

2001 Spring Road, Suite 700 Oak Brook, IL 60523 800-618-6177 Investor/Institutional Services 800-560-1288 Advisor Services 630-472-5392 Fax sdiradistributions@inspirafinancial.com

Request a one-time, tax-reportable withdrawal or set up systematic payments from your IRA. For assistance with this form, contact a Client Service Specialist during regular business hours.

# A Account Owner Information

Provide full legal name. →	First:	Middle:		Last:		
All fields are required	Inspira Account No. (Last	lo. (Last 4 digits):		SN/ITIN #:*		
in section A.	Email Address:			Date of Birth:		
Your Residential Address	Residential Address*					
cannot be a P.O. Box, → Mail Drop or c/o address.	Address:					
Provide the address you use for tax filing.	City:	State:	Zip:	Country:		
doo for tax ming.	Mailing Address*					
If your mailing address → is different from your	Address:					
residential address, indicate here.	City:	State:	Zip:	Country:		
	Country of Citizenship (if o	ther than the United St	ates):			
	Foreign tax ID number, if ar	ıy:				
Please select one → account type.	Traditional IRA	Inherited Traditional	al IRA	□ SEP IRA		
account type.	Roth IRA	Inherited Roth IRA		□ SIMPLE IRA		
	currently on file with Inspira	a Financial, <b>you must l</b>	have your s	ress above is different from the address ignature on this form notarized. See ou to keep your address and contact		
B Reason For Distrik	oution					
····· <b>·</b>	. From a Traditional IRA, S	SIMPLE IRA, SEP IRA	or Inherited	Traditional IRA only:		
ONE reason for your distribution from	□ <b>Normal Distribution.</b> - Select if the taxpayer is age 59½ or older.					
Section 1, 2, or 3.	Early (Premature) Di	stribution Select if th	ne taxnaver l	ass <b>not</b> reached ago 501/		

- Distributions before the age 59½ may be subject to ordinary income tax and may also be subject to a 10% federal penalty tax unless you meet an IRS exception.
- A distribution from a SIMPLE IRA taken within two years of the date the first contribution was made may be subject to a 25% penalty tax unless you meet an IRS exception.

**Note:** If you believe an exception may apply to the early withdrawal penalty, you should consult your tax advisor to determine if you need to submit IRS Form 5329 to the IRS.

Distribution from an Inherited Traditional IRA.

\* See IMPORTANT INFORMATION on page 7.

Please continue to page 2 to complete this form.

2. From a Roth IRA or Inherited Roth IRA only:

- □ **Qualified Distribution from a Roth IRA.** Select if the five-year holding period has been completed and the taxpayer has reached age 59½ or for a distribution from an Inherited Roth IRA.
- □ **Roth IRA Distribution, Exception applies.** Consult your tax advisor for assistance. Select if it is not known if the five-year holding period has been completed and the taxpayer has reached age 59½ or for a distribution from an Inherited Roth IRA.
- **Early Distribution from a Roth IRA.** Select if the taxpayer has **not** reached age 59½.
- Direct Rollover to a Employer Sponsored Qualified Plan For direct Trustee to Trustee IRA transfers, contact the receiving institution to request a transfer. This form will not facilitate a direct Trustee to Trustee transfer process of an IRA.
  - Complete information below. NOTE: It is your obligation to ensure that the Qualified Plan named below will accept the rollover of your benefit payment. Skip section E - Payment Delivery via check only.

Check Payable To: Qualified Plan Name:

Qualified Plan No .:

Mailing Address:

City:

State:

Zip:

# Amount And Method Of Distribution

If funds are invested in assets other than cash (or cash equivalents), the timing of liquidation will vary depending on where the funds are invested. Inspira will request funds from liquidations be sent to Inspira by check unless otherwise indicated in Section C2. Once received, the check is held 5 business days to clear before the distribution can be issued.

Please select one.

- □ Total distribution of my entire account and close account. (All assets will be *liquidated.*) If additional funds are received for your account after the total distribution, the funds will be automatically distributed to you via the same Payment Delivery method you select in Section E, and using the same Tax Withholding you select in Section F.
  - □ Partial distribution of \$ . (*Tell us what to sell in Section C1 if insufficient cash.*
  - □ Systematic Payment (please complete Section D.)

Please continue to page 3 to complete this form.

An additional fee may apply if check for rollover funds are returned to Inspira or if tax reporting corrections are necessary.

