

S F F R X Q W 3 O, H D E H P B W L Q W

9 Digit Account #

Account Owner Name

7 \ S H R I , 5 \$

Traditional or Rollover IRA

Beneficiary IRA

If Beneficiary IRA, please provide the following information:
REQUIRED to set up systematic RMD payments

Decedent Date of Birth: _____

Decedent Date of Death: _____

Relationship with Beneficiary: (spouse or non-spouse) _____

Previous Year-End Value*: _____

*Only required if OPS account was not opened or funded on 12/31

Notes:

- For sleeved accounts and systematic distributions, holdings will be redeemed pro-rata based on the Distribution Method of record at the time the request is processed. Specific redemption instructions will not be accepted on this form. You may update the Distribution Method of record at any time via the "Sleeve Maintenance" tool on the OPS website.
- Calculation for Estates, second generation Beneficiary IRAs and Trusts are not allowed.
- All distributions are done on the 11th of the month requested (or next business day).
- Additional one-time distributions will lower subsequent systematic RMD requests. If one-time distribution(s) satisfy the RMD amount prior to the scheduled systematic RMD payment, the systematic RMD payment will not occur.

Important Notes:

- **Michigan Residents:** Form MI W-4P (Withholding Certificate for Michigan Pension or Annuity Payments) is required if you wish to waive Michigan state tax withholding.
- **North Carolina Residents:** Form NC-4P (Withholding Certificate for Pension or Annuity Payments) is required if you wish to waive North Carolina state tax withholding.
- **State Withholding:** If this section of the IRA Distribution Form is left blank, withholding will be applied at the maximum rate based on your state of residency (if required).
- **Federal Withholding:** If you elect to have Federal taxes withheld, you may not elect to have less than 10% of the total distribution withheld. If this section of the IRA Distribution Form is left blank, federal income tax will be withheld at a rate of 10% of your withdrawal.

SYSTEMATIC REQUIRED MINIMUM DISTRIBUTION FORM

For Retirement Account and Qualified Account customers who have attained the age 70½

Please direct mail to:
 Orion Portfolio Solutions
 2300 Litton Lane, Suite 102
 Hebron, KY 41048

Account # _____
 Advisor Code _____
 Case # _____

1 ACCOUNT OWNER/PARTICIPANT INFORMATION

Name (First, Middle Initial, Last):	Social Security Number:
Primary Telephone Number:	Date of Birth:

2 PAYMENT DETAILS

- Establish new Systematic Required Minimum Distribution instructions
- Update existing Systematic Required Minimum Distribution instructions

Please complete my Required Minimum Distribution (RMD) according to the frequency selected below:

- Monthly
- Quarterly
- Semi-Annually
- Annually

Please begin these payments on (Start Month/Year) _____. We will process on the 11th of the month or the following business day and liquidate on a pro-rata basis.. RMD values are subject to change every year. To ensure the necessary updates are made to your request, no distributions can take place after the 28th of each month. Additional one-time distributions will lower your systematic RMD requests. Systematic RMD payments will recalculate before each disbursement to ensure your RMD is met annually.

The IRS may impose a 50% penalty on all RMD amounts not withdrawn by 12/31. The account holder is responsible for any penalties incurred if we are unable to make the scheduled distribution due to insufficient cash in your account. Please go online at www.advisorclient.com or contact us at 1-800-431-3500 at least three business days prior to the scheduled distribution to make cash available.

- Check here if this is a Transfer and provide the following information:

The Year End Value at the prior firm _____ Any Distributions taken Year to Date _____

TD Ameritrade provides RMD calculations as a courtesy. We may not be able to calculate the RMD depending on certain circumstances.

