

### **IRA Distribution Form**

Page 1 of 10

Investment Advisor ("IA") Information (This portion to be	e completed by IA.)			
IA Firm Name (Please print.)				
IA Master Account Number	Service Team			
IA Contact Name (if follow-up is required)	IA Telephone Number IA Email Address			
Turnkey Asset Management Provider ("TAMP") Information (if applic	able)			
TAMP Firm Name (please print.)				
TAMP Master Account Number				
For faster processing and approval of money movement requests, ask	your Advisor about eAuthorization.			
1. Schwab Account Information				
Type of account: Traditional/Rollover IRA Roth IRA	SEP-IRA/SARSEP-IRA SIMPLE IRA			
☐ Inherited IRA ☐ Inherited	Roth IRA			
Schwab Account Number Social Security/Tax ID Number				
Converse Account Number				
Account Holder Name First Middle	Last			
2. Type or Reason for Distribution (Refer to Section 8.)				
Please check ONLY one of the following. This information is required fo distributions, you represent that the reason shown below will apply to t				
☐ This is a new distribution request.				
This is a change to my existing distribution request for the recurri	ng amount of \$			
☐ This is a conversion to a Roth IRA.				
☐ This is a request for a Required Minimum Distribution (RMD). (Ski	p to Section 3.)			
☐ This is a request to add or update an IA distribution authorization.	(Complete Sections 4, 6, 7, and 8.)			
☐ This is a request for a direct rollover to an Employer Plan.*				
Employer Plan Name (or Employer Plan Account at Schwab, if applicable)				
Type of Plan: 401(k)/Profit-Sharing Plan Money Purcha				
*"Employer Plan" means a qualified retirement plan, a 403(b) annuity o maintained by a state or any "political subdivision, agency or instrume Schwab, additional documentation may be required. Ask your IA for de	ntality thereof." If you are making a distribution to an Employer Plan held at			

Income Distributions
Complete this section to set up ongoing payments of income (dividends, interest, and money market account income) from your Schwab IRA to your Schwab Bank account, an account at another financial institution, or your non-retirement Schwab One® account, or you can choose to have payments mailed directly to you.
Select an Income Option, Frequency of Distribution, and Income Distribution Method (in Section 4), and then go to Section 6.
Dividend and Interest Payment Instructions (if applicable)
Set Up/Change Instructions
Set up a new income payment plan.
Change my existing income payment plan.
☐ Terminate my existing income payment plan.
Income Options
Choose "All Income Plan" OR up to three income payment options from below. Note: The maximum amount that can be transferred in a single transaction is \$500,000.
All Income Plan (All dividend, interest, and money market account income will be consolidated into a single payment.)
Flexible Income Plan (Choose up to three.)
Dividends (Includes capital gains distributions; will be consolidated into a single payment.)
☐ Interest (Includes fixed income and CDs; will be consolidated into a single payment.)
Money Market (Includes Schwab One® interest and Charles Schwab Bank, SSB ("Schwab Bank") interest; will be consolidated into a single payment.)
Frequency (Check one.)
Note: If frequency is not provided, your account will be set up to begin paying income on the earliest available last business day of the month.
As Accrued (Your account will be debited on the first business day after the day on which income is credited to your account. Generally, your Other Financial Institution account will be credited one business day after the debit occurs.)
Last Business Day of the Month (Income is aggregated on the last business day of each month, and your account is debited on the first business day of the next month [excluding December]. Generally, your Other Financial Institution account will be credited one business day after the debit occurs.)
3. Required Minimum Distribution (RMD)
Complete this section if you are RMD age and you wish Schwab to calculate and distribute your RMD.
If this is your first RMD request, list the tax year you are requesting.
This request is for tax year: (yyyy)
Although an RMD amount must be calculated for all your IRAs, you can take an RMD from each account, or take the full amount from a single account.
For RMDs only (Choose one):
I want Schwab to calculate my RMD with no distribution at this time. (Continue completing Section 3 and then go to Section 8.)
Note: RMD calculation is not available for any Inherited IRAs.
I want Schwab to calculate my RMD and distribute from this Schwab IRA only.
A. Determining your life expectancy factor
The Uniform Lifetime Table will be used in the majority of cases. If you have a sole spouse beneficiary who is more than 10 years younger than you, the Joint Life Expectancy Table will be used.
(1) Your date of birth: (mm/dd/yyyy)
Determining if joint life expectancy applies:
(2) Is your spouse your sole beneficiary and more than 10 years younger than you?
☐ Yes ☐ No
If you answered "No," proceed to Section B below.

