

# PART 1. PLAN PARTICIPANT INFORMATION

| M.I.:                  | Last Name:            | Account #: |
|------------------------|-----------------------|------------|
|                        |                       |            |
|                        |                       |            |
| Date of Birth: (MM/DD/ | (YYYY) Email Address: |            |
|                        |                       |            |
|                        |                       |            |

# PART 2. REASON FOR DISTRIBUTION

If no option is checked, we will default to "Normal Distribution."

| Normal Distribution (Over age 59½)  |   |
|---|---|
| Early Distribution  |   |
| Required Minimum Distribution (Note that required minimum distribution            | rtions are not eligible to be rolled over.)               |
| Termination of Employment   |   |
| Hardship (Note that hardship distributions are not eligible to be rolled over.)   |   |
| In-Service Distribution   |   |
| Plan Termination  |   |
| Death   |   |
| <b>Excess Deferral</b> (Complete the following information; Note that excess defe | errals are not eligible to be rolled over.)               |
| Excess Deferral Amount: Earnings:   | Excess Tax Year:    Prior Year Excess Current Year Excess |

### PART 3. DISTRIBUTION AMOUNT

| Dist |   | provided there are no past-due fees on my acc     |                                 |
|------|---|---|---------------------------------|
|      | Option B: Partial Distribution of the fol |   |                                 |
|      | Reregister the following asset(s):        |   |                                 |
|      | Asset Name:                               |   | Amount:                         |
|      | 2.  |   |                                 |
|      |   | nust have sufficient available funds to cover man | datory 20% federal withholding. |

### PART 4. WITHHOLDING INFORMATION (Form W-4R/OMB No. 1545-0074)

**Complete this withholding section only if your distribution is NOT eligible to be rolled over.** If your distribution is eligible to be rolled over to an IRA or retirement plan, but is paid to you, we are required to withhold 20% federal income tax and applicable state income tax. You cannot waive this withholding.

#### Federal Withholding (Select one option)

If your distributions are not eligible to be rolled over, you may elect to waive withholding or you may elect to withhold federal income tax of 10% or more. If you do not make an election, 10% federal withholding will apply.

| Withhold the following percentage of Federal Income Tax from the amount withdrawn: (Must be 10% or greater.) |  | % |
|--|--|---|
|--|--|---|

DO NOT withhold Federal Income Tax

I understand that I am liable for the payment of federal income tax on the amount of any distribution received and that I may be subject to penalties under the estimated tax payment rules if my payments of the estimated tax and withholding are insufficient.

State Withholding (Select one, if applicable; The following states do not allow withholding: AK, FL, NV, SD, TX, WA, and WY.)

| The elections below will apply to the following Withholding State:               |   |
|--|---|
| Withhold the following percentage of State Income Tax from the amount withdrawn: | % |
| Withhold the following amount of State Income Tax from the amount withdrawn: \$  |   |

**DO NOT** withhold State Income Tax (Varies by state; Please check your state's laws to determine eligibility.)

I understand that I am liable for the payment of state income tax on the amount of any distribution received and that I may be subject to penalties if my payments are insufficient.

## PART 5. PAYMENT METHOD

| Send check via: Regular Mail  | Overnight Ma  | ail (\$50.00)                            | Cashier's Check +                                | Overnight Mail (\$50.0                                 |
|---|---|--|--|--|
| Payee Name:   |   | Payee                                    | Tax ID #:  |  |
| Payee Address:  |   | City:                                    | State  | Zip:   |
| Option 2. Wire or ACH to Payee  | 's Bank   |  |  |  |
| Bank Name:  | Phone:  |  |  | separate wiring instructio<br>information is attached. |
| Payee Name: (On bank account)   |   | Payee                                    | Tax ID #:  |  |
| Payee Address:  |   | City:                                    | State  | : Zip:   |
| Account #: Type:  | checking Saving                                       | ABA (Routir<br>gs                        |  | Wire ACH   |
| If the ABA routing number provided ac<br>as a wire. If the ABA routing number p | ccepts both wire and AC<br>provided is not for a wire | CH transaction and<br>account, funds wil | the box above is not che<br>I be sent as an ACH. | ecked, funds will be se                                |
| <b>Option 3. Direct Rollover Check</b><br>A Letter of Acceptance MUST be su     |   |  | onsored Plan                                     |  |
| Accepting Account Type: Tradition   | al IRA Roth IRA                                       | SIMPLE I                                 | IRA Employer-S                                   | Sponsored Retiremer                                    |
| Payable to Accepting Organization Na  | ame:  | FBO P                                    | Participant Name:                                |  |
| Accepting Organization Address:   |   | City:                                    | State  | Zip:   |
| Receiving Custodian or Financial Insti  | itution Account Numb                                  | per:                                     |  |  |
|   |   |  |  |  |

## PART 6. PLAN PARTICIPANT AUTHORIZATION

#### Important: Please read before signing.

I have read and understand the distribution notice provided to me. In addition, if I am eligible to waive the notice requirements under Internal Revenue Code Sections 402(f), 417(a)(3), and 411(a)(11), I hereby waived the 30-day notice period.

