Aspire-IPX IRA DISTRIBUTION REQUEST

This form is used to request a Distribution from an Individual Retirement Account IRA. All fields are required to avoid a delay in processing your request.							
Account Type: O Traditional/SEP O Roth IPX Account Number (if available)							
SECTION 1 IRA OWNER INFORMATION							
Full Legal Name (first, middle, last) Social Security Number/TIN							
Mailing Address (If different from residence address) Unit/Apt # City State Zip							
Phone Number Email Address* Date of Birth (MM/DD/YYYY)							
*By providing your email address, you consent to receiving notifications regarding your account via email. If no email is provided, communications will be sent via USPS.							
U.S. Citizenship Status: Citizen Resident Alien Non-Resident Alien							
Please provide a copy of one of the following: O Driver's License O Government-issued passport O Any U.S. State-issued I.D							
Notice: You will be notified if additional proof of identification is required.							
SECTION 2 TYPE OF DISTRIBUTION							
Please select the option that best describes your distribution request type. Consult your tax advisor if you are unsure of which option to select. Note: If no selection is made, the default type will be early or normal distribution based on your age.							
Traditional / SEP IRA Normal distribution (over age 59 ½). This is an RMD. Early distribution (younger than age 59 ½). Permanent disability (younger than age 59 ½). Consult your tax advisor. Must attach physician's statement. Substantially equal payments. Requires Certification of Substantiality Equal Periodic Payments and Hold Harmless Statement. Distribution of RMD to qualifying charity.							
ROTH IRA							
Qualified distribution (five-year holding perdiod has been met and reached age 59 ½).							
Distribution, Exception applies (unknown if five-year perdiod has been met but reached 59 ½).							
Early distribution (younger than age 59 ½).							
SECTION 3 DISTRIBUTION AMOUNT							
Select one (if no selection is made, the entire account balance will be processed):							
I wish to withdraw my entire account balance.							
I wish to make a one-time, partial withdrawal of: \$ Systematic Payment (complete Section 4)							
SECTION 4 SYSTEMATIC PAYMENTS (if applicable)							
This distribution form needs to be received 10 days prior to the intial systematic payment. Systematic payments, including your tax withholding election, will occur on a monthly basis and continue until you provide written directions to change or cancel.							
New systematic payment Change of instructions							
\$ Day preferred: \bigcirc 5 th \bigcirc 15 th							
Amount of Systematic Payment Starting Month (MM/YYYY)							

Note: If funds are not available for two consecutive months, the systematic withdrawal will be cancelled.

SECTION 5 SENDING DISTRIBUTION PROCEEDS Select and provide payment details for only one category. If no election is made, the request will be processed as a personal distribution, as applicable. CATEGORY 1 OPTION - FUNDS WILL BE SENT TO A THIRD PARTY - Select based on the type of account you have there: O Direct Rollover to an Employer sponsored plan (I want my funds sent to my current plan (i.e. 401(k)) Traditional IRA Transfer to Traditional IRA (I want my funds sent to another Traditional IRA I have) O Charity listed below. **Payment Details** Please provide receiving institution/charity name and address to mail check. Confirm your institution/charity will accept the transfer prior to submitting this request. List your address if it should be sent to you to forward to them. Check Payee Attention To (if applicable) State Zip Mailing Address City Receiving Account/Plan Number CATEGORY 2 OPTION - FUNDS WILL BE SENT TO YOU Early Distribution - Under Age 59 ½ with no known exception (I want to take the funds personally) Normal Distribution - Age 59 ½ or older (I want to take the funds personally) Other (Explain): Payment Options - For Personal Distribution Check sent to my mailing address Send to my bank: Direct Deposit/AC Bank Name: 0025 ABA Routing Number: \$ ORDER OF DOLLARS A Bank Account Owner: Menden Fire Consumity Credit Union (Must match IRA account holder) MEMO Account Number: 1:2812774031: 123789456123* 10025 Account Check Type: (Checking, Savings) *Important: Verify banking information with your institution. ABA information can differ between ACH and Wire. If funds reject due to incorrect account information, you will be charged any applicable reject fees. WITHHOLDING NOTICE AND ELECTION (Form W-4P/OMB No. 1545-0074) Dept. of Treasury, Internal Revenue Service **SECTION 6** Notice: The distributions you receive from your IRA are subject to Federal income tax withholding unless you waive withholding. You may waive withholding on your IRA distribution by returning a signed and dated IRS Form W-4P, Withholding Certificate for Pension or Annuity Payments, or this substitute Form W-4P to your IRA Custodian listed above. If you waive withholding on your IRA distribution, or if you do not have enough Federal income tax withheld from your IRA distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You may waive state income tax withholding to the extent permitted by law. You are responsible for determining and paying all Federal, and if applicable, state and local taxes on distributions from all IRAs you own. Your election is valid until you revoke it. You may change your withholding election by completing another Form W-4P or substitute. Also note, if you are a U.S. citizen or resident alien receiving an IRA distribution that is delivered outside the United States or its possessions, withholding is required. That is, you may not waive withholding. If you are a non-resident alien, you may not use Form W-4P to withhold income tax or to waive withholding. A foreign person should refer to IRS Publication 515 and to Form W-8BEN. **Federal Withholding** Ten percent will be withheld from your IRA distribution unless a previous federal withholding election is in place, you indicate a different withholding amount below, or you waive withholding by indicating your election below. Do not withhold Federal income tax from my distribution % Federal income tax from my distributions. (A minimum of 10% must be withheld.) Withhold

