

# REQUIRED MINIMUM DISTRIBUTION (RMD)

(PLEASE READ THE ATTACHED INSTRUCTIONS)

## I. Account Holder's Information (Complete all sections)

Name (please print):

Account Number:

Social Security Number:  -  -

Date of Birth:  /  /

## II. IRA Holder Life Expectancy

*This section must be completed prior to withdrawal of a required minimum distribution.*

Is your spouse more than 10 years younger than you, and is he or she your sole beneficiary for the entire calendar year?

Yes                      No

If Yes, the joint life expectancy of you and your spouse, recalculated, is used.

If No, the uniform lifetime table is used to determine the required minimum distribution.

## III. Required Minimum Distribution Calculation

### 1.) Age 70 1/2 Year

Year for which Distribution is required:

IRA Balance as of previous 12/31: \$

+ Outstanding Rollovers,

Transfers and/or Re-characterizations of Conversions \$

**TOTAL \$**

IRA Holder's Age:

Spouse Beneficiary's Age (if applicable)

÷ Divisor

**RMD = \$**

### 2.) Subsequent Years

Year for which Distribution is required:

IRA Balance as of previous 12/31: \$

+ Outstanding Rollovers,

Transfers and/or Re-characterizations of Conversions \$

**TOTAL \$**

÷ Divisor

**RMD = \$**

## IV. Distribution Instructions

### 1.) RMD Distribution (select all that apply)

Calculate this year's minimum amount and Distribute.

Distribute this amount: \$

Distribute the following securities for the RMD this year:

SYMBOL / CUSIP	QUANTITY
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
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<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

## V. DELIVERY INSTRUCTIONS (Select applicable items)

**Address of Record**

**Alternative Payee or Alternate Address (complete all sections):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

(Notary Public/Signature Guarantee required if check is made payable to alternative payee)

# REQUIRED MINIMUM DISTRIBUTION (RMD)

(PLEASE READ THE ATTACHED INSTRUCTIONS)

### To the following Pension account:

Account Number: \_\_\_\_\_

### Special Payment Instructions:

**Overnight Delivery** (Fees will be assessed)

**Federal Fund Wire** (Fees will be assessed):

ABA Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

City, State: \_\_\_\_\_

Account Number: \_\_\_\_\_

For the benefit of: \_\_\_\_\_

Type of IRA account receiving: \_\_\_\_\_

Account Number: \_\_\_\_\_

Further credit to: \_\_\_\_\_

Account Number: \_\_\_\_\_

## V. Tax Withholding (Select applicable items)

*If you are a nonresident alien, do not complete this section.*

### TAX WITHHOLDING ELECTION

#### 1.) Federal Income Tax Withholding (Select one):

Do **NOT** withhold federal income tax

(By selecting this, the account holder understands that they are still liable for the payment of Federal income tax on the amount of any distributions received. The account holder also understands that they may be subject to Federal income tax penalties under the estimated tax payment rules if their payments of the estimated tax and withholding are insufficient.)

Withhold \_\_\_\_\_ % from the amount of the gross distribution (must be at least 10%)

Withhold \$ \_\_\_\_\_ of federal income tax from the gross distribution amount

#### 2.) State Income Tax Withholding (Select one):

Do **NOT** withhold state income tax from the distribution.  
(Not applicable to all states.)

Withhold \_\_\_\_\_ % from the amount of the gross distribution

Withhold \$ \_\_\_\_\_ of state income tax from the gross distribution amount

## VI. Signature(s)

I certify that I am the proper party to receive payment(s) from this IRA and that all information provided by me is true and accurate. I have read and understand the Rules and Conditions Applicable to Withdrawal on page 3 of this form and agree to abide by those rules and conditions. I further certify that no tax advice has been given to me by the Trustee or Custodian. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Trustee or Custodian shall in no way be held responsible.

(IRA Holder or Beneficiary)

(Date)

(Notary Public/Signature Guarantee)

(Date)

(Broker Approval Signature)

(Date)

(Notary Public Seal or Signature Guarantee Box)