3 DISTRIBUTION METHOD

I instruct TD Ameritrade Clearing, Inc. to distribute the amount stated in the following manner:

Make this payment to (If nothing is selected, your distribution will be mailed to the address listed on your account):

Please select **ONE** of the following options:

- A. Easily transfer the distribution to the following TD Ameritrade account: _____

If the receiving account is a nontaxable account, what tax year is the contribution for? _____

- B. Send check

- U.S. First Class Mail
- Overnight (fees may apply)

<input type="checkbox"/> Address of Record		
<input type="checkbox"/> To Alternate Payee and/or Alternate address (complete section below)		
<input type="checkbox"/> This is a Charitable Donation		<input type="checkbox"/> Check this box if Donation is to be anonymous
Payee Name (if Applicable):	<input type="checkbox"/> Care of (optional for alternate address):	
Address:		
City:	State:	ZIP Code:
Additional Information (if Applicable):		

- C. Electronic

<input type="checkbox"/> Wire Funds (fees may apply)	<input type="checkbox"/> ACH funding	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Bank Account (list name as it appears at bank and if name contains initials, please provide full name):			
Bank Account Number:	ABA Routing Transit Number:		
Bank Name:			



Please provide the following information if the request is a wire to an escrow/mortgage or brokerage account

For Further Credit to Name (if name contains initials, please provide full name):

For Further Credit to: Escrow/Mortgage file # _____ Brokerage Account # _____

4

TAX WITHHOLDING ELECTION (REQUIRED)

Form W-4P/OMB NO. 1545-0415

FEDERAL WITHHOLDING SECTION

- Please withhold taxes from my distribution at a rate of: _____ % (not less than 10% of total distribution).
- I elect NOT to have federal income tax withheld.

If this election is not completed, federal income tax will be withheld at a rate of 10% of your withdrawal.

STATE WITHHOLDING SECTION

- Please withhold taxes from my distribution at a rate of: _____ %
- I elect NOT to have state income tax withheld.

I declare my permanent state of residence is (state): _____, 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 on record.** For state tax-withholding guidelines, please contact your advisor or Service Team.

If you do not make an election, we will automatically apply withholding (if required) at the maximum rate based on your state of residency.

Important notice: Any withdrawal from your account is subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will apply to the entire withdrawal since the entire withdrawal may be included in your income that is subject to federal income tax. You may elect not to have withholding apply to your withdrawal payments by completing and dating this election and returning it to TD Ameritrade Clearing, Inc.

If you elect not to have withholding apply to your withdrawal payments, or if you do not have enough federal income tax withheld from your withdrawal, 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. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your withdrawal. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

In some cases, you may elect not to have state tax withheld, or you may tell us how much you would like us to withhold. In other cases, TD Ameritrade Clearing, Inc. may be required by federal and/or state statutes to withhold a percentage of your distribution for income tax purposes.

Please note: TD Ameritrade Clearing, Inc. advises you to contact your tax professional before making any election regarding state withholding elections. State law is subject to change, and TD Ameritrade Clearing, Inc. is not responsible for changes in state law that occur after the publication date of this form.

5

ACCOUNT OWNER AUTHORIZATION

I understand that, subject to the provision of the Agreement, I have full discretion and control over the form of payment or payments of the entire balance in the Account. I shall exercise control by directing that such payment or payments be made as described above, and the Custodian shall have no responsibility or liability with respect to the choice of any such form of payment or payments. I attest that I am the proper party to receive payment(s) from this account and that all information provided by me on this form, including supplemental material, is true and accurate. I certify that no tax advice has been given to me by TD Ameritrade Clearing, Inc. and that all decisions regarding this withdrawal are my own. I expressly assume responsibility for any adverse consequences which may result from the withdrawal; and I indemnify and hold harmless TD Ameritrade, Inc. and TD Ameritrade Clearing, Inc. and their divisions, officers, employees, directors, representatives, owners, affiliates, successors, and assigns. Please note if no date is indicated below, the withholding election will default to receipt date of the form.

Account Owner/Participant Printed Name: _____

Account Owner/Participant Signature: _____ Date: _____

For Qualified Retirement Plans Only:

Plan Administrator Printed Name: _____

Plan Administrator Signature: _____ Date: _____

Mailing Address:
TD Ameritrade Institutional
PO BOX 650567
Dallas, TX 75265-0567

TDAI 3170 REV. 11/18

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

TD Ameritrade Institutional, Division of TD Ameritrade, Inc., and TD Ameritrade Clearing, Inc., members FINRA/SIPC.
TD Ameritrade is a trademark jointly owned by TD Ameritrade IP Company, Inc., and The Toronto-Dominion Bank. © 2018 TD Ameritrade.