(3) Your spouse's date of birth: (mm/dd/yyyy)		
(4) Your spouse's name:		
B. Fair market value (FMV) adjustments		
Check any of the following situations that apply t	o you and fill in the necessary information:	
indicate the FMV of that IRA as of December  \$	nother firm in the current calendar year and have not yet taken the RN 31 of last year:  mber 1 of the previous calendar year and subsequently rolled the function of the rollover), indicate the amount of the rollover:	,
Note: If you remove your RMD and later rechara recharacterization plus attributable earnings.	cterize a prior-year contribution, you must recalculate your year-end	I FMV to include the
☐ If you would like your RMD calculated for IRA	assets held outside of Schwab, indicate the FMV of your IRA(s) as of	December 31 of last year:
	FMV \$	
	FMV \$	
	FMV \$	
_	Schwab Account (Please list all names as they appear on your account oth IRA. (Use this option only if you are converting your Traditional IRA option below.)	
	nd mail to the address listed on my Schwab IRA.	
	nd mail to an address different from the address listed on my Schwab	account. (Please provide
Payee Name (optional, as it should appe	ar on the check)	
Street Address		
City	State	Zip Code
Memo (optional, 24-character limit)  Payable to a third party.  Mail to my home address.  Mail to my IA.  Mail to the following address:		

	Payee Name First	Middle			Last	
	Street Address					
	City	Sta	ate			Zip Code
	Memo (optional, 24-character lim	it)				
	Payable to a charity. (Ask your IA o be processed without tax withholo your account and will remain in eff	ling unless otherwise sp	ecified in Section 6	. If an el	lection is made in S	Section 6, it will be applied to
	☐ Mail to my home address.					
	Mail to my IA.					
	Payee Name					
	Memo (optional, 24-character limit	t)				
	Optional:					
	Overnight mail delivery.*					
□ w	/ire funds.*					
Bank I	Name	ABA Transit R	Routing Number		Bank Phone	Number
Damle						
DdllK /	Account Number		Bank Account	Registr	ration	
odnk .	Account Number		Bank Account	Registr	ration	
	Account Number  of Final Beneficiary (required, if for the	further credit)			ration w Account Numbe	r (if applicable)
Name Final E		for further credit and if	Further Credit	t/Escrov	w Account Numbe	
Name Final E Addre	of Final Beneficiary (required, if for the Beneficiary Street Address (required	for further credit and if	Further Credit	t/Escrov	w Account Numbe	
Name Final E Addre City	of Final Beneficiary (required, if for the Beneficiary Street Address (required	for further credit and if a address of the bank.)  State	Further Credit	t/Escrov	w Account Numbe	ount registration. <b>Note: The</b>
Name Final E Addre City es may	of Final Beneficiary (required, if for the second sec	for further credit and if a address of the bank.)  State ring distributions are no	Further Credit	t/Escrov	w Account Numbe	ount registration. <b>Note: The</b>
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### Schwab Bank or Other Financial Institution Account Information and Authorization

