

## INDIVIDUAL RETIREMENT ACCOUNT (IRA) PERIODIC REQUEST FORM

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Use this form to request a periodic distribution or contribution of assets from Traditional IRAs, SEP IRAs, SIMPLE IRAs, Roth IRAs, and Education Savings Accounts

**PLEASE BE AWARE OF THE FOLLOWING WHEN COMPLETING THIS FORM:**

- **Use of this form will result in a distribution or contribution that is reportable to the Internal Revenue Service (IRS) and, if applicable, the tax authorities in your state.**
- Read the attached instructions prior to completing the form.
- Do **NOT** use this form to:
  - Request a transfer of assets from this account.  
(Including a transfer due to death of the participant or for a divorce decree.)
  - Initiate a Roth conversion.
  - Purchase securities for this retirement account.
- You are responsible for ensuring that the funds you request are available; this may require asking your investment professional to sell securities to cover the dollar amount of the distribution.
- Some delivery methods result in fees being applied (as noted in the instructions). For a schedule of fees, please contact your investment professional.
- **Please separate the instructions from the periodic request prior to returning the completed form to your investment professional or financial organization.**

# IRA PERIODIC REQUEST INSTRUCTIONS

## I. PARTICIPANT INFORMATION

Please **print** your name (first, middle initial, last) and fill in the boxes for account number, date of birth, and state of residence. Provide the two-letter state abbreviation for your state of residence. If payment is being made to an alternate payee and/or address, provide the appropriate information in section IV.

## II. TYPE OF PERIODIC (See instructions for explanation of each type.)

**EARLY**—For clients who are under the age of 59½ and do not qualify for any of the following exceptions to tax penalties as defined in IRC Section 72(t): death, disability, or series of substantially equal periodic payments. The distribution may be subject to the early distribution penalty. This includes distributions for first time homebuyers, medical expenses, medical insurance, education expenses, etc. The account owner may claim for these exceptions, if applicable, by filing IRS Form 5329. The date of the first contribution to a SIMPLE IRA is required for Pershing to meet IRS tax reporting requirements. Missing or incomplete information may result in a delay in processing your request.

**NORMAL**—For clients who are the age of 59½ and older. This includes required minimum distributions (RMDs) from Traditional IRAs, SEPs, and SIMPLE IRAs for clients who are the age of 70½ and older. If you are over 70½, the IRS requires that minimum distributions be taken according to a specific, elected formula. Please verify the method and amount of your RMD calculation with your tax professional.

**SERIES OF SUBSTANTIALLY EQUAL PERIODIC PAYMENTS**—For distributions as defined in IRC Section 72(t); complete this section if you are taking distributions as part of a series of substantially equal periodic payments. The early distribution penalty does not apply. Please consult with your tax professional for more information.

**DISTRIBUTION DUE TO DEATH**—For distributions that are taken as a result of the death of the IRA owner. The distribution is taken from the inherited/beneficiary IRA.

**PERMANENT DISABILITY**—For distributions within the meaning of IRC Section 72(m)(7). Consult your tax professional or employer to determine eligibility.

**EDUCATION SAVINGS ACCOUNT**—For any distributions from an Education Savings Account, do **NOT** elect tax withholding. Education Savings Accounts are exempt from tax withholding.

**CURRENT YEAR PARTICIPANT**—For contributions by individual owners to their IRAs and to ESAs for ESA beneficiaries.

**CURRENT YEAR EMPLOYER**—For contributions made by an employer to individual participant's account.

## III. PERIODIC INSTRUCTION

**SCHEDULED DISTRIBUTION**—For recurring distributions or contributions on a specified date.

- For distributions, provide a dollar amount to be distributed for each scheduled date. Only available funds will be sent on the date you select. You must make arrangements with your investment professional or financial organization to ensure cash is available on scheduled distribution dates. For contributions, provide a dollar amount to be contributed to the account for each scheduled date.
- Select distribution frequency and provide a beginning date. If no beginning date is selected, the first day of the month following the month that Pershing receives a complete form, will be selected. If the day selected falls on a nonbusiness day, your payment will be made on the first business day thereafter.
- Contributions are subject to the annual limits as provided by the IRS and will be processed as contributions for the **CURRENT** calendar year.

## IV. FEDERAL AND STATE WITHHOLDING ELECTION (For distributions only)

**TAX WITHHOLDING ELECTION**—Rates are subject to change without notice.

**(NOTE: EDUCATION SAVINGS ACCOUNTS ARE EXEMPT FROM TAX WITHHOLDING)**

We are required to withhold federal income tax (and state income tax depending on your state of residency) from distributions. You may elect **NOT** to have federal income tax withheld by completing this section. In some cases, you may elect **NOT** to have state income tax withheld. If no election is made, 10% federal income tax and applicable state income tax will be withheld unless you indicate otherwise. By selecting a scheduled payment as the distribution method, federal and state income tax withholding must be stated as a percentage. Dollar amount selections are not available for scheduled payments. Penalties may be incurred under the estimated tax rules if your withholding and/or tax payments are not sufficient for the tax year. Taxes withheld from your distribution in accordance with your instructions will not be reversed. You may revoke your election at any time before the distribution is processed. Your election remains effective until revoked. For additional information regarding federal and state tax withholding, contact your tax professional.