C Amount And M	letho	d Of Disti	ribution Contir	nued		
					only one asset, we will autor ibution, including any fees.	matically liquidate that asset for the
		will be based <i>guaran</i> : transac	automatically liquion on current volum <i>teed.</i> Due to mark tion(s) online to er <b>ess this request.</b>	dated.) les at et flucti lsure de	<b>Note:</b> All liquidation request the time this request is su uations, you may wish to exe esired execution timing. <b>A cur</b>	istered below. (Cash investments s are subject to processing times ibmitted. <i>Execution price is not</i> cute your publicly traded security <b>rrent asset valuation is required</b> <b>recent sponsor-provided asset</b>
	L	iquidate <b>or</b>	Re-Register	A	sset Name/Description	Dollar Amt/All
Liquidation or Re-Registration fees may apply.	<b>→</b>	0	0			
		0	0			
		0	0			
		0	0			
	2	what p investr	asset cannot be ortion of the as nent sponsor wit	liquida set, if h ques	any, you want re-registere tions about their inability to	d then you can direct us as to d to you. Please contact your d liquidate an asset for cash.
Inspira will request funds be sent by check unless otherwise indicated.	2. 3				e sent to Inspira from assets	solu. ired before funds are disbursed.)
	→					
					party fees may apply.)	alivary mathed
			and is not responsi		e asset has its own required d	envery memoa.
D Systematic Pa	ymen	ts				
	form r note t recurr	needs to be hat checks i ring_distribu	received by the 1 <sup>s</sup> received are subje	<sup>t</sup> of the ct to a <del>{</del> aymen	month in which the first system 5 day hold and may impact the ts, including your tax withho	ox in Section C. This distribution matic payment is to begin. Please e availability of dollars to fund this lding election, will continue until
			payments with a le to insufficient ca		llar amount will be discontinu	ed if there are three consecutive
If cash funds are not available at the time of distribution, your check or ACH will not be issued as scheduled.		□ New/S	et Up			
		□ Chang	e of Instructions (C	Comple	te entire form.)	
		Amount of s	ystematic paymen	ıt: \$		
	<b>→</b>	Starting Mo	nth:		Day Preferred:	□ 5th □ 15th
			-		fault to payments being issue	d on the 15th of the month.)
		Frequency	of future payments	: □	Monthly	
					Quarterly	

Please continue to page 4 to complete this form.

	Any taxable distribution request over \$200,000 will be processed as a Direct Deposit to Bank (ACH) or Wire.							
Please select your delivery method from the following options.	→	Mail a check to the the address is not	\$10,000 or more, notary req	uired if				
If a check is selected, it will be sent to you via U.S. Mail.			Mail a check to the Payee identified below at the following address. (If \$10,000 or more, notary required - See Page 6.)					
		Payee:						
		Address:						
Standard NACHA Operating Rules apply.		City:		State:	Zip:			
		Direct Deposit to Bank (ACH) - For distributions for \$2,000 or more, please submit a voided ch (starter checks are not acceptable) and provide the financial institution's ACH instructions bel Note: For accounts without checks, submit a preprinted deposit slip or a letter from other financial institution, on letterhead and signed by an officer. This documentation n include the account title, account number, ABA routing number and account type. (If \$10,00 more, notary is required if funds are being sent to an account not registered in the name of Account Owner.)						
		Note: Account O provided. (If \$10,0	wner may be conta	s required if funds are b	fees may apply. cation of the banking in peing sent to an account t	formatior t <b>hat is no</b>		
Please ensure the					nk (ACH) or Wire funds a	bove. <i>If</i>		
accuracy of your nancial institution's	ban	Bank Name:	o but a selection is no	t made, funds will be sen	t via Direct Deposit (ACH).			
H/wire instructions. An additional fee		Bank Address:						
will be charged if an		City:		State:	Zip:			
CH/wire is rejected due to the incorrect	-	ABA Routing No.:		Bank Account N	-			
instructions.		Name on Bank Accou	nt:					
		Type of Account:	Checking	Savings				
F Tax Withholdi	ng E	lection						
Please select one.	<b>→</b>	Marital Status: 🗆 Sing	gle or Married Filing	Separately 🛛 Marrie	ed Filing Jointly			
	<ul> <li>Qualifying Surviving Spouse</li> </ul>							
			Head of Household (	North Carolina resident	ts only)			
		eral Withholding Elect ou each time you reques			llations require this notice	to be giv		
Please select one of these options. If no selection is made, taxes will automatically be withheld from the distribution(s) at a rate	The distribution(s) you receive from your Account are subject to Federal Income Tax withholding, unless you elect not to have withholding apply. You may be liable for payment of any Federal Income Tax due on distribution(s) from your Account, regardless of whether or not you elect to have taxes withheld. In addition, if your payments of estimated tax and withholding are not adequate, you may be subject to tax penalties under estimated tax payment rules. You are urged to consult your tax advisor with respect to your election of Federal Income Tax withholding.							
	<b>→</b>	□ I <u>DO NOT</u> want F	ederal Income Tax w	rithheld from my distribu	ution(s).*			
		□ Withhold 10% for	Federal Income Tax	es from my distribution(	(s).			
distribution(s) at a rate								
distribution(s) at a rate			% (mini	mum 10%).*				