ner Financial Institution Account Information	
A Transit Routing Number	Account Number
me(s) on Other Financial Institution Account (reg	gistration)
e of Account (Select one.):	
Personal Checking Account	Corporate/Organization Checking Account
Personal Savings Account	☐ Corporate/Organization Savings Account
e you an owner on the Other Financial Institution	
	cial Institution Account must sign this form to establish the ACH instruction.
	ne Other Financial Institution Account identical to your Schwab account?
If yes, this instruction will be categorized by	/ Schwab as 1 <sup>st</sup> party.
s information is located on a savings deposit slip  ame(s) on Other Financial	nt Number and Name(s) on Other Financial Institution Account, see the below example of v or standard check.  Name(s) on Other Financial Institution
stitution Account (registration)	Account (registration)
Jones Family Trust	Dana Jones 88
Dana Jones, Trustee  123 Main Street	20 20 20 20
Anytown, NY 12345	
	Pay to the order of S
Pay to the order of EXAMPLE	Pollars Dollars
Pay to the order of EXAMPLE  National Bank	Pay to the order of EXAMPLE S Dollars  National Bank
National Bank	National Bank
National Bank Delaware 1: 3210700101: 80311 2341156789 11	National Bank Delaware  1:3210700101: 8031-1231-156789 11
National Bank Delaware	VOID National Bank Delaware VOID
National Bank Delaware  1: 3210700101: 803111231.1155789 11  BA Transit Routing Number Account Number  verify the accuracy of the instructions you have p	National Bank Delaware  1:3210700101: 8031-1231-156789 11
National Bank Delaware  1:3210700101: 803112341155789 11  BA Transit Routing Number Account Number  verify the accuracy of the instructions you have p voided check.	National Bank Delaware  1: 3210700101: 80311 231-1156789 11  ABA Transit Routing Number Account Number
National Bank Delaware  1: 3210700101: 80311 231.1156789 11  BA Transit Routing Number Account Number  verify the accuracy of the instructions you have p voided check. deposit/withdrawal slip.	National Bank Delaware  1: 3210700101: 80311 231-1156789 11  ABA Transit Routing Number Account Number

5. Frequency of Distribution: One-Time, Recurring, or Total

me	, , , , , , , , , , , , , , , , , , , ,	have the option of selecting both one-time (A) and recurring (B). All other distribution or total (C). <b>Notify your IA if you want to liquidate any securities in your IRA before this</b>
Α.	One-time distribution (Please select only ONE option	n from 1 or 2 below.)
	Begin my distribution on (mm/dd/yyyy)	. If no date is provided, distribution will be processed upon receipt of the form.
	(1) Distribute as a: (Select only one.) Note: If you do	not make a selection, your distribution will be processed as gross.
	Gross distribution (before taxes are removed	1).
	☐ <b>Net distribution</b> (after taxes are removed).	

	(2) Distribute assets:							
	Entire cash or sweep money marke							
	\$ from my cash or sweep money market fund balance							
	Specific shares of the securities list	ed below to my Schwab acc	ount, noted in Section 4A or 4B					
	Specific shares of the securities list							
	f you indicated that you want securities dis	stributed, list the securities h	ere (list additional securities on a separate s	sheet).				
	1		11					
	Name of Security	Number of Shares	Name of Security	Number of Shares				
	2		12					
	Name of Security	Number of Shares	Name of Security	Number of Shares				
;	3.		13					
	Name of Security	Number of Shares	Name of Security	Number of Shares				
	4.		14					
	Name of Security	Number of Shares	Name of Security	Number of Shares				
	5.		15					
,	Name of Security	Number of Shares	Name of Security	Number of Shares				
	_							
	6 Name of Security	Number of Shares	16Name of Security	Number of Shares				
	•		•					
	7 Name of Security	Number of Shares	17Name of Security	Number of Shares				
	•	Number of Shares	Name of Security	Number of Shares				
	8 Name of Security	Number of Shares	18Name of Security	Number of Shares				
	Name of Security	Number of Snares	Name of Security	Number of Snares				
!	9		19					
	Name of Security	Number of Shares	Name of Security	Number of Shares				
	10		20					
	Name of Security	Number of Shares	Name of Security	Number of Shares				
:	*The value of the distribution (including sec processed.	curities) will be determined u	sing the most recent market price received b	y Schwab when this form is				
В.	Recurring distribution							
	This is a:							
[	☐ New request ☐ Change from my	current request C	ancellation of my current request					
	Distribute \$ from my	cash or sweep money mark	et fund balance.					
	Begin my distributions on (mm/dd/yyyy)	and c	continue until I instruct otherwise.					
•	This amount is a:							
[	Gross distribution (before taxes are wi	thheld) (default)	Net distribution (after taxes are withheld)					
	Frequency (select one):							
[	☐ Weekly ☐ Semimonthly	(1st date)	(2nd date) Monthly Last bu	siness day of each month				
[	☐ Every Two Months ☐ Quarterly	Semiannually	(1st date) 🔲 Annually					
С.	Total distribution							
[	Distribute entire account assets accord	ling to instructions in Sectior	ı 4.					
[	Distribute all cash and sweep money fu	ınd proceeds and all securiti	es in certificate form from my Schwab IRA.*					
,	Your Schwab account will remain open upo	on distributing the entire bala	nce unless you check the box indicated belo	W.				
[	Close account.							

