



01/06/2017

ANDERSON NANKA
43 Cranberry Rd
Dracut, MA 01826

Required Minimum Distribution (RMD) Notice for Account 502601

Dear Client:

Each year Trust Company of America (TCA) as IRA custodian is required by the IRS to notify owners of traditional, SEP and SIMPLE IRAs who have attained the age of 70-1/2 that they are required to take an annual minimum distribution (RMD). For the first RMD year, the IRA owner can defer the RMD until April 1st of the following year.

This notice is being provided to you because TCA's records indicate that you are age 70-1/2 or older. TCA will report to the IRS that a 2017 RMD is required for your account. Under IRS guidelines, your 2017 RMD for the account listed above (based on the 2016 year-end value of the account) is as follows:

Date of Birth	07/17/1945
12/31/2016 Value	\$25,806.00
RMD Amount	\$1,008.05
RMD to be taken by	12/31/2017
Established Systematic Distribution	No

If your TCA account balance was zero as of 12/31/2016, or if you have IRAs in addition to the account listed above, please contact your Investment Advisor to ensure that your RMD requirement is satisfied for the current tax year.

To take your RMD from your IRA with TCA, please complete the enclosed IRA withdrawal form and return it to your Investment Advisor. Please note that the form allows you to establish an automatic schedule of payments for the purpose of receiving your minimum distribution if that's what you would prefer. **If you have already established a systematic distribution from your TCA account, that schedule will remain in effect unless we are instructed otherwise.**

If you have any questions, please contact REP NO PHONE TYPE at .

Sincerely,

Sharon Brett
Director, Advisor Services
Trust Company of America

CC: REP NO 123-456-7899



REQUIRED MINIMUM DISTRIBUTION (RMD) REQUEST

Institutional Advisor Services



SECTION 1: Request Type

Select one:

- Request One-time RMD Distribution.
- Establish Systematic Distribution.
- Change Systematic Distribution. *Provide information in Sections 2, 3, 4, 5, 6, and sign in Section 7.*

SECTION 2: Account Information

TCA Account Type IRA	
Full Name ANDERSON NANKA	
Last 4 Digits of Social Security Number	Date of Birth 07/17/1945

SECTION 3: Cash Distribution Amount

IMPORTANT: For a RMD distribution, contact your investment advisor to initiate any asset liquidations required. If your investment advisor needs to liquidate assets to cover the requested cash, the distribution will not be processed until the settlement date for the sells.

Gross cash amount of \$ _____
Note: Provide amount before tax withholding. Can be used for a RMD amount that has been calculated by you or your tax advisor.

Trust Company of America (TCA) to calculate the RMD amount.
Provide the following information below for the calculation.

Type of RMD, select one:

- Full RMD amount for this account
- Remaining RMD balance for this account

Check if true and complete:

I have designated my spouse or a qualifying trust (where my spouse is the sole primary beneficiary of the trust) as sole primary beneficiary of my account AND my spouse is at least 10 years younger than I.

Spouse's Date of Birth

SECTION 4: Withholding

A. FEDERAL WITHHOLDING

Select one:

Withhold federal income tax of _____% or \$ _____ from the amount distributed. *Note: The total must be no less than 10%.*

I elect not to have any federal income tax withheld. *Note: To elect no federal withholding, TCA must have a street address on file for your account.*

IMPORTANT: If no election, federal tax withholding of 10% will apply. Even if you elect not to have tax withheld, you are liable for payment 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 withholding or payments of estimated tax, if any, are not adequate.

B. STATE WITHHOLDING

IMPORTANT: State withholding is not available for all states. For a list of states available for withholding and their withholding rules, refer to the TCA Withholding Information document found online at www.trustamerica.com/advisor-forms. *Note: The account's legal address of record at the time of the distribution determines the state withholding requirements.*

Select one:

Withhold state income tax of _____% or \$ _____ from the amount distributed for the state in the address of record for this TCA account. *Note: Amounts will be rounded to the nearest whole dollar.*

I elect not to have state income tax withheld.

IMPORTANT: If your state has mandatory withholding requirements, state withholding may be processed even if the 'I elect not to have state income tax withheld' box is checked or no state withholding box is checked.

502601
TCA Account Number

SECTION 5: Systematic Distribution Frequency, if applicable

Systematic distribution. Provide the schedule information below.

Month to Begin Distributions (Systematic Distributions only)

Frequency of Distributions

Select one: Monthly Quarterly Semi-annually Annually

Note: January 5th and 15th can't be selected for Annual Systematic RMD distributions.

Day of Month to Withdraw Distributions

Select one: 5th 15th (checks only) 25th

SECTION 6: Distribution Method

Select the appropriate distribution method:

IMPORTANT: Funds sent overnight via check or wire may be subject to a fee, which will be deducted from your account balance. Your investment advisor can provide you with fee information regarding this transaction.

Select Method:

By electronic transfer. *Note: Allow 1-2 business days for delivery from the processed date for ACH, and the same or next business day for wires.*

Select one: By ACH Select one: Checking account
 By Wire Savings account

Voided check provided in lieu of bank information

Bank Name
ABA (Routing) Number
Name on Bank Account
Account Number

By check:

Note: allow 10 Business days for check delivery. If no payment or mailing instructions are provided, the address of record will be used as default instructions. Check fee may apply.

