

IRA BENEFICIARY DISTRIBUTION FORM

Form W-4P
Department of the Treasury
Internal Revenue Service
OMB No. 1545-0074

IRA ACCOUNT INFORMATION

IRA Beneficiary Name _____

Beneficiary Account Number _____

SSN _____

Deceased Name _____

State of Residence _____

\$ _____
December 31st Fair Market Value (FMV, for transfers and/or rollovers)

ELECTIONS

Death Distribution (please check only one option)

Spouse Beneficiary

- Life expectancy option
 Five-year rule*
 Treat as your own
 Full death distribution

Non-Spouse Beneficiary

- Life expectancy option
 Five-year rule*
 Full death distribution

No Beneficiary/Non-human Beneficiary Named

- Life expectancy option
 Five-year rule*
 Full death distribution

* Five-year rule option only available if death occurred before Required Beginning Date (RBD).

TRANSFER DUE TO DEATH

Transfer: All or Part from Deceased IRA number _____ to Beneficiary IRA number _____

If Partial transfer, please list the specific assets: Money Market/Cash: _____ Dollars: \$ _____

Cusip/Symbol: _____ Number of Shares: _____

Did the decedent satisfy their RMD? Yes No

Note: Current year RMD for decedent's IRA must be satisfied. A RMD Waiver form can be submitted if the RMD is met elsewhere.

BENEFICIARY DISTRIBUTIONS

Does this distribution close the account? Yes No

If yes, pay closing fees from another account. Account Number: _____

Payment Type

One-time distribution in the amount of \$ _____. (Gross amount)

Periodic distribution in the amount of \$ _____. (Gross amount) New Instructions Modify Existing Instructions

Semi-Monthly Monthly Quarterly Semi-Annually Annually

Specify start date of periodic payment: _____ Specify end date of periodic payment: _____ (optional)

Standing distribution amount upon request

Note: In addition to standing payment instructions, standing tax withholding will be established using the tax withholding elected on this form. This form will be maintained for subsequent distributions.

Dividend/Interest

PayRMD*

Deceased Date of Birth: _____ Deceased Date of Death: _____

Beneficiary Relationship: Spouse Non-Spouse/Non-Human Beneficiary Date of Birth: _____

*Pay RMD not available for non-human beneficiaries



Payment Method

Check by mail

Third Party Check

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Wire (*Wire not available for periodic distributions*)

Financial Institution Name: _____

Account Holder's Name: _____

ABA Routing Number: _____ Account Number: _____

Further Credit: _____ City: _____ State: _____

By ACH (*ACH form and voided check must be on file*)

Distribute to existing account #: _____ Number of shares: _____ Symbol: _____

Overnight Delivery (*Fees apply*)

Pay fee from another account. Account Number: _____

Saturday Delivery (*Fees apply*)

Pay fee from another account. Account Number: _____

WITHHOLDING (Purpose of Form W-4P)

The IRA owner/beneficiary must elect whether or not to have money withheld for federal income tax purposes and on what basis. 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%. You may use this form to elect to have no income tax withheld (except for payments to U.S. citizens delivered outside the U.S. or its possessions), to have 10% withheld, or to have more than 10% withheld. Check the box reflecting your choice. Generally your election will apply to any later distributions from the same IRA. You may, however, revoke your withholding election by completing a new W-4P with PrimeVest. Copies of Form W-4P will not be sent to the IRS by the payer. STATE WITHHOLDING: Your state may allow or even require state income tax withholding. Please discuss this issue with your tax advisor. Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. (See publication 505)

WITHHOLDING ELECTION (Form W-4P Instructions)

I elect not to have federal income tax withheld from my distribution.

I elect to have the following \$ _____ or _____% of federal income tax withheld from my distribution.

(10% minimum, additional dollars may be withheld)

For periodic payments: The number of allowances on which withholding is to be computed:

single married married but withhold at a higher single rate. Enter number of allowances _____

I elect not to have state income tax withheld from my distribution.*

I elect to have the following \$ _____ or _____% of state income tax withheld from my distribution.*

**Check with state for applicable tax rate. If state withholding is not marked, the default percentage will be applied.*

SIGNATURE INFORMATION

I certify that I am the beneficiary or individual legally authorized to complete this form, and I verify the accuracy of the information given above. I understand that a copy of the IRA owner's death certificate must be provided to PrimeVest® Financial Services Inc. (PrimeVest). I authorize these transactions, agree to the terms of this form and understand that I am responsible for all consequences of this distribution including taxes and penalties. I acknowledge that PrimeVest and its affiliates and their representatives and employees cannot and have not provided legal advice. I further acknowledge that PrimeVest and its affiliates and their representatives and employees have strongly suggested I consult with my own tax advisor regarding the proposed IRS regulations and the elections that I have chosen above. I agree to indemnify and hold PrimeVest and its affiliates and their representatives and employees harmless from any tax, penalty or any other liability resulting from this distribution.

Signature of Beneficiary

Date

Fax completed form to Brokerage Operations at 888.428.9904.

PrimeVest® Financial Services Inc. is a Cetera company.