# INDIVIDUAL RETIREMENT ACCOUNT (IRA) REQUEST FOR DISTRIBUTION

• Use this form to request a one-time distribution, establish a Systematic Withdrawal Plan (SWP) on your account or request a Conversion/ Recharacterization

• Your bank must be a member of the Automated Clearing House (ACH) to establish a SWP

• The immediate use of new or updated banking instruction (within 30 days of account update) requires a Medallion Signature Guarantee

• Requests that require a Medallion Signature Guarantee must be submitted by mail

#### 1. INVESTOR INFORMATION:

OWNER'S NAME* (FIRST, M.I., LAST)	DATE OF BIRTH*	SOCIAL SECURITY NUMBER*	
STREET ADDRESS (PHYSICAL ADDRESS) *		APT#	. <u></u>
CITY*	STATE*	ZIP CODE*	
ACCOUNT NUMBER*		DAYTIME PHONE*	
2. REASON FOR DISTRIBUTION:			
I am at least age 59 ½ and this is a normal distribu	tion.		

 $\Box$  I am under age 59 ½ and this is a premature distribution; I am aware that the IRS assets a 10% penalty.

#### 3. DISTRIBUTION INSTRUCTIONS:

Select either a **One Time** or **Systematic Distribution**. Provide details about the distribution(s) you are requesting to assist us in meeting federal regulations for tax reporting.

One Time Distribution
I wish to withdraw my entire account balance.

□ I wish to make a one-time, partial withdrawal of \$

I wish to withdraw the requested amount proportionately across all investments.

□ I wish to withdraw the requested amount based on my pre-selected asset allocation model.

□ I wish to withdraw the requested amount from my investments as indicated in the chart below.

NOTE: If no election is made and/or your account does not have an existing asset allocation model on your account, we will withdraw the requested amount proportionately across all your investments.

Name of Investment	Share Class	Total Investment Amount
		\$
		\$
		\$
		\$
		\$
		Total: \$

\*Required Information



#### 3. DISTRIBUTION INSTRUCTION CONT:

Systematic Withdrawal			
I wish to set up Automatic withdraw	als in the amount of \$	on a:	
□ Monthly	Quarterly	Semi-Annual	Annual basis
Start Month:	Start Date:		

(If no day is chosen, distributions will be made on the 25th day of the month or the prior business day if the 25th falls on a weekend or holiday).

□ I wish to withdraw the requested amount based on my pre-selected asset allocation model.

I wish to withdraw the requested amount proportionally across all investments.

□ I wish to withdraw the requested amount from my investments as indicated in the chart below.

Name of Investment	Share Class	Total Investment Amount
		\$
		\$
		\$
		\$
		\$
		Total: \$

#### Required Minimum Distribution

I wish to make a one-time withdrawal of my required minimum distribution for

I wish to make a one-time withdrawal of my required minimum distribution calculated by the Trustee/Custodian and distributed to me.

I wish to have my required minimum distribution calculated by the Trustee/Custodian and distributed to me in equal installments on:

□ Monthly	Quarterly	🗆 Semi-Annual	Annual basis
Start Month:	Start Date:		

(If no day is chosen, distributions will be made on the 25th day of the month or the prior business day if the 25th falls on a weekend or holiday).

□ I wish to withdraw the requested amount based on my pre-selected asset allocation model.

I wish to withdraw the requested amount proportionally across all investments.

□ I wish to withdraw the requested amount from my investments as indicated in the chart below.

Name of Investment	Share Class	Total Investment Amount
		\$
		\$
		φ
		<u> </u>
		\$
		\$
		Total: \$



4. CONVERSIONS/ RECHARACTERIZATIONS
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Convert my	Traditional IRA to a Roth IRA:	
convercing		