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% below. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions.

Complete the line below if you would like a rate of withholding that is different from the default withholding rate. See the Marginal Rate Tables on page 1 and the General Instructions on page 2 of the attached IRS Form W-4R. You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Instructions on how to best use them are included.

Enter the rate as a whole number (no decimals).

Note: The attached IRS Form W-4R is for information only. You are not required to complete the IRS Form W-4R.

B. State Income Tax Withholding: 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 Income Tax Withholding Information sheet for specific information concerning your state's withholding rates.

While Schwab makes every effort to obtain information about state tax laws from sources believed to be reliable. Schwab 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. If you do not make an election, Schwab 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.

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I do not want state income tax withheld.	
I want state income tax withheld at the rate of	% (State tax withholding must be at least your state's minimum tax rate and not
more than 100% when combined with federal income t	ax withholding.)

Note: If you move between states with different withholding laws, Schwab will apply withholding (if required) at the rate you have provided above or at the minimum rate based on the laws for your new state of residency, whichever is greater.

### 7. IA and TAMP Disbursement/Standing Authorization (Optional)

Please initial below only if you want your IA, and/or your TAMP, to initiate distributions on your behalf as indicated in this form. You must initial below (an "X" is not sufficient). You may revoke this authorization by notifying Schwab. Note: You may not grant authority to your IA and/or TAMP to move funds into your Schwab account if you are not an account owner on the Other Financial Institution account.

### **IA Authorization**

#### Account Holder

I have authorized my IA, and I instruct Schwab to permit my IA to transfer assets from my account in accordance with instructions I have designated on this form. IA's authority does not include designating or changing the identity of the payee(s), the address, or any other information about the payee(s) designated. I agree to indemnify and hold harmless Schwab, its affiliates, and their directors, officers, employees, and agents from and against all claims, actions, costs, and liabilities, including attorneys' fees, arising out of or relating to: (1) their reliance on this standing authorization and (2) Schwab's execution of my IA's instructions.

If I have selected the ACH Service, IA's authority includes giving Schwab instructions on my behalf and changing existing instructions regarding the amount or frequency of transfers for one-time (on-request) transfers and recurring transfers, stopping transfers, and canceling ACH and reestablishing it within 60 days of cancellation. IA's authority does not include authority to designate or change the destination of the transfer, the account number of the destination account, the address, or any other information about the destination contained in the client's instruction.

