

# REQUIRED MINIMUM DISTRIBUTION (RMD) REQUEST ASSET CUSTODY SERVICES



## SECTION 1: Request Type

Select one:

- Request One-time RMD Distribution.
- Gross Cash Amount
- RMD Establish Systematic Distribution.
- RMD Change Systematic Distribution.
- CANCEL RMD Sustematic Distribution Provide information below and in Section 2, and sign in Section 7.

## SECTION 2: Account Information

TCA Account Number	
Phone Number and Email Address	
Name (First MI Last)	
Last 4 Digits of Social Security Number	Date of Birth

## SECTION 3: Distribution Amount

Provide either full or partial distribution instructions.

**IMPORTANT:** To liquidate assets for a distribution in cash, you may contact Customer Service or use this form. The distribution will not be processed until the settlement date for the sells.

**Gross cash amount of \$** \_\_\_\_\_  
*Note: Provide amount before tax withholding, you may include additional funds above the RMD amount*

**Required Minimum Distribution (RMD) amount.** Provide the following information 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
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## 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 is made, federal tax withholding of 10% will be withheld.

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.ira.trustamerica.com](http://www.ira.trustamerica.com). *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 listed in the address of record. *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.

## SECTION 5: Systematic Distribution Frequency, if applicable

**Systematic distribution.** Provide the schedule information below. *Note: It takes approximately 7 days from receipt of this form for the systematic distribution to be activated. Systematic Distributions CANNOT be established until Feb 15<sup>th</sup>.*

Month to Begin Distributions (Systematic Distributions only)
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Frequency of Distributions

Select one:  Monthly  Quarterly  Semi-annually  Annually

Day of Month to Withdraw Distributions

Select one:  1st  15<sup>th</sup>

## SECTION 6: Distribution Method (complete all that apply)

**IMPORTANT:** Funds sent via wire is subject to fees (see Fee Schedule), which will be deducted from your account balance. Customer Service can provide you with fee information regarding this transaction.

Select all that apply:

**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 Wire  
 By ACH (**for systematic distributions only**)

Select one:  Checking account  
 Savings account

Voided check provided in lieu of bank information



**REQUIRED MINIMUM DISTRIBUTION (RMD) REQUEST  
ASSET CUSTODY SERVICES**



Bank Name
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ABA (Routing) Number
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Name on Bank Account
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Account Number
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TCA Account Number
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**Partial security shares in kind.** Enter information for assets to be distributed in kind.

Number of Shares	Security Description/Symbol
Number of Shares	Security Description/Symbol

Additional security shares information attached

*Note: The value of a securities distribution is determined as of the closing price on the business date the distribution is issued. Certificates of deposit, treasuries and some mutual funds and securities cannot be delivered in certificate form.*

**IMPORTANT:** Funds sent overnight via check is subject to fees (see Fee Schedule), which will be deducted from your account balance. Customer Service can provide you with fee information regarding this transaction.

**By check** Note: Allow up to 10 business days for delivery. 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:

- By check to account owner at the address of record
- By check to account owner at the address below
- By check to the third party payee at the address below

Payable To
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For the Benefit Of (FBO) if applicable	Account Type
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Mailing Address
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City	State	Zip
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Account Title
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**SECTION 7: Signature**

I certify that I am the proper party to receive or direct payment(s) from this IRA and that all information provided 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. By signing below, I hereby agree to any fees related to this transaction that may be assessed per the account fee schedule.

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's compliance with this request, including but not limited to transfer to another party.

Account Owner or Authorized Party Signature	Date
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Print Name
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**- End of Form -**

**Partial security liquidation:** Enter information for assets to be liquidated.

Dollar Amount	Security Description/Symbol
Dollar Amount	Security Description/Symbol

Additional security liquidation information attached.

# REQUIRED MINIMUM DISTRIBUTION (RMD) REQUEST ASSET CUSTODY SERVICES



## General Instructions

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

**Important:** To cancel or change an existing systematic distribution, complete the IRA Distribution Request form found on-line at [www.ira.trustamerica.com](http://www.ira.trustamerica.com).

**Important:** Applicable distribution fees will be deducted from your account balance. *Note: For information on distribution fees for this request, contact Customer Service*

You must **complete all required fields and provide all required additional forms and documentation** 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 the 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, and 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 Life Table unless the sole beneficiary of record is a spouse more than 10 years younger than the account holder. 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's legal address of record at the time of the distribution determines the state withholding requirements.*

**Important:** The distributions you receive from your IRA account may be 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

For a systematic distribution, select the Systematic Distribution checkbox and complete the schedule information. *Note: Allow up to 7 days from TCA's receipt of this form for the systematic distribution to be activated, updated or cancelled. Systematic Distributions **CANNOT** be established until Feb 15<sup>th</sup>.*

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

Complete Section 6 for distribution method of systematic distribution.

## Section 6: Distribution Method

Select all the appropriate distribution methods that apply.

**Important:** Funds sent overnight via check or wire is subject to fees (see Fee Schedule), which will be deducted from your account balance. Customer Service can provide you with fee information regarding this transaction.

- **By electronic transfer.** Select the type of electronic transfer and provide the bank information requested below for either your Checking Account or Savings Account. If you select the Voided Check Provided box, provide a blank check with this form. *Note: Allow for delivery from the processed date the same or next business day for wires. If the bank account type is not selected, Trust Company will default to checking account.*
- **By check.** Select the appropriate box indicating the payee and address information for this request. *Note: Allow up to 10 business days for delivery of mailed checks. Overnight delivery is not available for P.O. Box addresses. If no election is made, a check will be sent to the address of record, payable to the account owner.*

**Partial security liquidation:** Complete this section to generate the cash necessary to complete the RMD request. In addition, please indicate above whether your distribution will be sent by electronic transfer or check.

**Partial security shares in kind.** Complete this section to reregister assets in kind directly to you as a distribution.

## Section 7: Signature

Sign and date the form. Return your completed form to Trust Company of America. Questions regarding the form can be directed to Customer Service at 1-800-223-4133 option 2.