Convert:	All Shares	Dollar A	mount: \$	Percentage:		%
To:	A new Roth IRA	(Complete ar	nd enclose an IRA I	New Account Form		
	☐ My Existing Rot	h IRA, accoun	t number			
financial ber IRA with no	nefits of converting from	an IRA to a Roth ou must elect to	IRA (consult your fina) have 0% withholding	ncial advisor if you have a question). below in Part V. In so doing, by sign	If you wish	ee) may adversely impact the expected to convert a Traditional IRA to a Roth n, you acknowledge that you may be
<u>Recharact</u>	<u>terize My Contribu</u>	tion:				
Recharact	terize my Contributic	on of \$:		for tax year		_
To:	🗌 A new Traditio	nal or Roth IRA	A (Complete and e	nclose an IRA or Roth IRA Nev	w Account	Form
NOTE: Earni	My existing Transmay be negative, red		th IRA, account nu t withdrawn	nber		
Important: Fe	ederal and State taxes will	not be withheld v	when recharacterizing	contributions.		
<u>Removal o</u>	of Excess Contribu	itions Plus Ea	arnings:			
ĩ	r was the contribution					
	ent Year 🔲 Pric	or Year				
Excess	Contribution Amount	t: \$				
NOTE: Earnir	ngs may be negative, redu	ucing the amount	withdrawn.			
<u>Reallocati</u>	<u>on of Excess Cont</u>	ribution:				
🗌 Appl	ly excess contributio	n towards tax	year 20 refund	earnings (if applicable).		
□ Appl cont	ly both excess contri ribution limits.	bution and ear	rnings (if applicabl	e) towards tax year 20 Car	nnot excee	d

NOTE: We are unable to apply excess contribution towards prior year contribution after tax filing deadline has passed.

Important: Please complete Part V for withholding instructions on the earnings portion of your excess removal.



#### 5. WITHHOLDING NOTICE AND ELECTION

#### Federal Withholding

## Completion and execution of this form, including any federal withholding election made herein, obviates the need to complete a separate Internal Revenue Service Form W-4R. However, a copy of IRS Form W-4R with instructions is attached for your reference.

Your withholding rate is determined by the type of payment you will receive.

For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% below. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories. (See the attached Form W-4R for more information).

Complete this section if you would like a rate of withholding that is different from the default withholding rate. See the instructions and the Marginal Rate Tables that follow for additional information. Enter the rate as a whole number (no decimals)

Withhold %

If no withholding information is included, we will automatically withhold the default withholding percentage elected on your account. If you do not have a default withholding election on your account and the above information is left blank, we will automatically apply 10% default withholding to your requested distribution (Federal and State taxes will not be withheld when recharacterizing contributions). Federal taxes will not be withheld from ROTH IRA Distributions unless requested above.

#### State Withholding

Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal income taxes are withheld or may mandate a fixed amount regardless of your federal tax election. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. Please consult with a tax advisor or your state's tax authority for additional information on your state requirements.

Name of Withholding State

□ Withhold %

Do Not Withhold State Income

NOTE: State income tax withholding may not be available for all states. If applicable, mandatory state income tax will be with withheld from the distribution in accordance with state tax guidelines.

#### 6. PAYMENT INSTRUCTIONS: \*\*DENOTES THAT A MEDALLION SIGNATURE GUARANTEE IS REQUIRED

#### Qualified Charitable Distributions (QCD)\*\*

- □ Mail check(s) to the address of record (this information below must still be completed)\*\*
- □ Mail check(s) directly to the qualified charity\*\*

Make checks payable to:

STREET ADDRESS (Physical Address) \*

EIN\* CITY\*

ZIP CODE\*

STATE\*



🗌 By Mail					
☐ Mail check(s) to the	address of record				
Mail check(s) payabl	e to someone other tha	an the account own	ner (Indicate pay	ee below)**	
Make checks	s payable to:		**		
Mail check to an add	ress other than the one	on the account (F	Provide address b	pelow)**	
STREET ADDRESS (Physical	Address) *	APT#	CITY*	STATE*	ZIP CODE*
Send to My Bank					
Send distributions to my bank by	y Automated Clearing Hou	se (ACH) based on th	le:		
ACH Instructions alreaded	eady established for my	/ IRA 🔲 Bar	nk Account Inform	mation below**	
Wire transfer on my One Time E NOTE: Wire transfers are not availab			utions) to my bank	based on the:	
ACH Instructions already	eady established for my	/ IRA 🔲 Bar	nk Account Inform	mation below**	
I authorize the Custodian to with after the verification process.	draw money from my mutu	ual fund IRA and depo	sit to my bank acco	unt. I understand thi	s privilege will be effective
Please attach a voided check as	it is required and will not	t be established with	out a voided check	or bank verificatio	n.
Account Type: 🗌 Checking	g 🗌 Savings				
	John and Jane Doe 123 Any Street Anytown, USA 12345		Date	1003	
	PAY TO THE ORDER OF	Tape your voided ch	eck or preprinted	\$\$DOLLARS	
	BANK NAME BANK ADDRESS				