# IRA PERIODIC REQUEST INSTRUCTIONS

## V. DELIVERY INSTRUCTIONS (For distributions only)

(LEAVE BLANK FOR DELIVERY OF A CHECK OR SECURITY CERTIFICATE(S) IN THE ACCOUNT OWNER'S NAME AND TO THE ADDRESS OF RECORD.)

**ALTERNATE PAYEE**—Provide this information if a check or securities should be delivered to an alternate payee. For your protection, your investment professional or financial organization will need to provide a signature guarantee for all distributions paid to an alternate payee.

**ALTERNATE ADDRESS**—Provide this information if a check or securities should be delivered to an alternate address.

**ACH**—For scheduled distributions only. An original ACH agreement and preprinted, (encoded) voided check must accompany the distribution request. This election will transmit funds directly to your account. No fee will apply.

**TO THE FOLLOWING PERSHING ACCOUNT**—To transfer your distribution to another Pershing account, please provide the receiving account number.

**OVERNIGHT DELIVERY**—You may elect to receive the distribution overnight. A fee is assessed for this service. This service is not available for delivery to a P.O. box address.

## VI. SIGNATURE (This form cannot be processed without your signature)

By signing this form, I acknowledge that I have read and understood the Tax Withholding Instructions and the custodian is not responsible for determining the appropriateness of the distribution and withholding election. Also, my federal and state income tax withholding election is applicable to any subsequent scheduled distributions, until I revoke the election under the procedure established by the custodian. Please contact your investment professional or financial organization for more information.

# IRA PERIODIC REQUEST FORM

## I. PARTICIPANT INFORMATION

NAME: \_\_\_\_\_ ACCOUNT NUMBER:     -

DATE OF BIRTH:   /   /    STATE OF RESIDENCE:    
(For state tax purposes)

## II. TYPE OF PERIODIC (Select one. See instructions for explanation of each type.)

- NEW REQUEST**       **CHANGE OF INSTRUCTION** (Will replace existing instruction)

**SCHEDULED DISTRIBUTIONS:** (Select one. Not available for Federal Funds Wires.)

- EARLY** (Under age 59½ and no known exceptions. See instructions.) If distribution is from a Simple IRA, provide the date of the first contribution \_\_\_\_\_
- NORMAL** (Age 59½ and over, including RMD amounts) If distribution is from a Simple IRA, provide the date of the first contribution \_\_\_\_\_
- SERIES OF SUBSTANTIALLY EQUAL PERIODIC PAYMENTS (SES/72(t))**
- DISTRIBUTION DUE TO DEATH** (From inherited/beneficiary IRA's only)
- PERMANENT DISABILITY**
- EDUCATION SAVINGS ACCOUNT** (Tax withholding does not apply)

**SCHEDULED CONTRIBUTIONS:** (Select one. Available via ACH only.) **NOTE:** All deposits to your brokerage account will be reflected as a current year contribution.

- CURRENT YEAR PARTICIPANT** (For ESA, IRA, Roth, and SEP accounts only)
- CURRENT YEAR EMPLOYER** (For SIMPLE, SEP, and QRP accounts only)

## III. PERIODIC INSTRUCTION

**FREQUENCY:** (Select one)     **SEMI-MONTHLY**     **MONTHLY**     **BI-MONTHLY**     **QUARTERLY**     **SEMI-ANNUALLY**     **ANNUALLY**

**START DATE:** (Month/Day/Year)   /   /

**NOTE:** If no date is indicated, the first day of the next month will be selected. If the day selected falls on a non business day, your request will be processed on the first business day thereafter, if sufficient cash is available. For income distributions, the start date is the date dividends and interest begin to accrue, not the first payment date.

**SCHEDULED DISTRIBUTIONS:** (Select one)     **INCOME** (Dividends and capital gains) **AND INTEREST**     **WITHDRAWAL IN THE AMOUNT OF \$** \_\_\_\_\_

**SCHEDULED CONTRIBUTIONS:**     **DEPOSIT IN THE AMOUNT OF \$** \_\_\_\_\_ (Whole dollars only)

## IV. FEDERAL AND STATE WITHHOLDING ELECTION (For distributions only)

**FEDERAL INCOME TAX WITHHOLDING:** (Select one)

**NOTE:** If an election is not made below, we will withhold 10% of the gross distribution amount.

- Do **NOT** withhold federal income tax from the gross distribution amount.
- Withhold federal income tax from the gross distribution amount at the rate of 10%.
- Withhold \_\_\_\_\_% based on the gross distribution amount. (Must be at least 10%)

State income tax withholding may be required when you elect federal income tax withholding.

