

Account # _____

Advisor Code _____

Case # _____

1 ACCOUNT INFORMATION

Owner Name (First, Middle Initial, Last):	Social Security Number:
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Primary Telephone Number:	Date of Birth:
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- Type of Account: Traditional IRA Roth IRA SEP IRA SIMPLE IRA* Rollover IRA
 Beneficiary IRA Beneficiary Roth IRA Coverdell Education Savings Account

*The SIMPLE IRA must have been funded for at least two years.

2 ON DEMAND DISTRIBUTION AUTHORITY (Select One)

- Client On Demand Distribution Authority.**
 By checking this box and signing below, allows you to verbally request ONE-TIME disbursements in any amount if the requests adhere to the type of disbursement, tax withholding, and method of payment selected on this form.
- Advisor On Demand Distribution Authority.**
 By checking this box and signing below, I authorize my Advisor to verbally request ONE-TIME disbursements in any amount if the requests adhere to the type of disbursement, tax withholding, and method of payment I have selected on this form. I understand that I can terminate or change these instructions at any time by contacting TD Ameritrade. I hereby agree to indemnify and hold harmless TD Ameritrade, Inc., its affiliates and their directors, officers, employees, and agents from and against all claims, actions, costs, and liabilities, including attorneys' fees, arising out of or related to reliance on this authorization and TD Ameritrade's execution of Advisor's instructions and to pay promptly on demand any and all losses arising therefrom or debit balance due thereon.

IRA disbursements and deposits are irrevocable once the requested transaction has been completed.

3 TYPE OF DISBURSEMENT (Select One)

I direct TD Ameritrade Clearing, Inc. to distribute the amount requested for the following reason:

IRA Distribution

- Normal distribution (also applies to Required Minimum Distributions) – I am over age 59½.
- Normal distribution for Roth IRA – I am over age 59½.
 Has the Roth IRA been funded for MORE than five years? Yes No
- Premature distribution (under age 59½) – Exceptions to the 10% penalty (ex., purchasing your first home) must be filed on IRS Form 5329.
- Substantially equal periodic payments (under IRS Code Section 72(t)(2)(A)(iv)). Note: Please see your tax advisor for guidance.
(Review Section 5 of this document prior to submitting this request)
- Disability – Account Owner must meet disability requirements as outlined in Internal Revenue code 72(t). *(Account Owner must be totally permanently disabled as outlined in Internal Revenue Code 72(t). Clients are encouraged to attach a current copy of a physician's statement, IRS Schedule R, or Social Security disability benefits letter)*
- Beneficiary IRA – Distribution from a Beneficiary IRA.
- Beneficiary Roth IRA – Distribution from a Beneficiary Roth.
 Has the Roth IRA been funded for MORE than five years since inception with the original owner? Yes No

Roth Conversion (For conversion from a Traditional IRA, SEP IRA, SIMPLE IRA (if funded for at least 2 years) or Rollover IRA Only)

Roth conversions are irrevocable and are not eligible to be recharacterized. If you will reach RMD age or older by December 31 of the current year, a Required Minimum Distribution (RMD) must be satisfied prior to requesting a Roth conversion.

- Converting to my TD Ameritrade Roth IRA account number _____
 Skip section 4 Method of Payment

Coverdell Education Savings Account Distribution

- Distributions from this account are being used for qualified higher education expenses of the designated beneficiary.
- This distribution is not being used for qualified higher education expenses.



