

Instructions: Use this form to request a withdrawal from an LPL individual retirement account or an LPL Coverdell Education Savings Account. Automated Clearing House (ACH) requests must be **original** and mailed to LPL. **Mail the completed form to the Retirement Accounts Department, P.O. Box 509045, San Diego, CA 92150-9045 or fax to (858) 550-8071.**

1.	LPL Account Number <input style="width: 95%;" type="text"/>	Rep ID <input style="width: 95%;" type="text"/>
	Client Name <input style="width: 95%;" type="text"/>	Date of Birth <input style="width: 95%;" type="text"/>

2. If this is a SIMPLE IRA, is the distribution being taken within the first 2 years of account tax-year funding? Yes No
 If this is a Roth IRA, is the distribution being taken within the first 5 years of account tax-year funding? Yes No

Reason for Distribution
 (If no election is made, the withdrawal will be processed as an age-based distribution)

IRA Age Based Distribution
 Roth Age Based Distribution
 Substantially Equal Series Distribution/72(t), under age 59 1/2
 Disability Distribution under age 59 1/2—Attach disability award letter or signed physician letter
 Distribution from a Beneficiary IRA
 Direct Rollover—The check must be payable to an accepting qualified retirement plan, governmental section 457(b) plan, or 403(b).
 (Please note IRA-to-IRA “60-day” rollovers will be default coded as age based distributions per 1099-R instructions if this selection is completed.)
 Trustee to Trustee Transfer—Attach a Letter of Acceptance from the new custodian
 Coverdell Education Savings Account Distribution—formerly known as Education IRA
 Death of Account Holder—Attach a certified copy of the death certificate **to transfer the original account to an LPL Beneficiary IRA Account (see LPL policies for deceased accounts)**
 Qualified Domestic Relations Transfer—Attach official court documents

3. Distribution Options

Total Distribution (Account will be closed and applicable fees assessed)
 Cash distribution of the entire account. Coordinate the liquidation of all assets in the account with your financial advisor prior to submitting this request **(unless the client is deceased)**.
 In-kind distribution of the entire account.

One Time Distribution (Account must maintain a sufficient value to cover termination and maintenance fees.)
 Payment in the amount of (Please have cash and/or equivalent available in the account prior to submitting this request. For Optimum Market Portfolios and Personal Wealth Portfolios accounts, necessary cash will be made available after submitting the request.)
 \$ (gross amount **before** tax withholding)
 In-kind distribution (specify the share quantity and the symbol or description, cannot request in dollars)

NUMBER OF SHARES	SYMBOL	DESCRIPTION OF ASSET
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Periodic Distribution (If the distribution day falls on a non-business day, your distribution will be paid on the first business day thereafter. Optimum Market Portfolios accounts are limited to distributions of at least \$500, distributions on the 1st and 15th and frequencies of monthly, quarterly or semi-annually.)
 This is a New Request Change of Instruction (will replace existing instruction)
 Payment in the amount of \$ (gross amount **before** tax withholding)
 Income (dividends, capital gains and fixed income interest)

Frequency Instructions: (If no frequency is selected, monthly distributions will be set up. If no start date is indicated, the first day of the next month will be selected)
 Weekly Monthly Quarterly Semi-annually Annually

First Payment Date: MM/DD/YYYY
 Last Payment Date* (optional): MM/DD/YYYY

*Please ensure that this date falls on a business day.

4.

Method of Distribution

(If no election is made, your distribution will be mailed to your address of record via 1st class mail.)

Check or Certificate

- First Class Mail Federal Express*† Express Mail* Saturday Overnight*† *Additional fee will apply
- Send to the Address of Record †Street address only (no P.O. Box)
- Send to an alternate name and/or address. (Validation of client signature in Section 7 is required for third party distribution.)

Check Payable to:

Address:

Optional Special Instructions: (e.g., FBO, mail instructions)

Journal of Assets to LPL Account Number: (Validation of client signature in Section 7 is required for third party distribution.)

Fed Fund Wire (Validation of client signature in Section 7 is required and an additional fee will apply. Available for one-time distributions over \$5,000 only.)

Bank Name

Bank Phone

Bank Address

ABA Number

Bank Account Name

Bank Account Number

Further Credit Name

Further Credit Number

ACH Electronic Funds Transfer (Please allow five business days to establish. Validation of client signature in Section 7 is required. Distribution Request and voided check must be **original**.)

