

**Instructions for completing this form:**

- The account owner must complete section 1, 2, 3, 4 and 5.
- This RMD form should NOT be used for IRA type accounts.
- If your account transferred to OPS this year, please attach a statement from the previous custodian that shows your account balance at the end of last year.
- Need help? Call (800) 379-2513 for assistance.

**To avoid delays:**

- Make sure you've obtained Plan Administrator approval in section 6 prior to sending the request to Orion Portfolio Solutions.
- Please note in order to ensure your RMD is processed prior to the December 31<sup>st</sup> (or April 1<sup>st</sup> for the first RMD) deadline, please submit this form to OPS at least 20 days in advance.
- If you wish to update an existing systematic withdrawal, please ensure that the update box in section 2 is checked.

**Section 1. Plan & Participant Information:**

Plan Type:  401(k)  Solo 401(k)  401(a)  Pension  403(b)  403(b) ERISA  457  Other: \_\_\_\_\_

Account Number \_\_\_\_\_ Plan Name / Plan Number (if known) \_\_\_\_\_ Date of Termination (if applicable) \_\_\_\_\_

Participant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Section 2. Amount of RMD and Frequency:**

- This is an update to my existing systematic RMD on file.  Please cancel the existing systematic RMD on file immediately. (skip to section 5)

**Please indicate how your RMD should be calculated below. The amount will be liquidated from your account pro-rata and disbursed from your account as indicated in section 3.**

- I have calculated my RMD amount: \_\_\_\_\_
- I direct OPS to calculate my RMD. The calculation will generally be made with the IRS Uniform Lifetime Table unless specified below.
- Calculate my RMD using the IRS Joint Life Expectancy Table. To be eligible for this calculation method, your spouse must be at least 10 years younger than you and listed on your account as the sole primary beneficiary. Please include the following information for your spouse:

Spouse's Name \_\_\_\_\_ Spouse's Social Security Number \_\_\_\_\_ Spouse's Date of Birth \_\_\_\_\_

**Please indicate the frequency of the distribution below.**

- One time distribution to be processed immediately.**
- Systematic distribution.** OPS to automatically calculate my current and future RMD beginning on the date indicated below. If left blank, current month will be used. Payments are made on or about the 15<sup>th</sup> of each month.

**Start date:** \_\_\_\_\_(MM)/\_\_\_\_\_(YYYY)

**Frequency:**  Monthly  Quarterly  Semi-annual  Annual

### Section 3. Tax Withholding Election:

**Federal Tax Withholding:** Please select one of the options below. If no selection is made, 20% tax withholding will be automatically applied to your distribution(s).

- Do not withhold Federal Income Tax     Withhold 20% for Federal Income Taxes     Withhold \_\_\_\_\_ (minimum 10%)

**State Tax Withholding:**

If you are a resident of one of the states below, check the appropriate box and indicate your withholding election, if applicable. All state withholding will be rounded to the nearest whole dollar.

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

Residents of DE, IA, KS, MA, ME, NE or VA will have state taxes withheld when federal withholding applies.

Residents of AR, CA, GA, MI\*, NC\*\*, OK, OR or VT will have state taxes withheld when federal withholding applies unless otherwise elected. These residents may elect to have state withholding while electing out of federal withholding.

- Withhold \_\_\_\_\_ % for state income tax     Do not withhold state income tax

\***MI residents:** Form MI-W4P (Withholding Certificate for Pension or Annuity Payments) is required if you wish to waive Michigan state tax withholding.

\*\***NC residents:** Form NC-4P (Withholding Certificate for Pension or Annuity Payments) is required if you wish to waive North Carolina state tax withholding.

**Please note:** we will not withhold state income tax from your distribution if you reside in the following states even if you elect to withhold: AK, FL, HI, NH, NV, SD, TN, TX, WA OR WY

### Section 4. Payment Delivery Method:

*Disbursement fees: Check - \$5 ACH – No Additional Charge*

Mail check to address of record

Mail Check to Alternate Payee/Address – **Please attach Letter of Acceptance or Transfer instructions.**

This is a Charitable Donation.

Payee: \_\_\_\_\_

Address: \_\_\_\_\_

ACH to bank account. Please attach copy of voided check in the space below and complete the bank information section:

Bank Name: \_\_\_\_\_ Name on Bank Account: \_\_\_\_\_

ABA Routing No.: \_\_\_\_\_ Bank Account No.: \_\_\_\_\_

**Section 5. Participant Signature:**

I understand that my distribution may be subject to federal income tax. I certify that all information given by me is true and accurate. I further certify that no tax advice has been given to me by Orion Portfolio Solutions and that all decisions regarding the distribution and withholding are my own. I expressly assume the responsibility for any consequences which may arise from my distribution and withholding election and agree that Orion Portfolio Solutions in no way may be responsible for those consequences.

\_\_\_\_\_  
Account Owner/Participant Signature\_\_\_\_\_  
Date**Section 6. Plan Administrator Signature:**

**Please return form to Plan Administrator or 3rd Party Administrator for further processing and submission.**

(IN ACCORDANCE WITH ORION PORTFOLIO SOLUTIONS COMPLIANCE PROCEDURES - DISTRIBUTION REQUESTS RECEIVED WITHOUT THE SIGNATURE OF AN AUTHORIZED REPRESENTATIVE OF THE PLAN WILL NOT BE PROCESSED.)

By signing below, I hereby authorize Orion Portfolio Solutions to process the distribution. I have provided all additional required information (such as vesting percentage or amount, disability documentation, etc.). This request is in compliance with plan provisions.

\_\_\_\_\_  
Print Name of Plan Administrator, Trustee or Authorized Signer\_\_\_\_\_  
Signature of Plan Administrator, Trustee or Authorized Signer\_\_\_\_\_  
Date