

QUALIFIED PLAN DISTRIBUTION REQUEST
Asset Custody Services



SECTION 1: Account Information

A. ACCOUNT TYPE

Select one: Profit Sharing Plan
 Other: _____

TCA Account Number

Plan Name

B. ACCOUNT OWNER/PARTICIPANT INFORMATION

First Name MI Last Name

Social Security Number Date of Birth

Mailing Address

City State Zip+4

Work Phone Home Phone

Email Address

SECTION 2: Reason for Distribution

IMPORTANT: The signature of the Plan Trustee or Administrator is required in Section 6 to approve the distribution from the Plan. Even with a signature granting approval, the reason for distribution must be completed for IRS reporting purposes.

Select one:

Normal distribution. (age 59½ or older.) Also select for a Required Minimum Distribution (RMD).

Separation from service.

Financial hardship.

Disability distribution. (under age 59½; distribution not subject to 10% penalty tax) By checking this box, I certify that this distribution meets all the disability requirements of the IRS.

Divorce distribution. By checking this box, I certify that I agree to the divorce certification terminology in Section 6. *Note: Delivery method must be by internal direct rollover to a TCA account. Complete and have your former spouse sign in Section 6.*

Plan Termination.



SECTION 3: Distribution Amount

Provide either full or partial distribution instructions.

IMPORTANT: Contact Client Services if you need to liquidate assets to cover the requested cash.

A. FULL DISTRIBUTION INSTRUCTIONS, if applicable

Full cash distribution. Liquidate all assets, send the total balance, and close my account.

Full in-kind distribution. Distribute all cash and security balances in-kind and close my account.

B. PARTIAL DISTRIBUTION INSTRUCTIONS, if applicable

Select one:

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

Answer true or false:

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.

True False

If the above statement is true, enter the following information:

Spouse's Date of Birth

Specific Asset Instructions. Enter asset information.

Sell Reregister

Shares/Dollar Amount/% of Asset Asset Name

Sell Reregister

Shares/Dollar Amount/% of Asset Asset Name

Sell Reregister

Shares/Dollar Amount/% of Asset Asset Name

Additional asset information provided

Certificates of deposit, treasuries and some mutual funds and securities cannot be delivered in certificate form. Securities must be sold in share amounts.

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SECTION 4: Withholding Elections

IMPORTANT for withholding on in-kind security distributions:

There must be a sufficient cash balance to cover the withholding amounts specified. For withholdings specified as a percentage, the withholding amounts will be calculated on the gross cash amount plus the value of in-kind securities.

A. FEDERAL WITHHOLDING

Select one:

Withhold federal income tax of _____% or \$ _____ from the amount distributed. *Note: The total must be no less than 20% unless your reason is Financial Hardship, Disability, or your amount is a RMD.*

I elect not to have any federal income tax withheld.

IMPORTANT: If no selection is made, federal tax withholding of 20% will be withheld. If your reason is Financial Hardship, Disability, or your amount is a RMD, you can elect to withhold an amount under 20% or elect not to have federal income tax withheld. If your distribution type has mandatory withholding requirements, federal withholding may be processed even if the 'I elect not to have federal income tax withheld' box is checked.

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: For a list of states available for withholding and their withholding rules, refer to the TCA Withholding Information document found online at ira.trustamerica.com/self-directed-ira/tax_withholding.

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.

SECTION 5: Distribution Method

Select the appropriate distribution method(s):

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

By Wire *Note: Allow the same or next business day from the processed date for delivery for wires.*

Select one:

- Voided check provided in lieu of bank information
- Checking account with the bank information below
- Savings account with the bank information below

Bank Name _____ ABA (Routing) Number _____

Name on Bank Account _____

Account Number _____

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

Select if applicable:

Send check via overnight delivery (not available for P.O. Box addresses)

Select one:

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

Payable To _____

For the Benefit Of (FBO), if applicable _____

Mailing Address _____

City _____ State _____ Zip+4 _____

Select if changing address. *I authorize TCA to change my address of record to the address noted above.*

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

TCA Account Number _____ Account Type _____

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SECTION 5: Distribution Method Continued

By security delivery. Re-register and/or deliver the securities designated in Section 3 as a distribution from my qualified plan. *Note: Must be FBO a non-retirement account.*

 Deliver To

 For the Benefit of (FBO), Account Title, if applicable

 Account Number and Account Type, if applicable

 Social Security Number (if not account owner)

 Mailing Address

 City State Zip+4

Note: Allow approximately four to six weeks to process distributions of securities in certificate form. Nontraditional assets may take significantly longer. Certificates of deposit, treasuries and some mutual funds and securities cannot be delivered in certificate form.

SECTION 6: Divorce Certification, if applicable

Note: All information and required signatures must be submitted on one form. Do not send a copy of the Qualified Domestic Relations Order (QDRO) to TCA.

