

1 TELL US ABOUT YOURSELF (Please complete all fields below)

NAME		DAYTIME PHONE	SOCIAL SECURITY NUMBER
ACCOUNT NUMBER	INVESTMENT FIRM/ACCOUNT EXECUTIVE'S NAME		INVESTMENT REPRESENTATIVE & PHONE NUMBER
Plan/Account Type: <input type="checkbox"/> IRA <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Individual 401(k) <input type="checkbox"/> 403(b)(7)			

2 YOU CALCULATE THE REQUIRED MINIMUM DISTRIBUTION

- Use the Additional Information section to calculate your Required Minimum Distribution.
- Complete sections 4 through 9 in order to process your Required Minimum Distribution.

3 EQUITY TRUST COMPANY CALCULATES THE REQUIRED MINIMUM DISTRIBUTION
IMPORTANT:

- You must answer all questions below if you would like us to calculate and authorize the disbursement of your Required Minimum Distribution.
- The Additional Information section provides information on the withdrawal calculation method.
- By completing the information below, you authorize Equity Trust to use this information to calculate your Required Minimum Distribution and authorize the distribution from your account. You acknowledge that Equity Trust will not confirm the amount of distribution to you prior to processing the distribution. You must complete the information in Section 5 of this form to indicate what percentage of your distribution should be paid in cash and what percentage should be paid in securities, if you do not complete Section 5, we will send a generic authorization to your investment firm to complete the distribution.

 Which withdrawal calculation method are you using? Uniform Lifetime *or* Joint Life Expectancy

a. What is your date of birth?

b. What was the market value of your account on December 31? \$

c. What, if any, is the total amount of distribution(s) taken this year towards your RMD? \$

d. If you are using Joint Life Expectancy, what is your spouse's date of birth?

4 ACCOUNT STATUS

- I am taking a partial distribution. (My retirement plan will remain open.)
- This represents a total distribution. (I wish to close my account.)

5A TELL US ABOUT YOUR PAYMENT AMOUNT (Select from one of the following options)

 Completing this section will authorize a distribution as listed below. If you have requested Equity Trust calculate your payment in Section 3, please update the appropriate field below with proper percentage information. If a dollar amount is entered in any of the fields below, we will authorize the disbursement of the Required Minimum Distribution as calculated by you and will **not** perform a calculation as requested in Section 3.

a. \$ or % Cash Only

b. \$ or % Securities Only (*)

 c. \$ or % Cash *and* \$ or % Securities (*)

(*) If you selected Securities in options b or c above, you must complete section 5B below.

5B SECURITIES TO BE REGISTERED OR LIQUIDATED (Complete if "b" or "c" is selected above)

Select One Liquidate/Reregister	How Much (Shares, Units, Amount, or Percentage)	Investment Name	Account Number	Broker Held
<input type="checkbox"/> L <input type="checkbox"/> R				<input type="checkbox"/>
<input type="checkbox"/> L <input type="checkbox"/> R				<input type="checkbox"/>
<input type="checkbox"/> L <input type="checkbox"/> R				<input type="checkbox"/>
<input type="checkbox"/> L <input type="checkbox"/> R				<input type="checkbox"/>
<input type="checkbox"/> L <input type="checkbox"/> R				<input type="checkbox"/>

6 WHEN SHOULD WE SEND YOUR PAYMENT(S)? (Choose one option)
 This is a one-time payment. Send my payment in (specify month):

 Beginning in (specify month) _____, my payments should be made: Monthly Quarterly

Note: Please return your completed form prior to December 13, 2019 to ensure there is sufficient time to process your RMD request prior to the IRS deadline.

7 WHERE SHOULD WE SEND YOUR PAYMENT(S)? (Choose one option)
 HOME

STREET ADDRESS

CITY

STATE

ZIP CODE

 OTHER* (complete additional information below)

STREET ADDRESS

CITY

STATE

ZIP CODE

*** If OTHER is selected above, please provide the following additional information:**

PAYEE FIRM NAME

ROUTING NUMBER (additional wire charge may be applicable)

ACCOUNT TYPE:

ACCOUNT NUMBER

PAYMENT METHOD

 Checking Savings Other: _____

 Check Journal

8 SHOULD WE WITHHOLD TAXES? (Continued on next page - Additional Information)

FORM W-4P Department of the Treasury, Internal Revenue Service, OMB No. 1545-0074 (See IRS Form W-8BEN if you are a foreign individual).

The instructions to Form W-4P (Withholding Certificate) are included in the Additional Information section.

You may elect out of this withholding by checking the appropriate box below. If no election is made, we must withhold taxes at the required 10% rate. If you live in a state which requires state withholding, that amount may be withheld also. Penalties may be incurred under the estimated tax rules if your withholding and/or estimated tax payments are not sufficient. **Your withholding election will remain in effect until it is revoked by you.**

 Option 1 I elect **not** to have taxes withheld from my retirement account distribution.

 Option 2 I elect to have federal income tax withheld at the rate of _____% (not less than 10%).
 Withhold an additional amount \$ _____ or additional percentage of _____% from my distribution.

 Option 3 I elect to have \$ _____ or _____% state income taxes withheld.