### **TAMP Authorization**

### Account Holder

I have authorized my TAMP, and I instruct Schwab, to permit my TAMP to transfer assets from my account in accordance with instructions I have designated on this form. TAMP's authority does not include designating or changing the identity of the payee(s), the address, or any other information about the payee(s) designated. I agree to indemnify and hold harmless Schwab, its affiliates, and their directors, officers, employees, and agents from and against all claims, actions, costs, and liabilities, including attorneys' fees, arising out of or relating to: (1) their reliance on this standing authorization and (2) Schwab's execution of my TAMP's instructions.

If I have selected the ACH Service, TAMP's authority includes giving Schwab instructions on my behalf and changing existing instructions regarding the amount or frequency of transfers for one-time (on request) transfers and recurring transfers, stopping transfers, and canceling ACH and reestablishing it within 60 days of cancellation. TAMP's authority does not include authority to designate or change the destination of the transfer, the account number of the destination account, the address, or any other information about the destination contained in the client's instruction.

### 8. Please Read and Sign

#### Withdrawal of Assets

You may withdraw assets-funds or securities-from a Traditional/ Rollover IRA, Roth IRA, Inherited IRA, Inherited Roth IRA, SEP-/SARSEP-IRA, or SIMPLE IRA at any time.

For more information, see IRS Publication 590-B or consult a tax advisor. In general, qualified withdrawals from a Roth IRA (including contributions and investment earnings) and distributions of the nondeductible contributions to a Traditional/Rollover IRA and Roth IRA are free from federal income tax. All other IRA distributions, including deductible contributions and investment earnings, are subject to federal (and possibly state) income tax at ordinary income tax rates.

Rollover Exception. If you make a withdrawal from your IRA, you have 60 days from the date of the withdrawal to roll the same assets back into an IRA (at Schwab or elsewhere) in order to avoid taxes and penalties on the amount withdrawn. The rollover must be made into the same kind of IRA (e.g., a distribution from a Roth IRA may be rolled over only into another Roth IRA, not a Traditional IRA). You may do this only once in a rolling 12month period. Rollovers are not allowed with Inherited IRAs; therefore, the 60-day rollover rule does not apply.

Early Withdrawal Penalty. If you are not yet age 591/2, a 10% early withdrawal penalty applies to the taxable portion of distributions from the Traditional/Rollover IRA, Roth IRA, SEP-/SARSEP-IRA, or SIMPLE IRA unless the distribution qualifies for an exception to the penalty. In the case of a SIMPLE IRA, the early withdrawal penalty increases from 10% to 25% for a distribution made within the first two years after the account is established.

Exceptions to the Early Withdrawal Penalty. The 10% penalty described above will not apply if the distribution is:

- (1) used for qualified higher education expenses, qualified home purchase expenses, certain medical expenses, or certain health insurance expenses during periods when you are unemployed;
- (2) made after your death or disability:
- (3) paid in substantially equal payments over your life or life expectancy;
- (4) paid on account of an IRS levy;
- (5) a qualified reservist distribution;
- (6) a birth/adoption excise tax exception;
- (7) a federally declared disaster;
- (8) domestic abuse; or
- (9) an emergency expense.

If you convert your Traditional/Rollover IRA to a Roth IRA, the taxable portion of your Traditional IRA is not subject to the 10% penalty regardless of your age at the time of the conversion.

### Repayment of Certain Penalty Free Distributions

For birth/adoption, federally declared disaster, domestic abuse or emergency expense distributions you have three years to repay the distribution.

Generally, the three year time frame starts the day after the distribution is

Required Minimum Distributions. When you reach the RMD age, you are required to begin taking distributions from your Traditional/Rollover IRA. This is not required for a Roth IRA. Inherited IRAs, including Roth Inherited IRAs, have different RMD rules. For more information, consult your investment advisor or IRS Publication 590-B.

