

IRA DISTRIBUTION PACKET

IRA Distribution Packet

Complete this form if you wish to request a distribution from your IRA.

An IRA Distribution Packet must be completed, signed and returned to Aspire Financial Services, LLC ("Aspire") to request a distribution from your IRA. You must complete a separate form for each account type.

Note: If you are the beneficiary of a deceased IRA account holder, DO NOT complete this IRA Distribution Packet. Contact Aspire to obtain applicable forms.

Account Number

STEP 1 ACCOUNT HOLDER INFORMATION

First Name _____ Last Name _____ M.I. _____

Home/Legal Street Address _____ Apartment/Suite _____

City _____ State _____ Zip _____

Contact Number _____ Email Address* _____

- -
Social Security Number

- -
Date of Birth (month | day | year)

*By providing your email address, you consent to receiving notifications regarding your transaction via email. If no email address is provided communications will be sent via USPS.

STEP 2 IRA TYPE

- Traditional IRA Roth IRA SEP IRA Simple IRA Inherited Traditional IRA Inherited Roth IRA

STEP 3 DISTRIBUTION TYPE

- Normal (over age 59 ½)
 Premature (under age 59 ½)
 Disability
 RMD (complete Step 5)
 IRA Rollover/Transfer
 Return of Contribution/excess distribution for _____ year.

STEP 4 DISTRIBUTION ELECTION

Please note: Completing this form will not stop future contributions. To stop future contributions into your IRA, log into Investlink to change your contribution settings or complete and submit the IRA Contribution Transmittal Form located at <https://www.pcsretirement.com/aspire/forms-and-documents>.

- Full Lump Sum Distribution
 Partial Distribution: \$ _____ (gross)*

*This dollar amount cannot exceed 95% of account balance

Upload this form through the form submission tool at www.aspireonline.com/resources/forms-submission-tool
Questions? Call Client Services at 866.634.5873, M - F, 8am - 8pm EST

STEP 5 REQUIRED MINIMUM DISTRIBUTION

Complete Step 5 only if the RMD option was selected in Step 3. If any other option was selected in Step 3, proceed to Step 6.

To process the RMD, assets will be liquidated from all available sources and investments unless the plan provisions restrict the sources and/or investments or unless you attach a letter instructing otherwise.

You may calculate the amount required to be distributed for your RMD each year, or you can request that Aspire calculate the required amount.

OPTION 1 Participant to Calculate Annually

The amount of your RMD changes each year based on your account value at the end of the previous year. You are responsible for re-calculating the amount of your RMD each year and for completing and providing a new RMD Packet each time a change is necessary.

If the one-time distribution option is elected, you must complete and submit a new RMD Packet each year.

If the installment distribution option is elected, the designated amount will continue to be paid to you in the specified frequency until you instruct Aspire otherwise.

One-Time Distribution of \$ _____ (gross)

Installment Distributions:

Monthly Installment Distributions of \$ _____ (gross) each month, beginning with the month of _____, 20____

Quarterly Installment Distributions of \$ _____ (gross) each quarter, beginning:

March 20____ June 20____ September 20____ December 20____

Annual Installment Distributions of \$ _____ (gross) each year, paid in the month of _____ beginning in 20____

**Installment Distributions are processed on or around the 15th day of applicable months.
Quarterly Installment Distributions are processed in March, June, September, and December.
Annual Installment Distributions are processed in October if no other month is indicated.**

OPTION 2 Aspire to Calculate Annually

Calculation Method

Account holder requests that Aspire calculate the RMD amount using the IRS Uniform Life Table. For information on this table, please visit www.irs.gov.

Payment Options

Establish RMD Installment distributions of proportionate shares of the RMD amount:

Monthly, beginning with the month of _____, 20____

Quarterly, beginning:

March 20____ June 20____ September 20____ December 20____

Annually, paid in the month of _____ beginning in 20____

**Installment distributions are processed on or around the 15th day of applicable months.
Quarterly RMD distributions are processed in March, June, September, and December.
Annual RMD distributions are processed in October if no other month is indicated.**

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STEP 6 INCOME TAX WITHHOLDING

Withholding will only apply to the portion of your distribution that is included in your income subject to federal income tax. There will be no withholding on the return of your own Roth contributions. If you do not have enough federal income tax withheld from your distributions, you may be responsible for payment of tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If you do not make an election below, default tax withholding will apply.