State Withholding

If you are a resident of the following states, you must make an election for State Withholding as we are required by law to withhold the State's minimum:

- Mandatory withholding (see state website for options to reduce or opt out): CT, DC, MI, MS, NC
- Mandatory withholding if Federal withholding is elected: IA, MA, ME, NE, OK, VT
- Mandatory withholding if Federal withholding is elected unless you select "Do Not withhold": AR, CA, DE, OR, VA

\circ	Do not wit	hhold State	inc	ome t	ax from	my	distri	ibuti	ion	
\bigcirc	Withhold		%	State	income	tax	from	mv	distribu	tion

(If the state has required withholding, you must elect that % or more. If you elect less, we will withhold the minimum.)

SECTION 7 SIGNATURE & ACCEPTANCE

By signing this IRA Distribution Form, I certify that the information I have provided is true and correct, and I authorize the Custodian to distribute my IRA as instructed above. I understand this distribution is subject to applicable fees. I understand that I am responsible for ensuring I am eligible to authorize this distribution and I assume all responsibility for any consequences as a result of my actions. I will indemnify and hold the Custodian harmless from any consequences related to executing my instructions, including payments made in error. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Custodian.

•			
	Signature of IRA Owner (or other authorized person)		Date (MM/DD/YYYY)
	Return completed forms via one of these methods:		
	<u>Email</u> ipxdistributions@pcsretirement.com	<u>Mail</u> (Overnight and regular delivery)	
	<u>Fax</u> 720-900-2769	IPX Retirement c/o Aspire Financial Services 3000 Chestnut St. Unit 7767	

Philadelphia, PA 19101

Form W-4R

Department of the Treasury

Internal Revenue Service

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

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

2025

OMB No. 1545-0074

 1a
 First name and middle initial

 Last name
 1b

 Social security number

Address

City or town, state, and ZIP code

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 withholding		
	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.)

Date

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 www.irs.gov/FormW4R.

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.

2025 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 Married filing separately			filing jointly or urviving 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%	
15,000	10%	30,000	10%	22,500	10%	
26,925	12%	53,850	12%	39,500	12%	
63,475	22%	126,950	22%	87,350	22%	
118,350	24%	236,700	24%	125,850	24%	
212,300	32%	424,600	32%	219,800	32%	
265,525	35%	531,050	35%	273,000	35%	
641,350*	37%	781,600	37%	648,850	37%	

^{*} If married filing separately, use \$390,800 instead for this 37% rate.

Form W-4R (2025) Page ${f 2}$

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 2025, 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;
- 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 \$65,000 without the payment. Step 1: Because your total income without the payment, \$65,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$85,000, is greater than \$63,475 but less than \$118,350, 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 \$61,000 without the payment. Step 1: Because your total income without the payment, \$61,000, is greater than \$26,925 but less than \$63,475, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$81,000, is

Form W-4R (2025)

greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. The two rates differ. \$2,475 of the \$20,000 payment is in the lower bracket (\$63,475 less your total income of \$61,000 without the payment), and \$17,525 is in the higher bracket (\$20,000 less the \$2,475 that is in the lower bracket). Multiply \$2,475 by 12% to get \$297. Multiply \$17,525 by 22% to get \$3,856. The sum of these two amounts is \$4,153. This is the estimated tax on your payment. This amount corresponds to 21% of the \$20,000 payment (\$4,153 divided by \$20,000). Enter "21" 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.

Page 3

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.