 Former Spouse Name

 Social Security Number Date of Birth

We, the Account Owner and the undersigned Account Owner's former spouse, hereby request the transfer of cash and/or assets to the retirement account of the former spouse. The cash and/or asset amounts indicated on this form have been agreed to by both the Account Owner and the Account Owner's former spouse and the amounts are in accordance with the QDRO. We attest that the requested transfer meets all requirements of law and Trust Company of America plan documents. We agree to indemnify and hold Trust Company of America harmless from and against any and all claims including, but not limited to, damages, court costs and legal fees resulting from reliance or action taken in reliance upon the information provided on this form as received by Trust Company of America and that Trust Company of America bears no responsibility for verifying the accuracy of the transfer instructions provided to it.

 Former Spouse Signature

SECTION 7: Signature

I certify that I am the proper party to receive payment(s) from this qualified plan account and that all information provided and the Plan Trustee is true and accurate. I further certify that no tax advice has been given by Trust Company of America. 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 Trust Company of America 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.

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

I hereby request payment from the Qualified Plan designated above in the manner indicated. In addition, if I am eligible to waive the notice requirements under Sections 402(f), 417 and 411(a)(11) of the Internal Revenue Code, I hereby waive the 30 day notice period.

I certify that all information provided by me is true and accurate, and I agree to submit additional information if requested by the Plan Administrator (employer), financial organization (Prototype Sponsor), or any Plan fiduciary. No tax advice has been given by either the Plan Administrator or Prototype Sponsor. All decisions regarding this distribution are my own. I expressly assume the responsibility for any adverse consequences which may arise from this distribution and I agree that the Plan Administrator, Prototype Sponsor, and any Plan fiduciary shall in no way be responsible for those consequences.

 Plan Trustee or Administrator Authorization Signature Date

 Print Name

 Participant Signature Date

 Print Name

- End of Form -

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General Instructions

Use these instructions to complete the Qualified Plan Distribution Request form.

Purpose of this form: This form is required to request a one-time distribution from a qualified plan. *Note: Only one set of instructions should be submitted on this form.*

Important: If you are a beneficiary of a qualified plan account and are requesting a distribution due to death, complete the **Beneficiary Distribution Request** form.

Important: This document uses the term 'account owner' to imply 'plan trustee' or 'plan administrator'.

Important: This form cannot be used to transfer assets from your qualified plan account at TCA to a retirement account in your name at another trustee or custodian. Use the new custodian's transfer form to complete this type of action. An affirmation signed by your plan trustee approving the direct rollover is required either by letter of instruction or on the new custodian's paperwork.

Distribution fees: There may be fees associated with your distribution request, including but not limited to:

- Check or wire fee
- Full or partial termination fees
- Asset re-registration fees
- Overnight mail fees (if applicable)

Important: Applicable distribution fees will be deducted from your account balance. Client Services can provide you with fee information regarding this transaction.

All fields are required unless noted: All fields are required unless designated as 'if applicable'. 'If applicable' indicates the section or entry is required if certain conditions apply. These conditions are outlined in detail in these instructions.

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

Print or type all entries: Print clearly in all CAPITAL LETTERS to complete this form. To type entries, a fillable PDF of this form can be found online at ira.trustamerica.com/account-forms.

Section 1: Account Information

A. Account Type

Check the box indicating the retirement account type and provide the name of the plan and the TCA account number.

B. Account Owner/Participant Information

Enter the participant information for this account exactly as it appears on your TCA account.

Section 2: Reason for Distribution

Your qualified plan account is governed by the Plan Documents. The Plan Documents outline when and why you may take distributions from the account.

Important: The signature of your Plan Trustee or Plan Administrator is required in Section 6 to approve the distribution from the Plan.

Even with a signature granting approval, the reason for distribution must be completed for IRS reporting purposes. In most situations, TCA is required to issue a Form 1099-R for distributions from your qualified

plan account. Depending on the nature of the distribution, the distribution may or may not be taxable.

Note: For additional information on approved reasons for distributions and their tax consequences, consult your employer or tax advisor.

Select one of the following distribution reasons.

- **Normal distribution** (age 59½ or older.) Also used for Required Minimum Distribution (RMD) or if you intend to rollover the distribution to another retirement account within 60 days.
- **Separation from service.** Use if you are no longer employed by the organization.
- **Financial hardship.** Your employer confirms if you have met the established safe harbor guidelines set by the IRS.

Important: A financial hardship requires your employer to sign in Section 6.

- **Disability distribution** (under age 59½; not subject to 10% early withdrawal penalty.) Under Internal Revenue Code an individual is deemed to be disabled if "he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration." *Note: The Social Security definition of disability does not apply here. Proof of disability may be required by the IRS. The 10% early withdrawal penalty is not imposed on distributions taken due to disability that meets the IRS definition.*

- **Divorce distribution** (under age 59½, not subject to 10% early withdrawal penalty, one-time distribution only.) Use this method to move all or a portion of your qualified plan account to a former spouse under a Qualified Domestic Relations Order (QDRO).

