

Important information about withdrawal requests

- This form is not intended for required minimum distributions, trustee to trustee transfers, recharacterizations, or conversion requests.
- Withdrawals to a bank account or address on file for less than 15 days require a notarization acknowledgement (see Section 6 for details).
- Withdrawals can also be made over the phone or online at www.RISavers.gov.

Contact us:

9am to 6pm Eastern Time, M-F

Employer assistance:

1-833-868-4732

Employee assistance:

1-833-669-4336

Completed forms should be mailed to:

RISavers Program
PO Box 534483
Pittsburgh, PA 15253-4483

Overnight address:

RISavers Program
Attention: 534483
500 Ross Street
154-0520
Pittsburgh, PA 15262

www.RISavers.gov

1 Account Owner information (All fields required)

Account Owner legal name (First and last) (M.I)

Telephone number (In case we have a question about your account.)

Account number

Birth date (mm/dd/yyyy)

Social Security number

OR

Taxpayer Identification Number / EIN

Note: For trustee to trustee transfers, please contact customer support to complete a custodian's trustee to trustee transfer form. This form is not intended to facilitate a beneficiary/inherited IRA transfer due to death. For revocations, refer to the Roth Individual Retirement Account (IRA) Disclosure Statement for instructions and information regarding your revocation rights. All required documentation must be received in good order before the distribution request can be honored. All legal documents must be certified and a Notary or Medallion Signature Guarantee may be required.

2 Reason for withdrawal (choose one)

- ☐ **Qualified withdrawal from a Roth IRA*** (proceed to **Section A**)

*Note: Withdrawals not meeting the 5-year required period and for all other reasons not listed are considered non-qualified.

- ☐ **Non-qualified withdrawal from a Roth IRA** (proceed to **Section B**)

A Qualified withdrawal (please select a reason below)

- ☐ You are age 59½ or older.
- ☐ Permanent disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.**

**Note: For purposes of section 72(m)(7), an individual shall be considered to be disabled if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.

B Non-qualified withdrawal (please select a reason below)

- ☐ Normal withdrawal (prior to the 5-year holding requirement) - You are age 59½ or older.
- ☐ Early (premature) withdrawal - You are under age 59½, including withdrawals due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, or other reasons.
- ☐ Permanent disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.**
- ☐ Transfer incident due to divorce or legal separation - contact Shareholder Services regarding additional document requirements.
- ☐ Qualified Reservist Withdrawal
- ☐ Qualified Hurricane Withdrawal
- ☐ Qualified Birth or Adoption Withdrawal as defined in section 72(t)(2) of the Internal Revenue Code

Contact our customer service team for information if you wish to request substantially equal periodic payments within the meaning of section 72(t) of the internal Revenue Code.

3 Withdrawal amount

A Choose one:

- ☐ Liquidate entire account (Select and continue to Step 4)
- ☐ One-time partial withdrawal in the amount of: \$ _____ , _____ , _____ . _____
- ☐ Periodic withdrawals in the amount of: \$ _____ , _____ , _____ . _____

☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

Frequency will be annual unless otherwise indicated.

_____, _____, _____
Withdrawal date (mm/dd)*

B Choose one:

- ☐ Withdraw proportionately across all funds (Select and continue to Step 4)
- ☐ Withdraw as indicated below:

Fund		Code
\$ _____ , _____ , _____ . _____ Amount	(or)	_____ % Percentage
Fund		Code
\$ _____ , _____ , _____ . _____ Amount	(or)	_____ % Percentage
Fund		Code
\$ _____ , _____ , _____ . _____ Amount	(or)	_____ % Percentage
\$ _____ , _____ , _____ . _____ Total Amount		1 0 0 % Total Percentage

Restriction on indirect (60-day) rollovers

An IRA participant is allowed only one rollover from one IRA to another (or the same IRA) across all IRAs (Traditional, Rollover, Roth, SEP, SARSEP and SIMPLE) in aggregate that a taxpayer owns in any 12-month or 365-day period. As an alternative, a participant can make an unlimited number of trustee-to-trustee transfers where the proceeds are delivered directly to the receiving financial institution, successor custodian or trustee. You must contact the receiving institution to initiate a trustee-to-trustee transfer. For more information please visit the Internal Revenue Service's web site www.irs.gov using the search term "IRA One-Rollover-Per-Year Rule".

*The first withdrawal will be processed immediately and future withdrawals on the date indicated.

4 Mailing or transfer instructions (choose one)

- ☐ Mail to my address of record
- ☐ Mail check to my bank for deposit into my account*

The first and last name on the bank account needs to be the same as either the Account Owner. Voided check required - please attach to this form.

Name of institution

Bank mailing address

City

State

ZIP code

Bank account owner name (First and last)

Account number

Routing number

- ☐ Transfer funds electronically via ACH*

The first and last name on the bank account needs to be the same as either the Account Owner. Voided check required - please attach to this form.

Name of institution

Bank account owner name (First and last)

Account number

Routing number

Need help?

You can find your bank information on the bottom of one of your checks here:

⌚ 000000000 ⌚ 00000000000 ⌚ 1000
Routing Number Account Number

Note: *Withdrawals to a bank account or address on file for less than 15 days require a Notary (see Section 6 for details).

5 Tax withholding election

A Federal withholding

Federal income tax will not be withheld from this distribution unless you elect federal tax withholding below.

If elected, tax will be withheld on the gross amount of the payment even though you may be receiving amounts that are excluded from gross income. This withholding procedure may result in excess withholding on the payment. If your distribution includes amounts that are includable in gross income and you do not have federal income tax withheld from your distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for estimated tax payments. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

☐ Withhold ___ % federal income tax (Optional. Must be 10% or greater)

B State withholding

Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal income taxes are withheld or may mandate a fixed amount regardless of your federal tax election. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. Please consult with a tax advisor or your state's tax authority for additional information on your state requirements.

Please select one of the following:

☐ I elect **NOT TO** have state income tax withheld from my retirement account distributions (only for residents of states that do not require mandatory state tax withholding).

☐ I elect **TO** have the following percentage withheld from my retirement account distribution for state income taxes (for residents of states that allow voluntary state tax withholding).

___ %
Percentage

6 Account Owner authorization

I certify that I am the individual authorized to make these elections and that all information provided is true and accurate, and that I have read and understand, consent, and agree to all the terms and conditions of the Program Description. I further certify that the Custodian, the RISavers Program, or any agent of either of them has given no tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, the RISavers Program, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

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Substitute W-9 - Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number, and**
- 2. I am not subject to backup withholding because:**
 - a. I am exempt from backup withholding; or**
 - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or**
 - c. The IRS has notified me that I am no longer subject to backup withholding; and**
- 3. I am a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions found at www.irs.gov).**
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.**

Cross out item 2 above if the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Account Owner's signature*

____ _
Date (mm/dd/yyyy)

Notarization acknowledgement

When a notarization is required, only sign if you are in the presence of an authorized notary. Generally the program requires an notarization on this form for the following reasons:

- You are a beneficiary requesting a full liquidation of the inherited proceeds that are currently in the deceased owner's Roth IRA.
- You are an account owner, (including the owner of an Inherited Beneficiary IRA) and you are requesting a withdrawal to a bank account or address on record that has not been on your account for 15 days.

STATE OF

COUNTY OF

The foregoing instrument was acknowledged before me by means of

☐ **physical presence** or ☐ **online notarization,**

This _____ day of _____, 20____, by _____

Signature of Notary Public - State of _____

Circle one:

Personally Known OR **Produced Identification**

Type of Identification Produced

**Print, Type, or Stamp Commissioned
Name of Notary Public**