I certify that I am authorized to take distributions form this retirement account and all information provided by me is true and accurate. I confirm receipt of the State Withholding Notice Information. I understand this is a self-directed account meaning that I am solely responsible for the selection, due diligence, management, review, retention and liabilities of all investment(s) and for the accuracy of the instructions provided to the Custodian or Administrator to fulfill those investments. I understand the Custodian and Administrator are not fiduciaries and do not provide investment, tax or legal advice. I expressly assume all liability, and agree Custodian is not responsible, for any consequences that may arise from this distribution.

| Signature of Plan Sponsor: (Employer)        | Plan Sponsor Name: (Print or Type)                   | Date: (MM/DD/YYYY) |
|--|--|--------------------|
|  |  |                    |
|  |  |                    |
| Signature of Plan Participant / Beneficiary: | Plan Participant / Beneficiary Name: (Print or Type) | Date: (MM/DD/YYYY) |
|  |  |                    |
|  |  |                    |

(Required if distribution is due to death)

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Phorizon Trust Correspondence, PO BOX 27068, Newark NJ 07101

#### **Eligible Rollover Distributions**

Eligible rollover distributions can be made directly to another qualified retirement plan/401(k), governmental 457(b), 403(a), 403(b), or government thrift savings plan that will accept it (direct rollover) or, if you choose, a Traditional, SIMPLE, or Roth IRA.

Eligible rollover distributions are all distributions from the plan except the following:

- Required minimum distributions;
- Certain installment payments that are a part of a series of equal (or almost equal) periodic payments that will last for your lifetime (or the joint lives of you and your beneficiary) or for a specified period of 10 years or more; and
- Distributions due to hardship

If you choose to rollover an eligible rollover distribution to a Roth IRA, you must include all pre-tax assets in your taxable income in the year of the distribution.

**NOTE:** A rollover to a SIMPLE IRA may not be made until two years after the first contribution to the SIMPLE IRA.

#### Withholding Instructions

*Lump Sum Distribution/Partial Distribution* - If your distribution is eligible for rollover and it is being distributed directly to you, you will be subject to mandatory Federal tax withholding of 20 percent of the payment (and State tax, if applicable) that must be submitted to the IRS at the time of the distribution as income tax withholding to be credited against your taxes. You cannot waive this withholding.

If your distribution is not an eligible rollover distribution or is a coronavirus-related distribution, Federal tax (and State tax, if applicable) will be withheld at the rate of 10 percent of the payment, unless you specify to waive withholding or withhold at a higher rate.

State Withholding - Depending on your state of residency, the custodian may be required to withhold state income tax at a rate specified by your state, unless you waive it.

*Direct Rollover* - There is no mandatory withholding for direct rollovers. If your distribution is being directly rolled over to a Roth IRA, withholding is optional. Please specify if you wish to have Federal tax (and State tax, if applicable) withheld from your distribution. Even if you do not have income tax withheld, you are liable for payments of income tax on the taxable portion of your distribution. 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.

Your withholding election does not apply to any periodic or non-periodic distributions that are delivered outside the U.S. or its possessions to a U.S. citizen or resident alien. If you are a non-resident alien, your distributions are generally subject to a tax-withholding rate of 30 percent. A reduced withholding rate, including exemption, may apply if there is a tax treaty between your country of residence and the United States, and you submit Form W-8BEN, *Certificate of Foreign Status of Beneficial owner for United States Tax Withholding*, or satisfy the documentation requirements as provided under the regulations.

#### **Periodic Distribution**

For purposes of the withholding rules on distributions that are not eligible rollover distributions, a periodic distribution is one that is includible in your income for tax purposes and that you receive in installments at regular intervals (e.g., annually, quarterly, monthly, etc.) over a period of time (more than one year).

Periodic distributions are treated as wages for purposes of withholding. If you do not waive withholding on your periodic distributions, Federal income tax needs to be withhold from each payment as if you were a married individual claiming three withholding allowances. However, you can change the amount of the withholding.

| Withholding Allowances:      | Marital Status: |         |   |
|------------------------------|-----------------|---------|---|
|                              | Single          | Married | Married, but withhold at a higher "single" rate |
| Additional Amount to be With |                 |         |   |

I elect to waive Federal Income Tax (and State Withholding, if applicable)

Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see IRS Publication 505, *Tax Withholding and Estimated Tax*. It explains the estimated tax requirements and penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4R, Withholding Certificate for Pension or Annuity Payments.