ACH Accounts (if applicable). You authorize Charles Schwab & Co., Inc. to direct transfers of money electronically according to the instructions outlined on this form to or from your Schwab account to your bank or Other Financial Institution Account as designated above, and authorize that bank or Other Financial Institution to credit and/or debit the same to such accounts, subject to the applicable terms and conditions

contained in this form, your Schwab Account Agreement, and the Electronic Funds Transfer Terms and Conditions, which you will receive separately once you are enrolled in the ACH Service. You acknowledge that Schwab may rely on the account information you provide and shall have no obligation to verify additional recipient account registration information.

This standing authorization will remain in effect on your Schwab IRA until Schwab terminates the ACH Service or has received notification from you (or any of the account holders, IA, or TAMP) of termination in such time and in such manner as to allow Schwab and your other bank or financial institution a reasonable opportunity to act on it.

Custodial Accounts. If this is a custodial account, you acknowledge and agree that any funds or securities transferred out of the account, and into the account of the custodian or other account, shall be used or applied solely for the benefit of the minor.

Disbursement Authorization. If you have indicated on this form that your IA and/or TAMP will have disbursement authority over your account, you authorize Schwab to accept instructions from your IA and/or TAMP to transfer assets from your Schwab IRA to the account at the designated Other Financial Institution. IA's and/or TAMP's authority includes giving Schwab instructions on your behalf. If you have selected ACH Service, IA's and/or TAMP's authority also includes changing existing instructions for one-time (on-request) transfers and recurring transfers, stopping transfers, and canceling the ACH Service (and reestablishing it within 60 days of cancellation). IA's and/or TAMP's authority does not include requesting disbursements to other Schwab accounts or Other Financial Institution Accounts not identified above.

Termination of Authorizations (if applicable). The IA and/or TAMP authorization you have granted in this form will remain effective until you or IA and/or TAMP have revoked or terminated it by giving notice to Schwab, either by mail, telephone, facsimile, telegraph, messenger, electronic mail, voice mail, or otherwise, provided, however, that Schwab reserves the right to require written notice or confirmation that such authorization has been terminated or revoked. You understand that you may revoke or terminate the authorization conferred herein at any time. Unless revoked or terminated by you or IA and/or TAMP, authorization conferred herein to IA and/or TAMP shall continue to apply to IA's and/or TAMP's successors or assigns. Such revocation will not affect your obligation resulting from transactions initiated prior to Schwab's receipt of such notice. You understand that if Schwab terminates its service agreement with IA and/or TAMP, Schwab will not be obligated to honor any further instructions from IA and/or TAMP; you will have exclusive control over, and responsibility for, your account; and unless Schwab notifies you otherwise, your account will become a Schwab retail IRA subject to all terms and conditions applicable thereto, including fees and commissions for investment products and other services available to Schwab retail customers. Schwab will notify you as soon as reasonably possible after any such termination.

Indemnification for Authorizations (if applicable). You agree to indemnify and hold harmless Schwab, its affiliates, and their directors, officers, employees, and agents from and against all claims, actions, costs, and liabilities, including attorneys' fees arising out of or relating to (1) their reliance on authorizations granted in this form and (2) Schwab's execution of IA's and/or TAMP's instructions.

IMPORTANT DISCLAIMER: This summary is intended to provide a general statement of the rules affecting withdrawals from IRAs and is not intended to provide specific guidance. The rules affecting withdrawals from IRAs are complex and subject to change. Please consult your own financial, tax, or legal advisor regarding the application of the rules regarding your particular situation before requesting a distribution. For more information see IRS Publication 590-B.

Please distribute cash and/or securities from the IRA in the manner and for the reasons stated above. I certify that the information on this form is correct. Schwab may rely on my certification without further investigation or inquiry.

Note: If Section 4C (mail to a different address or payable to a third party) or 4E is completed, if no federal or mandatory state income tax withholding is selected in Section 6, or if this is a first-time distribution request from this account, the account holder must sign below. The IA and/or TAMP may sign if the distribution method in Section 4 indicates a first-party internal transfer (journal) to a Schwab account or a firstparty check mailed to the address listed on this account, and the advisor has check and internal transfer disbursement authority. The IA and/or TAMP may also sign if the distribution method in Section 4 indicates a first-party wire and the advisor has first-party wire disbursement authority. In other cases, the IA and/or TAMP may sign if the account holder has previously granted disbursement authority to the IA and/or TAMP in Section 7.