Federal Tax Withholding

This distribution is subject to voluntary federal income tax withholding at a rate of 10%. You may elect to have withholding applied at a higher rate or to not have any amounts withheld for federal income tax. Regardless of which option you select, you are liable for payment of applicable federal taxes on the taxable portion of your distribution. If you have not attained age 59½, you may also be subject to a 10% early withdrawal penalty on the taxable portion of your distribution when you file your taxes.

- I want the default federal income tax withholding rate of 10% withheld from my distribution.
- I want federal income tax withholding at a rate different than the default rate and am including a completed Form W-4R with this form.

State Tax Withholding

The taxable portion of this payment may also be subject to state income tax withholding. If you do not make an election below, state income taxes will automatically be withheld if required by your state's law. **Note:** If state income taxes are not withheld, you are liable for payment of state income tax on this distribution. If your payment of estimated tax withholding is not adequate, the unpaid portion may also be subject to tax penalties under the estimated tax payment rules in certain states.

- Withhold the following amount _____% (Amount cannot be less than minimum required by state for states that require withholding.)
- Do not withhold (Allowed only for states with optional withholding.)

These states require mandatory state withholding. You cannot opt out of state income tax withholding for these states:

Washington DC (DC), Iowa (IA), Massachusetts (MA), Maine (ME), Nebraska (NE), and Oklahoma (OK).

STEP 7 PAYMENT METHOD

Checks will be sent via U.S. mail. If overnight mail option is selected, a physical address must be provided.

Select your preferred method of payment and provide instructions as requested below:

OPTION 1: CASH DISTRIBUTION

Check will be made payable to Account Holder and sent to address on record.

- Send check via overnight mail. A fee of \$35 applies.

For Installment Distributions Only:

To have installment distributions sent via ACH rather than as a check, please provide ACH instructions as requested below:

Bank Name: _____

Bank Address: _____

Bank City/State: _____ Zip Code: _____

Routing / ABA #:

Deposit to Account #:

Name(s) on Deposit Account*: _____

* Account Holder's name must be on deposit account.

Further Credit: _____ FBO Account Name: _____

Account Type: Checking Savings

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STEP 7 PAYMENT METHOD (CONTINUED)

OPTION 2: DIRECT ROLLOVER/TRANSFER TO RETIREMENT PLAN/IRA

Send check via overnight mail. A fee of \$35 applies.

IRA or Plan Name: _____

Make Check Payable to: _____

Mail to Address: _____

(Must be physical address if overnight delivery requested.)

IRA or Plan Account #: _____

STEP 8 SIGNATURE & ACCEPTANCE

ACCOUNT HOLDER SIGNATURE

I understand that, subject to the provisions of applicable agreements, I have full discretion and control over the form of payment or payments of the entire balance of my Account. I shall exercise control by directing such payment(s) be made as described above. Aspire Financial Services, LLC and the custodian of my Account shall have no responsibility or liability with respect to the choice of any such form of payment(s). I understand that a distribution fee may apply and that additional fees may apply based on my election. I attest that I am the proper party to receive payment(s) from this IRA and that all information provided by me on this form, including any supplemental material is true and accurate. I certify that no tax advice has been given to me by Aspire Financial Services, LLC, the custodian of the Account, or an affiliate of either, and that all decisions regarding this distribution are my own, I expressly assume the responsibility for any adverse consequences which may result from this distribution; and I indemnify and hold harmless Aspire Financial Services, LLC, the custodian of the Account, the affiliates of Aspire Financial Services, LLC and the custodian of the Account and the divisions, officers, directors, owners, employees, representatives, agents, successors, and assigns of each. Recurring distributions may be subject to an additional fee.



Account Holder Signature

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Date (month | day | year)

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