**Note**: If you are a **Non-U.S. Person** for United States tax purposes, you are subject to a 30% tax withholding rate unless you submit a completed and signed IRS Form W-8BEN to obtain a reduced treaty rate, if available. Form W-8BEN is available on the IRS website. If you are not sure of your citizenship/residence status for U.S. tax purposes, please see IRS guidelines for international taxpayers – foreign persons on the IRS website and/or discuss with an accountant or tax advisor. Inspira Financial does not provide tax advice.

**State Withholding Election**<sup>†</sup> - State income tax withholding may be required from your distribution. 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.** 

State income tax withholding is based on the state of residence, federal income tax withholding election and account type. Inspira may not be able to process a distribution without state income tax withholding if the state requires it. Note: We will only withhold state income tax for the states listed on the State Income Tax Withholding Information sheet located in the back of this form.

I declare my permanent state of residence is: and that my election should reflect the requirements of that state. If a permanent state of residence is not noted, we will default to the state of residence listed on file at Inspira.

- I DO NOT want state income tax withheld from my distribution(s). Please refer to the State Income Tax Withholding Information sheet to determine if your state requires the W-4P form to be submitted to waive your state income tax. The W-4P form can be found on your state's government website not the IRS website.
- Withhold my state's minimum requirement. (Only applicable if a minimum tax rate exists for your state.)
- Withhold this amount: % or \$
   We will withhold at least your state's minimum requirement as listed on the State Income Tax Withholding Information sheet.

<sup>†</sup>**North Carolina residents:** North Carolina residents must make withholding elections on a distribution-bydistribution basis for nonperiodic payments.

Please review the State Income Tax Withholding Information sheet carefully. Some states require that you complete and submit to us the state's W-4P form. In such case, Inspira Financial cannot process your distribution until you have submitted the form to us. If you have questions about your state's withholding requirements, please discuss with an accountant or tax advisor. Inspira does not provide tax advice.

# Fees

To avoid delays in the processing of your request, please ensure that there is sufficient cash in the account to cover the requested distribution and any applicable fees. Please refer to your fee schedule for all applicable

#### Distribution Authorization & Certification

Applicable account distribution and/or closing fees will be assessed and if this distribution brings your account balance to zero, your account will be closed. I authorize and direct Inspira as IRA Custodian to make the above withdrawal, and certify that all of the information I have provided on this form is correct. I understand that I am responsible for all federal, state and local taxes, as well as estimated tax payments and penalties, if any. I understand that IRS regulations require tax withholdings at 10% for distributions from non-Roth IRAs unless I elect otherwise.

I understand that distributions from a Roth IRA that are attributable to either converted amounts, retirement plan rollover basis or earnings may be taxed as ordinary income and subject to a 10% early withdrawal penalty unless certain requirements are met.

I understand that all non-Roth IRA distributions will generally be taxed as ordinary income and may be subject to a 10% early withdrawal penalty if taken before age 59½. If I am age 73 or over, I accept full responsibility for withdrawing from my Traditional, Rollover or SEP IRA the minimum required distribution required by the Internal Revenue Code.

Please continue to page 6 to complete this form.

Please select one of these options. If no selection is made, we will withhold your state's requirement from your distribution(s).

# H Distribution Authorization & Certification

Under penalties of perjury, I declare that the information I have provided on this form to the extent it relates to any state tax withholding election is correct and complete. I have consulted my tax advisor to the extent I have determined necessary concerning the taxable effect of this withdrawal; and I certify that Inspira Financial has not provided me with tax, investment or legal advice. I indemnify Inspira Financial Trust, LLC, its affiliates, successors, and assigns, from any and all liability arising from this withdrawal.

