



# Request an IRA Distribution

- Use this form to request a new distribution from or change an existing distribution instruction for your Schwab IRA account.
- If you are an IRA beneficiary and are requesting either a transfer from the decedent's IRA to your Inherited IRA or a lump-sum distribution, please use the Inherited IRA Account Application instead of this form.
- If you are making an in-kind transfer (e.g., from a Traditional IRA at Schwab to a Traditional IRA at another financial institution), you must initiate the transfer by contacting the Other Financial Institution.
- If you are not yet age 59½, an early withdrawal penalty may apply. See Section 6 for an explanation of the early withdrawal penalty and other important disclosures. Please consult the IRS and/or your tax advisor for more information.
- If you are a nonresident alien, a 30% tax withholding rate will apply unless you reside in a country with a lower tax treaty rate and submit a valid IRS Form W-8BEN. Contact us to find out if a lower tax treaty rate applies.

www.schwab.com | 1-800-435-4000 (inside the U.S.) | +1-415-667-8400 (outside the U.S.) | 1-888-686-6916 (multilingual services)

## AS YOU'RE FILLING OUT THIS FORM, PLEASE REMEMBER TO:

- Tell us the amount and frequency of your distribution in Section 4.
- Tell us where to send your distribution in Section 5.
- Attach a voided check to establish Schwab MoneyLink® (if applicable).

### 1 TELL US ABOUT YOUR SCHWAB ACCOUNT

We respect your privacy. Schwab will use the information you provide to process your request. Read about Schwab's privacy policy at [www.schwab.com/privacy](http://www.schwab.com/privacy).

Account Number

Account Holder Name Title, First Middle Last, Suffix

Social Security Number Your Daytime Telephone Number Ext.

### 2 TELL US ABOUT YOUR REQUEST

Please check only one box.

- This is a new distribution request.
- This is a change to my existing distribution request for the recurring amount of \$ \_\_\_\_\_
- This is a request for a direct rollover to an employer plan.

If you would like to roll over your Traditional IRA distribution to an employer plan, please provide the employer plan's information.

> Triangle Veteransary Referral Hospital 401K BB&T Acct# 234370  
Employer Plan Name (or Employer Plan Account at Schwab, if applicable)

- Type of Plan:
- 401(k)/Profit-Sharing Plan
  - Money Purchase Plan
  - Thrift Savings Plan
  - 403(b) Plan

WITHHOLD TAXES FROM YOUR DISTRIBUTION follows on next page

FOR CHARLES SCHWAB USE ONLY

Branch Office and Account Number



**3 WITHHOLD TAXES FROM YOUR DISTRIBUTION**

**FEDERAL INCOME TAX WITHHOLDING**

Complete this section if you do not have a tax withholding election on file or if you would like to change or revoke your election.

If you do not make an election on this form and you do not have an election request on file, Schwab is required to withhold 10% of your gross distribution for payment of federal income tax.  
 Your tax withholding election will remain in effect on all distributions from this IRA account until you change or revoke it. You may change or revoke your election at any time by submitting your request to Schwab.  
 If you have a tax withholding election request on file, Schwab will default to that election request for this distribution and all future distributions until you change or revoke your election by submitting a different election request to Schwab.  
 U.S. citizens who are foreign residents are subject to a 10% minimum withholding rate. Nonresident aliens are subject to either the minimum tax treaty rate or a 30% tax withholding rate and must submit a valid IRS Form W-8BEN.

I do not want federal income tax withheld.

I want federal income tax withheld at the rate shown below. (Federal tax withholding must be a whole number, and at least 10% and not more than 99% when combined with state income tax withholding.)

\_\_\_\_\_   
 Percentage

**STATE INCOME TAX WITHHOLDING**

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. While Schwab makes every effort to obtain information about state tax laws from sources believed to be reliable, Schwab cannot guarantee the accuracy or timeliness of state tax withholding information, because state tax laws are subject to constant change and interpretation. We recommend that you contact your tax advisor regarding your tax withholding election and to answer any questions you may have. If you do not make an election and you do not have an election request on file, Schwab will apply withholding (if required) at the minimum rate based on the laws for your state of residency as determined by your legal address of record on your account.

I do not want state income tax withheld.

I want state income tax withheld at the rate shown below. (State tax withholding must be at least your state's minimum tax rate and not more than 99% when combined with federal income tax withholding.)

\_\_\_\_\_   
 Percentage

Refer to the State Income Tax Withholding Information sheet located in the back of this form for specific information concerning your state's withholding rates.

**NOTE:** If you move between states with differing withholding laws, Schwab will apply withholding (if required) at the rate you provided above or at the minimum rate based on the laws for your new state or residency, whichever is greater.