METHOD OF PAYMENT FOR IRA DISTRIBUTION AND COVERDELL EDUCATION SAVINGS ACCOUNT
 A. Easily transfer the distribution to the following TD Ameritrade account: _____

If the receiving account is a nontaxable account, what tax year is the contribution for? _____

 B. Send check

 U.S. First Class Mail Overnight (fees may apply)

<input type="checkbox"/> Address of Record <input type="checkbox"/> To Alternate Payee and/or Alternate address (complete section below) <input type="checkbox"/> This is a Charitable Donation <input type="checkbox"/> Check this box if Donation is to be anonymous		
Payee Name (if Applicable):	<input type="checkbox"/> Care of (optional for alternate address):	
Address:		
City:	State:	ZIP Code:
Additional Information (if Applicable):		

 C. Electronic

<input type="checkbox"/> Wire Funds (fees may apply) <input type="checkbox"/> ACH Funds	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name on Bank Account (list name as it appears at bank and if name contains initials, please provide full name):	
Bank Account Number:	ABA Routing Transit Number:
Bank Name:	

Please provide the following information if the request is a wire to an escrow/mortgage or brokerage account

For Further Credit to Name (if name contains initials, please provide full name):

 For Further Credit to Escrow/Mortgage file # _____ Brokerage Account # _____

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TAX WITHHOLDING ELECTION (Completion Required for IRA Distribution and Roth Conversion)

Tax withholding will NOT be done for Coverdell Education Savings Account disbursements and tax withholding for Roth Conversions will only be done if tax withholding is elected.

Form W-4P/OMB NO. 1545-0074

FEDERAL WITHHOLDING SECTION

- Please withhold taxes from my distribution at a rate of: _____ % (not less than 10% of total distribution).
- I elect NOT to have federal income tax withheld.

If this election is not completed, federal income tax will be withheld at a rate of 10% of your withdrawal.

STATE WITHHOLDING SECTION

- Please withhold taxes from my distribution at a rate of: _____ %
- I elect NOT to have state income tax withheld.

If you do not make an election, we will automatically apply withholding (if required) at the maximum rate based on your state of residency.

MICHIGAN & CONNECTICUT RESIDENTS ONLY

You must submit the MI or CT W-4P if you wish to opt out of state income tax withholding. Otherwise you will be withheld upon at the state's minimum requirement.

Important notice: Any withdrawal from your account is subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will apply to the entire withdrawal since the entire withdrawal may be included in your income that is subject to federal income tax. You may elect not to have withholding apply to your withdrawal payments by completing and dating this election and returning it to TD Ameritrade Clearing, Inc.

If you elect not to have withholding apply to your withdrawal payments, or if you do not have enough federal income tax withheld from your withdrawal, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your withdrawal. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

In some cases, you may elect not to have state tax withheld, or you may tell us how much you would like us to withhold. In other cases, TD Ameritrade Clearing, Inc. may be required by federal and/or state statutes to withhold a percentage of your distribution for income tax purposes.

For Roth conversions, any amounts withheld for federal taxes and not replaced into an IRA/Roth within 60 days will be considered a distribution and may be subject to a 10% early-withdrawal penalty if you are under age 59½.

Please note: TD Ameritrade Clearing, Inc. advises you to contact your tax professional before making any election regarding state withholding elections. State law is subject to change, and TD Ameritrade Clearing, Inc. is not responsible for changes in state law that occur after the publication date of this form.

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AGREEMENT — BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT:

I understand that, subject to the provisions of the Agreement, I have full discretion and control over the form of payment or payments of the entire balance in the Account. I shall exercise control by directing that such payment or payments be made as described above, and the Custodian shall have no responsibility or liability with respect to the choice of any such form of payment or payments. I attest that I am the proper party to receive payment(s) from this IRA and that all information provided by me on this form, including supplemental material, is true and accurate. I certify that no tax advice has been given to me by TD Ameritrade Clearing, Inc. and that all decisions regarding this withdrawal are my own. I expressly assume responsibility for any adverse consequences which may result from the withdrawal; and I indemnify and hold harmless TD Ameritrade, Inc. and TD Ameritrade Clearing, Inc. and their divisions, officers, employees, directors, representatives, owners, affiliates, successors, and assigns. Please note if no date is indicated below, the withholding election will default to receipt date of the form. I understand that all Roth Conversions are irrevocable and cannot be recharacterized.

Printed Name : _____

 Signature : _____ Date: _____

Mailing Address:
TD Ameritrade Institutional
PO BOX 650567
Dallas, TX 75265-0567

DAI 5819 01/22

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

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