

IMPORTANT INFORMATION FOR YOU

- Use this form to request a systematic, periodic, tax-reportable distribution from your Equity Trust Company account.
- Looking to request a one-time distribution? Please submit the One-Time Distribution form.
- This form cannot be used to request recurring non-taxable trustee to trustee transfers.
- Recurring asset in-kind distributions cannot be requested.
- Verbal verification may be required from you before processing the distribution that could delay the processing time.
- Recurring disbursements will be issued on the same recurring date requested, payable to the same party.
- If the disbursement date falls on a weekend or bank holiday the payment will be issued on the business day prior.
- Disbursements will continue as directed unless the account has insufficient funds to fulfill the request or written direction is received from the account holder to cease or change disbursements.
- Checks will be sent to the account holder's mailing address of record.
- Processing and/or disbursement fees may apply.

1 ACCOUNT HOLDER INFORMATION

ACCOUNT HOLDER NAME	ACCOUNT NUMBER
ACCOUNT TYPE	

2 RECURRING DISTRIBUTION REQUEST

The distribution type (Normal, Premature, or Required Minimum Distribution) will be determined based upon the account holder age and account type. Equity Trust Company will issue disbursements for the requested amount on the same recurring date requested, payable to the same party.

A. Instruction (Select One)	
<input type="checkbox"/> Establish New Recurring Disbursement	<input type="checkbox"/> Modify/Replace Existing Recurring Disbursement <input type="checkbox"/> Stop an Existing Recurring Disbursement
B. Disbursement Amount (Select One)	
<input type="checkbox"/> Total Gross Amount \$ _____	<input type="checkbox"/> Distribute All Income Received from Assets
C. Disbursement Frequency (Select One)	
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (rolling 3 months from Start Date) <input type="checkbox"/> Semi-Annual (rolling 6 months from Start Date) <input type="checkbox"/> Daily <input type="checkbox"/> Annual (For income distributions only)	
D. Date to Start Recurring Disbursements (This Start Date cannot fall on a Weekend or Bank Holiday. Must be more than 3 days from date submitted) Month/Date/Year ____/____/____ Note: This will be the recurring disbursement date unless it falls on a weekend or bank holiday in which case the disbursement will be issued on the business day prior.	E. Month of Last Disbursement (Optional) Month/Date/Year ____/____/____ Note: Disbursements will continue according to the directions provided unless the account has insufficient funds to fulfill the request or written direction is received from you to cease or change disbursements.
F. Additional Immediate One-Time Disbursement	
<input type="checkbox"/> In addition to setting up recurring disbursements, please disburse an immediate one-time disbursement using the same amount and delivery instructions provided.	

3 METHOD OF DISBURSEMENT (Select one option) Funds will be sent via check/regular mail if an option is not selected

<input type="checkbox"/> SEND FUNDS BY CHECK (Funds must be made payable to the account holder, unless the distribution is charitable or for a CESA or HSA)			
MAKE CHECK PAYABLE TO		CESA/HSA DISTRIBUTIONS ONLY (ACCOUNT NUMBER/REFERENCE INFORMATION)	
ADDRESS	CITY	STATE	ZIP CODE
<input type="checkbox"/> SEND FUNDS BY ACH			
BANK NAME		ABA ROUTING # (9 DIGITS)	
FOR CREDIT TO (NAME ON BANK ACCOUNT)		FOR CREDIT TO ACCOUNT NUMBER (BANK ACCOUNT NUMBER)	
FOR FURTHER CREDIT TO (IF APPLICABLE)		FOR FURTHER CREDIT TO ACCOUNT NUMBER (IF APPLICABLE)	

3 METHOD OF DISBURSEMENT (Continued. Select one option) Funds will be sent via check/regular mail if an option is not selected

☐ **DEPOSIT TO EQUITY TRUST COMPANY OR ETC BROKERAGE ACCOUNT**

ACCOUNT REGISTRATION

ACCOUNT NUMBER

DESIGNATION (IF APPLICABLE)

*Additional fees may apply, see current fee schedule. Please note that overnight mail requires an address other than a Post Office Box. If you have a PO Box as your mailing address, overnight mail will be sent to your legal address of record.

