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 by E*TRADE Account Type	
Full Name	
Last 4 Digits of Social Security Number	Date of Birth

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.

☐ **TCA by E*TRADE 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 by E*TRADE 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 by E*TRADE 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 by E*TRADE 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.

TCA by E*TRADE 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 ☐ By Wire

Select one: ☐ Checking account ☐ 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 by E*TRADE Account, if applicable

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

Select one: ☐ New account: ☐ Existing account

TCA by E*TRADE Account Number	Account Type
Account Title	

TCA by E*TRADE Account Number

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 by E*TRADE account.** Move the requested cash specified in Section 3 into my TCA by E*TRADE Account listed below. *Note: If the receiving account is not an existing account, include the appropriate TCA by E*TRADE account application.*

Select one: ☐ New account ☐ Existing account

TCA by E*TRADE 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 by E*TRADE. 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 by E*TRADE shall in no way be held responsible.

SECTION 7: Signature (Continued)

In the event an ACH entry is incorrect, TCA by E*TRADE 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 by E*TRADE, their successors and assigns, from and against any losses, claims, liabilities, damages, actions, charges, and expenses including attorney fees, resulting from TCA by E*TRADE 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 –

REQUIRED MINIMUM DISTRIBUTION (RMD) REQUEST

Institutional Advisor Services

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 by E*TRADE 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 by E*TRADE 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 by E*TRADE to calculate the RMD amount, enter the requested information.

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

Important: TCA by E*TRADE 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 by E*TRADE 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.