- By signing below, I acknowledge that I have read and I understand the information in Section 8 of this form. I authorize Schwab to distribute cash and/or securities from my IRA according to the elections I made on this form, and I certify that (1) the information on this form is correct and (2) Schwab may rely on my elections and certification without further investigation or inquiry.
- ACH Authorization-Terms for Schwab account holders. By signing this Agreement, I am signing up for the ACH Service (the "Service"). Terms and conditions for the Service will be sent to me when this form is processed. Those terms and conditions will govern all transactions initiated under the Service, and my use of such Service will confirm that I have received, reviewed, and agreed to be bound by the terms and conditions, including, without limit, any amendments, until I cancel the Service as described in the terms and conditions.
- ACH Authorization-Terms Relating to the Other Financial Institution account. My signature below authorizes Schwab to (1) initiate credit entries to my account indicated on this form (the "Other Account") and credit that account; (2) initiate debit entries to the Other Account and debit that account; (3) initiate reversals to the Other Account of erroneous or duplicate credit or debit entries and credit or debit such account as appropriate; and (4) inquire from any source, including a consumer reporting agency, as to my identity or creditworthiness. This authorization will remain in full force and effect until Schwab receives written or verbal notification from me (or any of us) of its termination. Schwab may request a written confirmation if the notification is provided verbally. Schwab must receive this notification in a time and manner so as to give Schwab and the Other Financial Institution a reasonable opportunity to act on it.

I represent and warrant that I have the authority, acting individually and without notice to any other account holder, to submit the enrollment request to Schwab as fully and completely as if I were the sole account holder of the Schwab account and the outside account and that all other owners of the account have authorized me to submit this request to Schwab. I hereby agree to indemnify and hold Schwab harmless from and against any loss, claim, damage, or liability arising out of or resulting from any action taken by Schwab in reliance upon this representation and warranty that Schwab in good faith accepts as genuine.

Signature: Account Holder	Today's Date (mm/do
Print Name	
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	Today's Date (mm/do
Signature: Other Financial Institution Account Holder	ioddy's Date (iiiii) dd
	Print Last Name
Print First Name	
Print First Name  Email Address of Other Financial Institution Account Holo  Please note, if an email address is not provided for the Oth	
Print First Name  Email Address of Other Financial Institution Account Holo  Please note, if an email address is not provided for the Oth  Schwab & Co., Inc. will only use the provided email to cont	Print Last Name itution account holder, this request will not be processed. Charles

For faster processing and approval of money movement requests, ask your Advisor about eAuthorization.

### Form W-4R

Department of the Treasure

Internal Revenue Service

## Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

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

OMB No. 1545-0074
20 <b>24</b>

1a First name and middle initial	Last name	1b So	cial security number
Ta The Harle and Thiddle India	Zuot name		olal occurry hambon
Address	•		
Addices			
City or town, state, and ZIP code			
only or town, orace, and his observed			

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 withhold 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	%
Sign			
Here	Your signature (This form is not valid unless you sign it.)  Dat		

### **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 <a href="https://www.irs.gov/FormW4R">www.irs.gov/FormW4R</a>.

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.

### 2024 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 ling 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%	
14,600	10%	29,200	10%	21,900	10%	
26,200	12%	52,400	12%	38,450	12%	
61,750	22%	123,500	22%	85,000	22%	
115,125	24%	230,250	24%	122,400	24%	
206,550	<b>32</b> %	413,100	<b>32</b> %	213,850	32%	
258,325	35%	516,650	35%	265,600	35%	
623,950*	37%	760,400	37%	631,250	37%	

<sup>\*</sup> If married filing separately, use \$380,200 instead for this 37% rate.