4 TAX WITHHOLDING ELECTION (Select one option for both Federal and State Withholding)

FEDERAL TAX WITHHOLDING.

 Please select only **ONE** option below.

- ☐ Please withhold taxes from my distribution at the default rate of 10%
- ☐ Please withhold taxes from my distribution at a rate of: _____ * (Enter rate as a whole number between 0%-100%, no decimals)
- ☐ Please withhold taxes in the amount of \$ _____ (Dollar amount must be greater than 10% of the total distribution value)

*Complete this line if you would like a rate of withholding that is different than the default withholding rate. Please review the Federal Tax Withholding Additional Information and IRS FORM W-4R for more information.

STATE INCOME TAX. Requirements vary by state. See State Tax Withholding Information at the end of this Distribution Request Form.

State of Residence: _____

If you do not provide state above, we will use the state on your Account's record at the time this is processed.

 Please select only **ONE** option below.

- ☐ **Do NOT** withhold State Income Tax
- ☐ **Withhold** State Income Tax*
- ☐ at a rate of _____ % (percentage in whole numbers)
- ☐ in the amount of \$ _____

State income tax withholding from your distribution may be required. In some cases, you may elect not to have withholding apply, or you may elect to increase the rate of withholding. In other cases, state income tax withholding may not be available. Refer to the State Tax Withholding Information sheet for specific information concerning your state's withholding rates. While we make every effort to obtain information about state tax laws from sources believed to be reliable, we cannot guarantee the accuracy or timeliness of state tax withholding information because state tax laws are subject to constant change and interpretation. We recommend that you contact your tax advisor regarding your tax withholding elections and to answer any questions that you may have.

*Note, if you do not make an election, Equity Trust Company will apply withholding (if required) at the minimum rate based on the laws for your state of residency as determined by the legal address of record on your Account.

5 FEE INFORMATION

A copy of the fee schedule can be found here: <https://www.trustetc.com/etcb/>. If you have a managed account, please contact your Advisor for your account's specific fee schedule. Any applicable fees will be deducted from your available cash in your Equity Trust account. Should your Equity Trust account not have available cash, you agree that fees can be deducted from your available cash in your ETC Brokerage Services account(s). To avoid any processing delay, please ensure that your account at Equity Trust maintains available cash to process the pending transaction.

6 SIGN and DATE

The undersigned hereby authorizes and directs Equity Trust Company to distribute funds from my account referenced above in accordance with the instruction completed on this form.

I acknowledge that: (1) this distribution request form is provided to the Custodian under the Custodial Account Agreement and Disclosure Statement; (2) this distribution is authorized under the provisions of the Custodial Account Agreement and Disclosure Statement and IRS Regulations and does not constitute a prohibited transaction; (3) the Custodian may require verbal verification before processing the distribution and the Custodian reserves the right to delay and/or cancel the distribution if the required verification is not timely received; (4) by signing this form, I understand and agree that the Custodian is not responsible for determining the appropriateness of any voluntary withholding election and such election is applicable to any subsequent distribution until it is revoked by me under the procedure established by the Custodian; (5) I certify that all information provided is true and accurate; (6) I have not received any tax or legal advice in connection with this distribution from the Custodian and I understand that it is my responsibility to determine the taxable amount of this distribution.

I agree to indemnify, hold harmless and release the Custodian for any liability due to the processing, amount or receipt of this distribution.

SIGNATURE OF ACCOUNT HOLDER

DATE

**Withholding Certificate for Nonperiodic Payments and
Eligible Rollover Distributions**

Give Form W-4R to the payer of your retirement payments.

2025

1a First name and middle initial	Last name	1b Social security number
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Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	2	%
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**Sign
Here**

Your signature (This form is not valid unless you sign it.)