Note: Delivery method must be by internal transfer to a TCA account.

Important: A divorce requires your former spouse to complete their personal information and sign in Section 6, in addition to your signature in Section 7. *Note: All information and required signatures must be submitted on one form. Do not send a copy of the QDRO to TCA.*

- **Plan Termination.** The Plan trustee has notified the plan participant that the plan has terminated.

Section 3: Distribution Amount

Complete either the full distribution instructions in Section 3A or the partial or systematic distribution instructions in Section 3B.

Important: Applicable distribution fees may reduce the requested amount.

Liquidate assets for cash distribution. Contact Client Services if you need to liquidate assets to cover the requested cash.

A. Full Distribution Instructions, if applicable

For full distributions, select the Full Cash Distribution checkbox. *Note: Distributions requiring the liquidation of assets will be processed after all liquidating trades have settled.*

B. Partial Distribution Instructions, if applicable

For partial distributions, select the appropriate type of distribution and provide the requested information, if applicable.

- **Gross Cash Amount.** The gross cash amount is the amount before any tax withholding has been applied. Provide the gross cash amount for any distribution reason, including requesting a RMD

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amount that has been calculated by you or your tax advisor.

- **Required Minimum Distribution (RMD) amount.** TCA will calculate your RMD amount based on the information provided in this section.

Full RMD amount. TCA will calculate and distribute the total RMD amount for the year. *Note: Any previous distributions for the year will be ignored.*

Remaining RMD balance. TCA will calculate the total RMD amount for the year, subtract any previous distributions for the year, and distribute the remaining amount.

Important: The RMD calculation will be based on the information available to TCA. The account owner is responsible for notifying TCA if there are any outstanding rollovers, outstanding transfers, conversions, or recharacterizations that are not reflected on the previous year-end statement.

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

- **Specific asset instructions.** Provide the number of shares or dollars and the asset name. Select either sell or reregister. *Note: Certificates of deposit, treasuries, and some mutual funds and securities cannot be delivered in certificate form. Securities must be sold in share amounts.*

More than three assets. For a partial distribution, if there are more than two assets being requested, list the information for the additional assets on a separate piece of paper and check the 'Additional asset information provided' checkbox at the end of the section.

Section 4: Withholding Elections

Important: The distributions you receive from your qualified plan 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 concerning your withholding election.*

A. Federal Withholding

Check the box indicating the federal withholding and the percent or amount to be withheld or specify that you want no Federal tax withheld. *Note: The total amount withheld must be no less than 20%.*

Important: If no selection is made, federal tax withholding of 20% will be withheld. If your reason is Financial Hardship, Disability, or your amount is a RMD, you can elect an amount to withhold under 20% or elect not to have federal income tax withheld.

Important: If your distribution has mandatory withholding requirements, federal withholding of 20% may be processed even if the 'I elect not to have federal income tax withheld' box is checked.

B. State Withholding

Check the box indicating the state withholding and the percent or amount to be withheld or specify that you want no 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: State withholding is not available for all states. For a list of states available for withholding and the withholding rules by state, refer to the TCA Withholding Information document found online at ira.trustamerica.com/self-directed-ira/tax_withholding.

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.

Withholding on in-kind security distributions. For in-kind security distributions, there must be a sufficient cash balance to cover the withholding amounts specified. For withholdings specified as a percentage, the withholding amounts will be calculated on the gross cash amount plus the value of in-kind securities.

Section 5: Distribution Method

Select the appropriate distribution method.

Important: Funds sent overnight via check, or wired may be subject to a fee, which will be deducted from your account balance. Client Services can provide you with fee information regarding this transaction.

Cash and in-kind instructions. Check either the By Wire or By Check box for the cash portion of the distribution and complete the By Security Delivery information for the in-kind portion.

- **By Wire.** Provide the bank information below. If you select the Voided Check Provided box, provide a blank check with this form. If you select either Checking Account or Savings Account, enter your banking information. *Note: Allow the same or next business day from the processed date for delivery for wires.*
- **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.*
- **By internal direct rollover to my TCA account.** This method transfers cash or securities to another TCA retirement account in your name. Provide the TCA account number and account type. *Note: If the receiving account has not been established include the appropriate TCA account application.*
- **By security delivery.** Select this option to request that your in-kind distribution of securities be delivered in certificate form to you or in electronic form to a third party to hold for your non-retirement account. *Note: Allow approximately four to six weeks to process distributions of securities in certificate form. Certificates of deposit, treasuries and some mutual funds and securities cannot be delivered in certificate form.*

Section 6: Divorce Certification, if applicable

Provide your former spouse's name, social security number, and date of birth. Your former spouse must sign and date the form. *Note: All information and required signatures must be submitted on one form. Do not send a copy of the QDRO to TCA.*

Return your completed form to TCA. Questions regarding this form should be directed to Client Services.

Section 7: Signature

Sign and date the form.