**4 TELL US THE AMOUNT AND FREQUENCY OF YOUR DISTRIBUTION**

It is important that you ensure that there is sufficient cash available in your account by the date of distribution. If you want a cash distribution from positions other than your available sweep cash balance, please specify in Part B and state how many shares you would like to sell. You may place a trade at Schwab.com or call us at 1-800-435-4000 to place an order.

**➔ For choices A–E, choose only one option and then continue to Section 5.**

**A. ONE-TIME CASH DISTRIBUTION**

- Distribute my entire cash balance.
- Distribute \$ \_\_\_\_\_ from my cash balance:
  - Before taxes are removed (gross distribution)
  - After taxes are removed (net distribution)

If you elected to have taxes withheld, tell us if the distribution amount is a gross or net amount.

**TELL US THE AMOUNT AND FREQUENCY OF YOUR DISTRIBUTION**  
*continues on next page*



**B. ONE-TIME SECURITIES DISTRIBUTION**

If applicable, list all securities to be sold or distributed and transferred to your non-retirement Schwab One® account. (Additional securities should be listed on a separate sheet of paper.)

Please check only one box.

Commissions may apply. Please call 1-800-435-4000 for details.

Make sure to designate either shares or dollar value.

Sell specific shares of the securities listed below and distribute the net sales proceeds.

Distribute and transfer specific shares of the securities listed below to my non-retirement Schwab One account or my Schwab Roth IRA as indicated in Section 5.\*

<p>_____ Name of Security #1</p> <p><input type="checkbox"/> Number of Shares _____</p> <p><input type="checkbox"/> Dollar Value \$ _____</p>	<p>_____ Name of Security #2</p> <p><input type="checkbox"/> Number of Shares _____</p> <p><input type="checkbox"/> Dollar Value \$ _____</p>
<p>_____ Name of Security #3</p> <p><input type="checkbox"/> Number of Shares _____</p> <p><input type="checkbox"/> Dollar Value \$ _____</p>	<p>_____ Name of Security #4</p> <p><input type="checkbox"/> Number of Shares _____</p> <p><input type="checkbox"/> Dollar Value \$ _____</p>

**NOTE:** The value of the distribution (including securities) will be determined using the most recent market price received by Schwab when this form is processed.

\*Some securities cannot be delivered. Please call 1-800-435-4000 for additional information.

**C. RECURRING CASH DISTRIBUTION**

If you elected to have taxes withheld, tell us if the distribution amount is a gross or net amount.

Distribute \$ \_\_\_\_\_ from my cash balance:

Before taxes are removed (gross distribution)

After taxes are removed (net distribution)

Beginning      /      / 20    , distribute the cash amount above and continue until I instruct otherwise.  
(mm/dd/yyyy)

**NOTE:** Please ensure that there is sufficient cash available in your account by the date of your scheduled distribution.

**Frequency:**

Weekly

Two times monthly:  
     /      and      /       
(mm/dd) (mm/dd)

Monthly on:  
      
(dd)

Last business day of each month

Every two months

Quarterly

Two times annually

Annually

These options are only available with Schwab MoneyLink®

**TELL US THE AMOUNT AND FREQUENCY OF YOUR DISTRIBUTION**  
*continues on next page*



D. RECURRING INCOME DISTRIBUTION

Recurring income distribution options are only available with electronic funds transfers.

Select as many payment options as you'd like. Your selections will be consolidated into a single payment.

- Dividends (includes capital gains distribution)
Interest (includes fixed income and CD interest)
Money Market (includes Schwab One Interest and Schwab Bank Interest)

Frequency and Start Date:

If frequency and start date are not provided, your account will be set up to begin paying income on the last business day of the month.

- As accrued. Your account will be debited on the first business day after the day on which income is credited to your account.
Last business day of the month. Income is aggregated on the last business day of each month, and your account is debited on the first business day of the next month.

Please enter your preferred start date. Preferred Start Date (mm/dd/yyyy)

NOTE: The value of the distribution (including securities) will be determined using the most recent market price received by Schwab when this form is processed.

E. LUMP-SUM DISTRIBUTION

- Distribute all of my cash and securities in kind from my Schwab IRA to my Schwab brokerage account as listed in Section 5A below.
Sell all of my securities and distribute the entire cash balance from my Schwab IRA.

Important: Unless you check this box, your account will remain open.

- What should we do with your account?
Close my account.

5 TELL US WHERE TO SEND YOUR DISTRIBUTION

Distributions paid to third parties. If this distribution is paid directly to a third party, you acknowledge and agree that you, as the authorized person, are solely responsible for any adverse tax consequences, and you agree to indemnify and hold harmless Schwab from and against all losses, costs, liabilities and expenses that may arise as a result of Schwab following the directions you provide on this form.