Date

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2025 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
15,000	10%	30,000	10%	22,500	10%
26,925	12%	53,850	12%	39,500	12%
63,475	22%	126,950	22%	87,350	22%
118,350	24%	236,700	24%	125,850	24%
212,300	32%	424,600	32%	219,800	32%
265,525	35%	531,050	35%	273,000	35%
641,350*	37%	781,600	37%	648,850	37%

* If married filing separately, use \$390,800 instead for this 37% rate.

General Instructions (*continued*)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can’t choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don’t give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate’s employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$65,000 without the payment. Step 1: Because your total income without the payment, \$65,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$85,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$61,000 without the payment. Step 1: Because your total income without the payment, \$61,000, is greater than \$26,925 but less than \$63,475, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$81,000, is

greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. The two rates differ. \$2,475 of the \$20,000 payment is in the lower bracket (\$63,475 less your total income of \$61,000 without the payment), and \$17,525 is in the higher bracket (\$20,000 less the \$2,475 that is in the lower bracket). Multiply \$2,475 by 12% to get \$297. Multiply \$17,525 by 22% to get \$3,856. The sum of these two amounts is \$4,153. This is the estimated tax on your payment. This amount corresponds to 21% of the \$20,000 payment (\$4,153 divided by \$20,000). Enter "21" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

STATE TAX WITHHOLDING INFORMATION

Your state of residence determines your state income tax withholding requirements. The information below is provided only as a guideline to help you understand state income tax withholding requirements and is not tax or legal advice regarding withholding. Equity Trust Company makes every effort to obtain information about state tax laws from reliable sources, however Equity Trust Company cannot guarantee the accuracy or timeliness of state tax withholding information as state tax laws are subject to constant change and interpretation. The information below applies to residents of each respective state and there may be exceptions based on your circumstances. Special rules apply if you live in a foreign country, are not a U.S. Citizen, or are a non-resident alien. You will be responsible for any under-withholding when you file your tax return. Please contact your tax advisor before making an election regarding state tax withholding.

STATE INCOME TAX WITHHOLDING OPTIONS

AK, FL, NH, NV, SD, TN, TX, WA, WY	STATE INCOME TAX WITHHOLDING MAY NOT BE ELECTED State income tax withholding is not available. Do not complete the State Income Tax Withholding section.
AL, AZ, CO, DC, DE, GA, HI, ID, IL, IN, KY, LA, MD, MO, MS, MT, ND, NJ, NM, NY, OH, PA, RI, SC, UT, WV, WI	STATE INCOME TAX WITHHOLDING IS VOLUNTARY We will withhold state income tax only if you instruct us to do so. You must indicate the amount to withhold. There is no mandatory tax rate as these states are voluntary withholding states.
KS, MA, ME, NE, VT	STATE INCOME TAX WITHHOLDING IS MANDATORY IF FEDERAL WITHHOLDING HAS BEEN ELECTED If you have federal income tax withheld: <div> KS: 5.00% of distribution amount MA: 5.00% of distribution amount ME: 5.00% of distribution amount NE: 5.00% of distribution amount VT: 30% of federal withholding amount </div>
AR, CA, CT, IA, MI, MN, NC, OK, OR, VA	STATE INCOME TAX WITHHOLDING IS MANDATORY WHEN FEDERAL WITHHOLDING APPLIES, UNLESS YOU SPECIFICALLY ELECT NOT TO WITHHOLD AR: 3% of distribution amount CA: 10% of federal withholding amount CT: 6.99% (only if distribution is over \$5000 or more than 50% of total account value) IA: 5% of distribution amount MI: 4.25% of distribution amount (unless you opt out or adjust withholding by submitting Form MI-W4P) MN: 6.25% of distribution amount (unless you complete form W-4MN to elect no state tax with federal tax withholding) NC: 4% of distribution amount (unless you opt out or adjust withholding by submitting Form NC-4P) OK: 4.75% of distribution amount (unless you opt out or adjust withholding by submitting Form OK-W-4-R) OR: 8% of distribution amount (unless you complete Form W-4P) VA: 4% of the distribution amount