

**IMPORTANT INFORMATION FOR YOU**

- Looking to request a recurring distribution? Please submit the Recurring Distribution Form.
- Distribution requests submitted are typically processed within 1-2 business days.
- Additional documents or instructions may be required to complete this request.
- Equity Trust Company may require verbal verification from you before processing the distribution that could delay the processing time.
- Asset distributions may require a Fair Market Valuation form and could delay processing of the distribution request.
- Liquidation requests may require a Sale Direction of Investment form and could delay the processing of the distribution request.

**1 ACCOUNT HOLDER INFORMATION**

LEGAL NAME	ACCOUNT NUMBER
ACCOUNT TYPE	

**2 TYPE OF DISTRIBUTION** *(Please select one option)*

<b>IRA DISTRIBUTION (Traditional, SEP, or SIMPLE)</b>	
<input type="checkbox"/> <b>Normal:</b> Age 59 ½ or older <input type="checkbox"/> <b>Premature:</b> Under 59 ½ (IRS penalties may apply) <input type="checkbox"/> <b>Premature Distribution Exception Applies</b> <input type="checkbox"/> <b>Direct Rollover</b> (eligible IRA rollover to Employer Qualified Plan)	<input type="checkbox"/> <b>Simple IRA Distribution:</b> Under 59 ½ and the distribution is taken within two years of the date of the first contribution, and no exceptions apply. The IRS may impose a penalty in the amount of 25%. Please consult with your tax advisor for further guidance.

<b>ROTH DISTRIBUTION</b>	
<input type="checkbox"/> <b>Qualified Roth Distribution (Q):</b> Account Owner meets the 5-year holding period and: has reached age 59 ½ or the owner is disabled. <input type="checkbox"/> <b>Roth Distribution, Exception Applies (T):</b> It is not known if the 5-year exception has been met but: the owner has reached age 59 ½ or the owner is disabled	<input type="checkbox"/> <b>Early Roth Distribution (J):</b> Account owner has not met the 5-year holding period and/or is under age 59 ½ and the owner is not disabled. <input type="checkbox"/> <b>Direct Rollover</b> (eligible Roth rollover to Employer Qualified Plan)

<b>ADDITIONAL DISTRIBUTION OPTIONS</b>	
<input type="checkbox"/> <b>Death Distribution:</b> (From Inherited IRAs and Inherited Roths only) <input type="checkbox"/> <b>Distribution due to divorce or separation.</b> (Attach a copy of the court ordered document verifying breakdown.) <input type="checkbox"/> <b>Timely refund of excess or nondeductible contribution Plus earnings.</b> For Tax Year _____	<input type="checkbox"/> <b>Refund of principal amount of excess contribution AFTER tax filing date.</b> For Tax Year _____ <input type="checkbox"/> <b>Disaster Relief</b> (Congress approved relief)

<b>REQUIRED MINIMUM DISTRIBUTION</b>
<input type="checkbox"/> Required Minimum Distribution - age 73 or older.

<b>COVERDELL EDUCATION SAVINGS ACCOUNT DISTRIBUTION OPTIONS</b>	
<input type="checkbox"/> Qualified Educational Expense	<input type="checkbox"/> Premature Distribution

<b>FOR HSA DISTRIBUTIONS ONLY**</b> **Responsibility for ensuring that funds are used for qualified medical expenses falls solely on the Account Owner.		
<input type="checkbox"/> Qualified Medical Expenses	<input type="checkbox"/> Non-qualified: Under 65 (possible tax consequences and 10% penalty)	<input type="checkbox"/> Non-qualified: Over 65 (possible tax consequences)

**3 ONE-TIME DISTRIBUTION REQUEST** (Select either Full or Partial)

☐ **Full Distribution:** Account will be Closed (Review current fee schedule for any applicable Termination Fees)

☐ **Partial Distribution:** Account will remain Open.

 Cash: ☐ All Available Cash ☐ Total Gross Amount \$\_\_\_\_\_

ASSET DESCRIPTION	# OF SHARES	OR	DOLLAR AMOUNT	ASSET DESCRIPTION	# OF SHARES	OR	DOLLAR AMOUNT
ASSET DESCRIPTION	# OF SHARES	OR	DOLLAR AMOUNT	ASSET DESCRIPTION	# OF SHARES	OR	DOLLAR AMOUNT
ASSET DESCRIPTION	# OF SHARES	OR	DOLLAR AMOUNT	ASSET DESCRIPTION	# OF SHARES	OR	DOLLAR AMOUNT
ASSET DESCRIPTION	# OF SHARES	OR	DOLLAR AMOUNT	ASSET DESCRIPTION	# OF SHARES	OR	DOLLAR AMOUNT

If more lines are necessary to list additional assets, attach a separate sheet titled "Asset Sheet".

☐ Yes, an additional Asset Sheet is attached. Please remember to sign and date.

For Real Estate, Mobile Home, Private Equity (LLC, LP, LTD), and Private Debt assets, an annual valuation must be on file to distribute the asset. Please review your asset holdings and submit a completed Fair Market Value form for any asset requiring an updated valuation. Requests cannot be processed until a current valuation is provided.

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

☐ **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

SELECT ONLY ONE OPTION

☐ Cashier's Check\* (Overnight mail required) ☐ Regular Check/Overnight Mail\* ☐ Regular Check/Regular Mail

<input type="checkbox"/> Bill Third Party for Overnight	THIRD PARTY ACCOUNT NUMBER	THIRD PARTY ZIP CODE
<input type="checkbox"/> FedEx <input type="checkbox"/> UPS		

☐ **SEND FUNDS BY WIRE\*** ☐ **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)

 TYPE OF ACCOUNT ☐ Checking ☐ Savings

\*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.

**5 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.

**5 TAX WITHHOLDING ELECTION** *(Continued. Select one option for both Federal and State Withholding)*

**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.

**6 DOCUMENT SIGNING**

If this distribution requires Equity Trust Company to sign any re-registration related documents that are accompanying this request (for in-kind asset distributions), please provide authorization by making an election below. Documents will be sent via regular mail to the address of record, unless indicated otherwise. request a recurring distribution? Please submit the Recurring Distribution Form.

☐ Yes, sign document(s) provided

☐ Send document(s) by overnight mail

**7 DELIVERY INSTRUCTIONS**

Checks, precious metals, and documentation will be sent to your Mailing address of record. 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.

**8 FEES 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.

**9 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**

<b>1a</b> First name and middle initial	Last name	<b>1b</b> Social security number
-----------------------------------------	-----------	----------------------------------

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.

<b>2</b> 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)	<b>2</b>	%
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------	---

**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](http://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	<b>STATE INCOME TAX WITHHOLDING MAY NOT BE ELECTED</b> 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	<b>STATE INCOME TAX WITHHOLDING IS VOLUNTARY</b> 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	<b>STATE INCOME TAX WITHHOLDING IS MANDATORY IF FEDERAL WITHHOLDING HAS BEEN ELECTED</b> 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	<b>STATE INCOME TAX WITHHOLDING IS MANDATORY WHEN FEDERAL WITHHOLDING APPLIES, UNLESS YOU SPECIFICALLY ELECT NOT TO WITHHOLD</b> <div>           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         </div>