#### Enter your checking or savings account information:

MEMO

BANK NAME	BANK'S PHONE NUMBER		
BANK ADDRESS	ABA ROUTING N	UMBER	
CITY	STATE	ZIP	
NAME(S) ON BANK ACCOUNT	BANK ACCOUNT	NUMBER	



#### 7. ACKNOWLEDGEMENT AND MEDALLION SIGNATURE GUARANTEE:

By signing this *IRA Distribution Request Form*, I certify that the information I have provided is true and correct, and I authorize the Trustee/Custodian to distribute my IRA as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this distribution and I assume all responsibility for any consequences as a result of my actions. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my instructions, including payments made in error. I have been advised to seek competent legal and tax advice and have not been provided with any such advice from the Trustee/Custodian. I also understand that if this distribution involves a SIMPLE IRA, special rules apply, and I assume responsibility for my actions regarding those issues.

#### Signature of IRA Owner (or other authorized person):

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Date:

\*Note: Please sign your name exactly how it appears in the registration. A Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

A Medallion Signature Guarantee can be obtained from a bank, broker-dealer, credit union, national securities exchange, savings association, or other financial intermediaries that are members of an Approved Medallion Guarantee Program. The stamp must also contain the letter prefix (A, B, C, D, E, F, X, Y or Z) that identifies the grantor's maximum surety amount, and that bond must cover the amount of the requested transaction. Please note that a Notary Public stamp is not acceptable.

MEDALLION SIGNATURE GUARANTEE STAMP

#### 8. MAILING INSTRUCTIONS:

Please send completed form to:

Regular Mail Delivery Ultimus Fund Solutions, LLC P.O. Box 46707 Cincinnati, OH 45246-0707 Overnight Delivery Ultimus Fund Solutions, LLC 225 Pictoria Dr, Ste 450 Cincinnati, OH 45246

8846 UFS 6/24/2022



#### State Income Tax Withholding for Individual Retirement Accounts:

This general information is provided to help you understand state income tax withholding requirements for Individual Retirement Account distributions. While we make every effort to obtain information about state laws from sources believed to be reliable, we cannot guarantee the accuracy or timeliness of state withholding information because state laws are subject to constant change and interpretation. This information is not to be considered tax advice and we recommend that you contact your tax advisor regarding your tax withholding elections and to answer any questions you may have regarding your state's withholding laws.

State of Residence	State Income tax withholding information
AK, FL, HI NV, NH, SD, TN, TX, WA, WY	No state income tax will be withheld for residents of these states.
AL, AR, AZ, CO, D.C., GA, ID, IL, IN, KY, LA, MD, MS, MO, MT, ND, NE, NJ, NM, NY, OH, PA, RI, SC, UT, VA, WV, WI	<ul> <li>State income tax will be withheld only if you instruct us to withhold it. See below for state-specific minimums.</li> <li>AR: 3% of the distribution amount</li> <li>D.C.: 8.95% of the distribution amount</li> <li>KY: 6% of the distribution amount</li> <li>NE: 5% of the distribution amount</li> <li>UT: 5% of the distribution amount</li> <li>VA: 4% of the distribution amount</li> </ul>
CA, DE, IA, KS, ME, MA, NC, OK, OR, VT	<ul> <li>State income tax is required when federal withholding applies. See below for state specific minimums.</li> <li>CA: 10% of the federal withholding amount</li> <li>DE: 5% of the distribution amount</li> <li>IA: 5% of the distribution amount</li> <li>KS: 5% of the distribution amount</li> <li>ME: 5% of the distribution amount</li> <li>MA: 5% of the distribution amount</li> <li>NC: 4% of the distribution amount</li> <li>OK: 5% of the distribution amount</li> <li>OR: 8% of the distribution amount</li> <li>VT: 30% of the <i>federal withholding</i> amount</li> </ul>
CT, MI, MN	<ul> <li>State income tax withholding is required whether or not federal withholding applies. See below for state-specific minimum.</li> <li>CT: 6.99% of the distribution amount</li> <li>MI: 4.25% of the distribution amount</li> <li>MN: 6.25% of the distribution amount</li> </ul>

We may be required to withhold state tax from your distribution based upon the laws of your state of residency. Your state of residency is determined by the legal address of record on your account, which may or may not be your state of residency for tax purposes.