## **IMPORTANT: TAXPAYER CERTIFICATION**

If you are a U.S. Citizen or U.S. Resident Alien for United States tax purposes,<sup>1</sup> by signing this form, you certify as follows:

## U.S. CITIZEN OR U.S. RESIDENT ALIEN TAXPAYER CERTIFICATION

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct tax identification number; (2) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or if so notified, such notice is no longer in effect; and (3) I am a U.S. citizen or other U.S. person (including a U.S. resident alien). The IRS does not require that I consent to any provisions of this document other than this certification to avoid backup withholding.

If you are a Non-U.S. Person for United States tax purposes,<sup>1</sup> by signing this form, you certify as follows:

#### NON-U.S. PERSON TAXPAYER CERTIFICATION

Under penalties of perjury, I certify that: (1) the information on this form with respect to my country of citizenship and foreign tax ID number (if any) is true, correct and complete; and (2) I am not a U.S. person. The IRS does not require that I consent to any provisions of this document other than this certification to establish my status as a non-U.S. person and, if applicable, obtain a reduced rate of withholding.

The IRS has stated that for a resident in a FATCA partner jurisdiction, certain tax account information may be provided to such jurisdiction of residence. A beneficial owner claiming certain special rates and conditions with respect to a tax treaty between the United State and another country will need to complete IRS Form W-8BEN. If you think this may apply to you, please discuss with your tax advisor. Inspira Financial does not provide tax advice.

1. If you are not sure of your citizenship/residence status for U.S. tax purposes, please see IRS guidelines for international tax payers – foreign persons on the IRS website and/or discuss with an accountant or tax advisor. Inspira Financial does not provide

Please sign and date to authorize this distribution.

Account Owner's Signature: Date:

# **Notary Public**

A Notary Public is required if requesting funds over \$10,000 for any distribution that will be sent to: an address other than the account owner's current address of record at Inspira Financial; a person other than the account owner; or an account not held in the name of the account owner. Forms received without the requires Notary will be rejected.

Sworn to and subscribed before me on:

\_\_\_\_\_, 20\_\_\_\_\_.

Place Notary Seal Here

My Commission Expires:

Notary Public:

All requests requiring a Notary or certified legal documentation must be received by mail.

# \*\*\*IMPORTANT INFORMATION\*\*\*

The following information is provided to help you properly complete this IRA Distribution Request Form in order to allow Inspira Financial to correctly report on your distribution to the Internal Revenue Service (IRS). If you do not properly complete this form and it results in incorrect IRS reporting, you, and not Inspira Financial, will be responsible for remediating the issue with the IRS. Please discuss with your tax advisor; Inspira Financial does not provide tax advice.

#### **Account Owner Information**

SSN/ITIN: An Individual Taxpayer Identification Number (ITIN) is a tax processing number issued by the IRS to individuals who do not have a Social Security Number (SSN) and are not eligible to obtain one. You can find information about who is required to have an ITIN at https:// www.irs.gov/individuals/individual-taxpayer-identification-number or discuss with your tax advisor. We cannot process your distribution request if you do not provide an ITIN or SSN.

#### Residential Address:

- a. If you are a U.S. citizen or U.S. resident alien, your Residential Address should be in the United States. If you have relocated outside of the United States and no longer have a permanent U.S. address, enter the last address in the United States at which you resided, and enter the non-U.S. address at which you now reside in the "Mailing Address" field.
- b. If you are a non-U.S. citizen or non-U.S. resident alien, please provide your non-U.S. address in the country where you permanently or normally reside. If you currently live in the United States, enter the U.S. address at which you now reside in the "Mailing Address" field.

It is very important that you provide accurate residential address/country information in order for us to correctly report your distribution to the IRS on either Form 1099 (for U.S. citizens and U.S. resident aliens) or Form 1042-S (for non-U.S. citizens and non-U.S. resident aliens). If you provide incorrect country of residence information which results in IRS reporting on an incorrect form, you, and not Inspira, will be responsible for remediating the issue with the IRS.

*Mailing Address:* U.S. persons: If your distribution is delivered outside the United States, we are required to withhold 10% for federal income taxes.

# **Tax Withholding Election**

Total or partial (non-systematic) distribution: If you are requesting a total distribution, or a non-systematic partial distribution, the default withholding rate is 10%. You can choose to have a different rate by checking the box "I DO NOT want Federal Income Tax withheld from my distribution(s)" or checking the box "Withhold \_\_%" and entering a rate between 10% and 100%. See the attached IRS Form W-4R for Marginal Rate Tables and General Instructions. You may use these tables and instructions to help you select your withholding rate for this distribution. **DO NOT COMPLETE THE ATTACHED IRS FORM W-4R. It is attached for information only.**