Form **W-4R** (2024)

Form W-4R (2024) Page **2** 

### **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 2024, 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;
- Generally, 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 \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, 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 \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700, is



Form W-4R (2024) Page  ${f 3}$ 

greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18,050 that is in the lower bracket). Multiply \$18,050 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter "13" 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 Income Tax Withholding Information for Individual Retirement Accounts

This general information is provided to help you understand state income tax withholding requirements for Individual Retirement Account distributions. While Schwab makes every effort to obtain information about state tax laws from reliable sources, Schwab cannot guarantee the accuracy or timeliness of state tax withholding information because state tax laws are subject to constant change and interpretation. Please make sure to properly estimate your withholding rate based on your tax status. You will be responsible for any under-withholding when you file your tax return. We recommend that you contact your tax advisor regarding your tax withholding elections or making estimated tax payments, and to answer any questions that you may have regarding your state's withholding laws.

If your state of residency is:	Your withholding options are:
IA, KS, MA, ME, NE, VT	If you have federal income tax withheld, Schwab is required to withhold state income tax.
	If you do not have federal income tax withheld, you may optionally elect to have state income tax withheld.
	You may provide a percentage amount equal to or greater than your state's withholding requirements; otherwise Schwab will automatically apply your state's applicable withholding requirements.
AR, CA, CT <sup>1</sup> , DE, MI <sup>2</sup> , MN <sup>3</sup> , NC, OK, OR	If you have federal income tax withheld, Schwab is required to withhold state income tax unless you specifically elect not to have state income tax withheld.
	You may provide a percentage amount equal to or greater than your state's withholding requirements; otherwise Schwab will automatically apply your state's applicable withholding requirements.
AL, CO, DC <sup>1</sup> , GA, ID, IL, IN, KY, LA, MD, MO, MS <sup>4</sup> , MT, ND, NJ, NM, NY, OH, PA, RI, SC, UT, VA, WI, WV	State income tax withholding is voluntary regardless of whether or not you have federal income tax withheld. Schwab will withhold state income tax only if you instruct us to do so.
AK, AZ, FL, HI, NH, NV, SD, TN, TX, WA, WY	State income tax withholding is not available. Schwab will not withhold state income tax even if you elect to withhold state income tax.

If your state of residency is:	Your tax rate is:
AR, VT	3%
CA	1%
CT <sup>1</sup>	6.99%
DC <sup>1</sup>	10.75%
DE, IA, KS, MA, ME, MS <sup>4</sup> , NE	5%
MI <sup>2</sup>	4.25%
MN <sup>3</sup>	6.25%
NC	4%
ок	4.75%
OR	8%
AL, CO, GA, ID, IL, IN, KY, LA, MD, MO, MT, ND, NJ, NM, NY, OH, PA, RI, SC, UT, VA, WI, WV	There is no mandatory tax rate since these states are voluntary withholding states.
AK, AZ, FL, HI, NH, NV, SD, TN, TX, WA, WY	State income tax withholding is not available.

Schwab may be required to withhold state tax from your distribution based upon state tax law for your state of residency. Your state of residency is determined by the legal address of record on your account. 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 tax withholding is not available. Please refer to the chart above.



<sup>1</sup> State income tax withholding is required on lump sum distributions, and opting out of state withholding is not allowed.

<sup>&</sup>lt;sup>2</sup> You must submit the MI W-4P to Schwab if you wish to opt out of Michigan state income tax withholding. You can obtain a copy of the MI W-4P by visiting Schwab.com or Michigan.gov/taxes.

<sup>&</sup>lt;sup>3</sup> You must submit the W-4MNP to Schwab if you wish to opt out of the Minnesota state income tax withholding. You can obtain a copy of the W-4MNP by visiting www.revenue.state.mn.us/

<sup>&</sup>lt;sup>4</sup> MS income tax state withholding is required on early and excess distributions.