8932 UFS 11/25/2022



**W-4**R

Department of the Treasury

Internal Revenue Service

## Withholding Certificate for Nonperiodic Payments and **Eligible Rollover Distributions**

Give Form W-4R to the payer of your retirement payments.

OMB No. 1545-0074

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First name and middle initial 1a

Last name

1b Social security number

hhA	ress

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

• For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.

• For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2	Complete this line if you would like a rate of withholding that is different from the shault withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information.		
	Enter the rate as a whole number (no decimals)	2	

Sign Here				
incre	Your signature	(This form is not valid unless you sign it.)		Date

## **General Instructions**

from all sources

for more infor

Section references are to the Internal Revenue Code.

Future developments. For the latest information about an future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R .

Purpose of form. Complete Form W-4R to have pave withhold the correct amount of federal income tax from nonperiodic payment or eligible rollover bution fror employer retirement plan, annuity (inclu nercia annuity), or individual retirement arrangem (IR<sub>2</sub> page 2 for the rules and options that are avail for ea type of payment. Don't use Fo n W-4R for perio payments (payments made pents at requ

a period of ore than 1 year) from these plans erval use Form W-4P, Withholding s. Inst range ension or Annuity Payments. For ficate fo withholding, see Pub. 505, Tax informatic holding and Estimated Tax.

caution: If you have too little tax withheld, you will generally e tax when you file your tax return and may owe a penalty s you make timely payments of estimated tax. If too tax is withheld, you will generally be due a refund mi when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

#### 202 Marginal Rate Tables

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opriate withholding rate for this payment or distribution. Add your income You may use these tables to help t the t matches your filing status to find the corresponding rate of withholding. See page 2 use the colur ation on how to us is table.

Single Married filing separat		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate or every dollar nore	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
13,850	10%	27,700	10%	20,800	10%
24,850	12%	49,700	12%	36,500	12%
58,575	22%	117,150	22%	80,650	22%
109,225	24%	218,450	24%	116,150	24%
195,950	32%	391,900	32%	202,900	32%
245,100	35%	490,200	35%	252,050	35%
591,975*	37%	721,450	37%	598,900	37%

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

## General Instructions (continued)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments unless you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering "-0-" on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including "-0-") on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding.

Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including "-0-"). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more 20% withheld.

Note that the following payments are not eligible for distributions: (a) qualifying "hardship" distributions, and distributions required by federal law, such required minimum distributions. See Pub. 505 for a such realso Nonperiodic payments—10% withholding box.

Payments to nonresident aliens and foreign estates. not use Form W-4R. See Public 5. Withholding of the on Nonresident Aliens and Foreign and Foreigns, and Public 5. U.S. Tax Guide for Aliens, for more softma.

Tax relief for victims of terrorist macks. payments for injurnal incurred as a lirrar result of attack are not traple, enter "-0-" of the 2. See F Tax Relief for partims of Terrorist Attacks, for mo

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## Specific I

Line 1b

For an estate, enter the estate's imployer identification number (EIN) in the area reprised for "Social security number."

#### Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter "-0-". Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds within ur total income not including the payment. Step 1: Add your total income and the taxable amount of the summent are and the corresponding rate.

If these two rates of the same, enter that rate on line 2. (See Example 1 below)

ne two rates differ, lqi the amount in the lower rat cket by the rate for racket, and (b) the amount her rate bracket by Me rate for that bracket. Add in the mbers; this the expected tax for this payment. se tw thheld, divide this amount by the et the to hav payment. Round up to the next whole ta le amou hat rate on line 2. (See ber and ent Example 2 below.) nı

you prefer a simpler approach (but one that may lead to verwithholding), find the rate that corresponds to your total come including the payment and enter that rate on line 2.

Examples. Assume the following facts for Examples 1 and 2. Yourfiling status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Because these two rates are the same, enter "22" on line 2.

Example 2. You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$24,850 but less than \$58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. The two rates differ. \$16,075 of the \$20,000 payment is in the lower bracket (\$58,575 less your total income of \$42,500 without the payment), and \$3,925 is in the higher bracket (\$20,000 less the \$16,075 that is in the lower bracket). Multiply \$16,075 by 12% to get \$1,929. Multiply \$3,925 by 22% to get \$863.50. The sum of these two amounts is \$2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the \$20,000 payment (\$2,792.50 divided by \$20,000). Enter "14" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have sugger nons for making this form simpler, we would be happy to near from you. See the instructions for your income to return.