Select if applicable:

Send check via overnight delivery (not available for a P.O. Box address). Fee may apply.

Select one (check fee may apply):

- To the account owner at the address on record
- To the account owner at the address below
- To the third party payee at the address below

Third Party Payee if applicable		
For the Benefit Of (FBO) if applicable	Account Type	
Mailing Address		
City	State	Zip

By direct rollover. Move the requested cash specified in Section 4 into the account listed below.

TCA Account, if applicable

Note: If the receiving account is not an existing account, include the appropriate TCA account application.

Select one: New account Existing account

TCA Account Number	Account Type
Account Title	



REQUIRED MINIMUM DISTRIBUTION (RMD) REQUEST

Institutional Advisor Services



SECTION 6: Distribution Method (Continued)

Direct Rollover to other institution, if applicable:

Note: For a direct rollover to an employer plan, please verify that the plan accepts direct rollovers from an IRA.

Name of Institution	Account Title
Account Number	Account Type

By internal transfer to a TCA account. Move the requested cash specified in Section 3 into my TCA Account listed below. Note: If the receiving account is not an existing account, include the appropriate TCA account application.

Select one: New account Existing account

TCA Account Number	Account Type
Account Title	

SECTION 7: Signature

A. ACCOUNT OWNER

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 further certify that no tax advice has been given by TCA. All decisions regarding this withdrawal are my own. I expressly assume the responsibility of any adverse consequences which may arise from the withdrawal and I agree that TCA shall in no way be held responsible.

502601
TCA Account Number

SECTION 7: Signature (Continued)

In the event an ACH entry is incorrect, TCA reserves the right to submit correcting entries. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

By signing, I hereby agree to indemnify and hold harmless TCA, their successors and assigns, from and against any losses, claims, liabilities, damages, actions, charges, and expenses including attorney fees, resulting from TCA compliance with this request, including but not limited to transfer to another party.

Account Owner Signature	Date
Print Name	

B. INVESTMENT ADVISOR, if applicable

I am signing on behalf of the account owner as authorized by the Advisor Authorization for Distributions form previously signed and submitted by the account owner. Note: Payment instructions for a change of beneficial ownership require the account holder's signature.

Investment Advisor Signature	Date
Print Name	

- End of Form -

General Instructions

Use these instructions to complete the Required Minimum Distribution (RMD) Request form, for a one-time cash distribution or systematic distribution.

Note: To cancel a systematic distribution complete the IRA Distribution Request form found online at www.trustamerica.com/advisor-forms.

You must **complete all required fields** to expedite processing and to avoid requests for additional information.

Section 1: Request Type

Check the appropriate box to indicate the type of action you want to take with this form. Note: Allow up to 7 days from receipt of this form by TCA for the systematic distribution to be activated or changed.

Section 2: Account Information

Enter the account number and owner information for this account exactly as it appears on your TCA account.

Section 3: Cash Distribution Amount

Select the amount, then provide the gross amount (before taxes are withheld), or if the request is for TCA to calculate the RMD amount, enter the requested information.

TCA to calculate RMD amount. TCA will calculate your RMD amount based on the information provided in this section.

Important: TCA will calculate the RMD using the Uniform Lifetime Table unless the sole beneficiary of record is a spouse more than 10 years younger than the account owner. If the spouse beneficiary of record is more than 10 years younger, TCA will calculate the RMD using the Joint Life Expectancy Table.

Section 4: Withholding

Check the box indicating the federal and state withholding and the percent or amount to be withheld or specify that you want no federal or state tax withheld. Note: All state withholding will be rounded to the nearest whole dollar. The account owner's legal address of record at the time of the distribution determines the state withholding requirements.

Important: The distributions you receive from your retirement account are subject to federal and possibly state income tax. Even if you elect not to have tax withheld, you are liable for payment 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 withholding or payments of estimated tax, if any, are not adequate. Note: For additional information, consult your tax advisor or the IRS.

Important: If your state has mandatory withholding requirements, state withholding may be processed even if the 'I elect not to have state income tax withheld' box is checked or no state withholding box is checked.

Section 5: Systematic Distribution Frequency, if applicable

Select the appropriate distribution frequency.

Systematic distribution. Select the Systematic Distribution checkbox and complete the schedule information. Note: Allow up to 7 days from receipt of this form for the systematic distribution to be activated, updated or cancelled.

Important: Your first distribution may be delayed to the next scheduled date if this form is received less than 8 days before your first requested withdrawal.

Note: Systematic distributions will be withdrawn from the models in the account according to the account's model distribution percentages.

Section 6: Cash Distribution Method

Select the appropriate distribution method and provide the requested information.

Important: Funds sent overnight via check or wired may be subject to a fee, which will be deducted from your account balance. Your investment advisor can provide fee information for this transaction.

Section 7: Signature

Sign and date the form. Note: For custodial IRAs, the custodian must sign. Return your completed form as instructed by your investment advisor or your client representative. Questions regarding this form should be directed to your investment advisor.