begin Distributions

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

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

Distribution Method
Select one:
☐ **By check** *Note: Allow 10 business days for delivery.*

Select one:
☐ By check to the account owner at the address on record
☐ By check to the 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

☐ **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: Still indicate the type of account above and clearly mark "Systematic Distribution" in the memo line of the check.*

Trust Company of America
Institutional Advisor Services

NON-RETIREMENT ACCOUNT SYSTEMATIC CONTRIBUTION / DISTRIBUTION REQUEST

Trust Company OF AMERICA

SECTION 4: Signature

Trust Company Account Number

I/we authorize Trust Company of America to disburse or transfer assets from my/our 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.

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 of America 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 -