**STATE INCOME TAX WITHHOLDING:** (Select one)

**NOTE:** If an election is not made, we will withhold from your distribution according to your state of residence requirement.

- Do **NOT** withhold state income tax from the distribution. (Not applicable to all states)
- Withhold state income tax from the distribution. \_\_\_\_\_ to all states)
- Withhold \_\_\_\_\_% based on the gross distribution amount.
- Withhold \_\_\_\_\_% state income tax based on the federal withholding amount.

## V. DELIVERY INSTRUCTIONS (For distributions only)

ALTERNATE PAYEE: (Signature guarantee required) \_\_\_\_\_

ALTERNATE ADDRESS: \_\_\_\_\_

PLEASE DISTRIBUTE THE ASSETS TO THE FOLLOWING PERSHING NON-RETIREMENT ACCOUNT:     -

**ACH ACCOUNT:** (Select one)     **Checking**     **Savings**

**NOTE:** For ACH requests, an original ACH form must be submitted to Cash Management. All deposits to your brokerage account will be reflected as a current year contribution.

**BANK NAME:** \_\_\_\_\_ **ACCOUNT NUMBER:** \_\_\_\_\_

**ABA NUMBER:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

## VI. SIGNATURE

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

SIGNATURE BELOW IS GUARANTEED BY: (Required for all third party distributions)

FIRM NAME: \_\_\_\_\_

APPROVED BY: (Print name and title) \_\_\_\_\_

APPROVER'S SIGNATURE: \_\_\_\_\_

**MAIL TO:**

Pershing  
Retirement Products Department  
One Pershing Plaza,  
Jersey City, New Jersey 07399



# ACH AUTHORIZATION AGREEMENT FOR RETIREMENT PLANS (IRA, QRP, AND EDUCATION SAVINGS ACCOUNTS)

Please complete the following fields to begin the electronic transfer of funds between your brokerage account and your bank account. You may begin depositing funds into your brokerage account from your bank account, or send payments to your bank account from your brokerage account. All transactions are processed through the Automated Clearing House (ACH) system.

## I. ACCOUNT INFORMATION

BROKERAGE ACCOUNT HOLDER'S NAME(S): \_\_\_\_\_

BROKERAGE ACCOUNT NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

## II. BANK ACCOUNT INFORMATION

ABA NUMBER: \_\_\_\_\_

DDA NUMBER: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

CITY AND STATE: \_\_\_\_\_

ACCOUNT TYPE:       CHECKING       SAVINGS

I (we) hereby authorize Pershing LLC, to initiate credit/debit entries to the bank account indicated above and further authorize my (our) Bank to debit the same to such account.

This authority is to remain in full force and effect until Pershing has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Pershing and my (our) Bank a reasonable opportunity to act on it. It is understood that if the systematic reinvestment system is selected, the purpose of this authorization is to provide a means of payment for purchases of securities through my investment professional or financial organization.

PRIMARY ACCOUNT OWNER

JOINT ACCOUNT OWNER (IF APPLICABLE):

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

### PLEASE COMPLETE: (For processing by Introducing Financial Organization)

#### A. ACH TYPE

- PERIODIC DEPOSITS TO BROKERAGE ACCOUNT       PERIODIC DISTRIBUTIONS TO BANK ACCOUNT  
 INCOME DISTRIBUTIONS TO BANK ACCOUNT  
 PERIODIC PURCHASE OF MUTUAL FUNDS (NOTE: ACH is contingent upon the execution of periodic mutual fund purchases.)

#### B. FREQUENCY

- SEMI-MONTHLY       MONTHLY       BI-MONTHLY       QUARTERLY       SEMI-ANNUALLY       ANNUALLY

#### C. CONTRIBUTION AMOUNT FOR DEPOSITS AND DISTRIBUTIONS (WHOLE DOLLARS ONLY):

AMOUNT: \_\_\_\_\_

START DATE: \_\_\_\_\_

#### D. CONTRIBUTION TYPE (FOR ESA/IRA/SEP/SIMPLE/QRP ONLY):

- PARTICIPANT CURRENT YEAR       EMPLOYER CURRENT YEAR

NOTE: A Distribution Request Form is required for retirement accounts. All deposits to your brokerage account will be reflected as a current year contribution.

PLEASE ADHERE, WITH TAPE, AN ORIGINAL VOIDED BANK ACCOUNT CHECK HERE. DO NOT STAPLE.



PCPRACH