Important: If you are a participant in an employer sponsored plan and withdraw amounts which exceed your minimum required payment, they are subject to the required 20% tax withholding. An amount for withdrawal which exceeds your RMD, or for a total closing, must be requested using our Qualified Plan Distribution Request Form.

9 SIGNATURE

By signing this form, I understand, acknowledge and agree that, if I request Equity Trust Company to calculate my Required Minimum Distribution payment, it will do so based solely on the information I provide. I further understand, acknowledge, and agree that I am solely responsible for verifying the accuracy of Equity Trust Company's calculations and the distribution amount upon receipt.

I certify that I am the proper party to receive payment(s) and that all information provided is true and accurate. I expressly assume the responsibility for any tax implications and any adverse consequences which may arise from this withdrawal, and I agree that Equity Trust Company shall in no way be held responsible. I have not received any tax or legal advice in connection with this distribution from Equity Trust Company or any of its affiliates. I understand the tax implications of this distribution.

SIGNATURE

DATE

ADDITIONAL INFORMATION
Calculating Your RMD

The **Uniform Lifetime Table** below will help you determine your required payment. Use the **Joint Life Expectancy Table** (located in Publication 590) if your spouse is your sole beneficiary and is at least ten (10) years younger than you.

- Find your age on your birthday. The figure beside your age is your life expectancy factor.
- Divide the December 31, total value of all assets within your Equity Trust Company retirement account by the life expectancy factor to obtain your RMD amount.
- Reduce this amount by any withdrawals (other than the prior year RMD) you completed during the current year.
- Complete section 4 through 9 in order to process your RMD.

STOP!

If you are an IRA beneficiary taking a Required Minimum Distribution, the information on this form cannot be used to calculate the amount of your distribution. Please refer to our Beneficiary RMD calculator located on our website at <https://www.trustetc.com/sdira-resources/rmd-calculator/> or call our Client Contact Center at 800-209-9010.

Uniform Lifetime Table

Age	Life Expectancy Factor	Age	Life Expectancy Factor	Age	Life Expectancy Factor	Age	Life Expectancy Factor	Age	Life Expectancy Factor
70	27.4	75	22.9	80	18.7	85	14.8	90	11.4
71	26.5	76	22.0	81	17.9	86	14.1	91	10.8
72	25.6	77	21.2	82	17.1	87	13.4	92	10.2
73	24.7	78	20.3	83	16.3	88	12.7	93	9.6
74	23.8	79	19.5	84	15.5	89	12.0	94	9.1

You can receive additional information regarding mandatory payments from your local IRS office or by calling the IRS Forms Distribution Center at 800-829-3676. Ask for IRS Publication 590 if you have an IRA or IRS Publication 560 if you are a participant in an employer sponsored plan.

SHOULD WE WITHHOLD TAXES? (Continued from Section 8 above)

FEDERAL WITHHOLDING (PURPOSE OF IRS FORM W-4P). You must elect whether to have federal income tax withheld from your IRA distribution. Roth IRA distributions are not subject to federal income tax withholding. You can make this election on this substitute Form W-4P or you can attach an actual Form W-4P. Unless elected otherwise, IRA distributions will have federal income tax withheld at a flat rate of 10 percent. You may use this form to elect to have no income tax withheld (except for payments to US citizens deliver outside the US or its possessions), or to have 10 percent or more withheld. Check the box reflecting your choice. Your election will apply to any later distributions from the same IRA. You may revoke your previous election from withholding by completing a new Form W-4P with your custodian/trustee. Copies of Form W-4P will not be sent to the IRS by the payer.

STATEMENT OF INCOME TAX WITHHELD FROM YOUR IRA. By January 31 of each year, you will receive a Form 1099-R showing the total amount of your IRA payments and the total income tax withheld for the previous year.

PAYMENTS OUTSIDE THE US. An election to be exempt from income tax withholding does not apply to any periodic payment or non-periodic distribution that is delivered outside the US or its possessions to a US citizen or resident alien. Other recipients who have these payments delivered outside the US or its possessions can elect exemptions only if an individual certifies to the payer that the individual is not: (1) a US citizen or resident alien, or (2) an individual to whom Section 877 of the Internal Revenue Code applies (concerning expatriation to avoid tax). The certification can be made in a statement to the payer under penalties or perjury.

PENALTIES. There are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. IRS Publication 505 explains the estimated tax requirements and penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your IRA using Form W-4P.

STATE WITHHOLDING. Your state may allow or require state income tax withholding on any taxable distribution.

TAX WITHHOLDING ELECTION CHANGE NOTICE

Equity Trust Company (Equity Trust) is the company that provides trust, administration, government reporting, and compliance services for your tax-advantaged savings account.

Federal income tax regulations require that Equity Trust provide notification to account owners receiving distributions from individual retirement accounts that your distributions are subject to federal income tax. If you are receiving periodic payments, such as monthly or quarterly distributions, you may change your withholding election regarding these distributions at any time and may do so as often as you wish. Your present tax withholding election will remain in effect unless you request a change to your current withholding election.

It is important to note that you may elect to withhold, or not to withhold, federal income tax from each distribution you request; however, you may incur tax penalties from the IRS under the estimated tax payment rules if your payments of the estimated tax and withholding are insufficient.

Please contact your investment firm, account representative, or Equity Trust for the requirements and/or instructions to change your current tax withholding election.