Custodial accounts. If this is a custodial IRA, you acknowledge and agree that any funds or securities transferred out of the account, and into the account of the custodian or the other account, shall be used or applied solely for the benefit of the minor.

For choices A-D, choose only one option and then continue to Section 6.

A. TO A SCHWAB BROKERAGE ACCOUNT

- Transfer my distribution assets to my Schwab account.

Account Number

TELL US WHERE TO SEND YOUR DISTRIBUTION continues on next page





**SCHWAB BANK OR OTHER FINANCIAL INSTITUTION INFORMATION**

Your Other Financial Institution must be a U.S. financial institution and an Automated Clearing House (ACH) member. You may not transfer funds to financial institutions outside the territorial jurisdiction of the U.S. Enter the information requested below for the account where you want your distribution payments electronically transferred.

ABA Transit Routing Number	Account Number
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**Account Type:**

- Personal checking account
- Personal savings account

Please attach your voided check here. For savings accounts, attach a preprinted deposit slip.

C. Sample  
123 Street  
Anywhere, State 12345

Date: \_\_\_\_\_ 803

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Pay to the order of \_\_\_\_\_ \$

**Tape your voided check here.**  
(Use a preprinted deposit slip for savings accounts.)

Dollars

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VOID

For: \_\_\_\_\_

⑆ 321070010⑆ 8031 234 56789 ⑈

ABA Transit Routing Number	Account Number
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**Alternative acceptable documentation for accounts without checks:**

- A preprinted deposit slip that includes the account title, account number, account type and ABA Transit Routing Number; or
- A letter from your Other Financial Institution, on its letterhead and signed by an officer, that includes the account title, account number, account type and ABA Transit Routing Number, as well as the authorized signers on the account.

**IMPORTANT INFORMATION ABOUT YOUR DISTRIBUTION**  
follows on next page



**7. ACCOUNT HOLDER SIGNATURE (CONTINUED)**

Schwab must receive any such notification in a time and manner so as to give Schwab, Schwab Bank and the Other Financial Institution a reasonable opportunity to act on it.

**Schwab Bank or Other Financial Institution Account Holder.** If the IRA owner elects to receive distribution of income electronically, by signing this Agreement, you authorize Charles Schwab & Co., Inc. ("Schwab") to: (1) initiate credit entries to your account indicated above at Schwab Bank or the Other Financial Institution, and (2) to initiate reversals to your Schwab Bank or Other Financial Institution account of erroneous or duplicate credit entries and to debit such account as appropriate. This authorization will remain in full force and effect until Schwab receives written or verbal notification from you of the Service's termination. Schwab must receive any such notification in a time and manner so as to give Schwab, Schwab Bank and the Other Financial Institution a reasonable opportunity to act on it.

You authorize Schwab to distribute cash and/or securities from the IRA according to the elections made by you on this form and certify that: (1) the information on this form is correct and (2) Schwab may rely on your elections and certification without further investigation or inquiry.

**SIGN HERE**

X

Account Holder Signature

Today's Date (mm/dd/yyyy)

You must sign and date using blue or black ink.

Print Name Title, First Middle

Middle

Last, Suffix

**8**

**SCHWAB BANK/OTHER FINANCIAL INSTITUTION SIGNATURE(S) (IF APPLICABLE)**

**SIGN HERE**

X

Account Holder/Trustee Signature

X

Additional Account Holder/Trustee Signature

If you are setting up or changing MoneyLink distributions to Schwab Bank or another financial institution, all account holders for the Other Account must sign.

If necessary, attach additional sheets.

Print Name Title, First Middle

Print Name Title, First Middle

Print Name Last, Suffix

Print Name Last, Suffix

Today's Date (mm/dd/yyyy)

Today's Date (mm/dd/yyyy)

DID YOU REMEMBER TO:

- Make your tax withholding elections in Section 3 (if applicable)?
- Ensure that you have sufficient funds available?
- Indicate where to send your distribution in Section 5?
- Provide a voided check where indicated (if applicable)?

Return instructions > Please return pages 1-8 of this form to your nearest Schwab branch or mail it to any of the following:

**Regular Mail**  
Charles Schwab & Co., Inc.  
Attn: IS Document Control  
P.O. Box 982600  
El Paso, TX 79998-2600

**Regular Mail**  
Charles Schwab & Co., Inc.  
Attn: IS Document Control  
P.O. Box 628291  
Orlando, FL 32862-8291

**Overnight Mail**  
Charles Schwab & Co., Inc.  
Attn: IS Document Control  
1945 Northwestern Drive  
El Paso, TX 79912

**Overnight Mail**  
Charles Schwab & Co., Inc.  
Attn: IS Document Control  
1958 Summit Park  
Suite 200  
Orlando, FL 32810