Bank Name

ABA Number

Bank Account Name

Bank Account Number

Select One

- Checking Account—Attach an original pre-printed voided check here
- Savings Account—Attach (non electronic) monthly bank statement including account number, registration, bank name and logo.

Please note: An acceptable substitution is a letter on bank letterhead signed by an officer of the bank (including the officer's title) verifying ABA number, bank account title, and bank account number.

5.

Tax Withholding

Federal Income Tax Withholding

Under federal law, the Custodian is required to withhold federal income tax from distributions unless you elect out of this withholding below. **If no election is made, LPL will withhold 10%.** You may change this election for future distributions at any time by sending a written request. Whether or not you elect to have taxes withheld from your distribution, you are responsible for the full amount of income tax and any related penalties. If you do not withhold enough tax or make appropriate estimated tax payments, you may be subject to additional penalties.

- Once taxes are withheld from the account and paid to the IRS, they cannot be reversed.
- If withholding is selected, the amount withheld must be 10% or greater of the gross distribution amount.

- Please do not withhold any federal income taxes.
- Please withhold % or \$ on my gross distribution of monies for federal income taxes (at least 10%).
- Please withhold \$ from available cash and/or equivalent on my gross distribution of shares/units.

5. Tax Withholding (continued)

State Income Tax Withholding

Check one of the following to indicate whether you wish to have state income taxes withheld. **State withholding may be mandatory regardless of your election below.** Also, state withholding is not available for some states and taxes will not be withheld regardless of your election below.

- State withholding will be based on your account registration and the table below.
 - Periodic distributions will continue at this rate until LPL is notified of a change.
- Please do not withhold any state income taxes.
- Please withhold % or \$ on my gross distribution of monies for state income taxes.
- Please withhold \$ from available cash and/or equivalent on my gross distribution of shares/units.

State Income Tax Withholding Guidelines

State	Federal Income Tax Withholding Election	State Income Tax Withholding Election and Requirements
CA	Yes	Must withhold 10.00% of federal income tax withheld, unless you specify a state income tax withholding amount
	No	No withholding
	No Instructions	Must withhold 10.00% of federal income tax withholding amount
DE, IA, KS, ME, NE, OK	Yes	Must withhold at least 5.00% of gross distribution
	No	No withholding
	No Instructions	Must withhold 5.00% of gross distribution
GA	Yes	Must withhold at least 6.00% of gross distribution
	No	No withholding
	No Instructions	Must withhold 6.00% of gross distribution
MD	Yes	Must withhold at least 7.75% of gross distribution
	No	No withholding
	No Instructions	Must withhold 7.75% of gross distribution
MA	Yes	Must withhold at least 5.30% of gross distribution
	No	No withholding
	No Instructions	Must withhold 5.30% of gross distribution
NC, VA	Yes	Must withhold at least 4.00% of gross distribution
	No	No withholding
	No Instructions	Must withhold 4.00% of gross distribution
ND	Yes	Must withhold at least 21% of federal income tax withholding amount
	No	No withholding
	No Instructions	Must withhold 21% of federal income tax withholding amount
OR	Yes	Must withhold at least 8.00% of gross distribution, unless you elect no state income tax withholding
	No	No withholding
	No Instructions	Must withhold 8.00% of gross distribution
VT	Yes	Must withhold at least 27% of federal income tax withholding amount
	No	No withholding
	No Instructions	Must withhold 27% of federal income tax withholding amount
AL, CO, CT, DC, ID, IL, IN, KY, LA, MN, NJ, OH, RI, SC, UT, WI, WV	Yes	Voluntary withholding of gross distribution permitted
	No	No withholding
	No Instructions	No withholding
All other states		State income tax withholding is not an available service even if your state has state income taxes

This information is provided as a guideline only and is not a direction or advice regarding withholding. LPL Financial Corporation advises you to contact your tax professional before making any election regarding state withholding. State law is subject to change and LPL Financial Corporation is not responsible for changes in state law that may affect the accuracy of this guideline.

6. Client Signature and Certification

I certify that I am the proper party to receive payment(s) from this account and the information provided is true and accurate. I further certify that no tax advice has been given to me by LPL, unless my Financial Advisor is employed, as an outside activity, as a duly qualified tax adviser for which separate and distinct consideration has been paid and is unrelated in any way to LPL. All decisions regarding any authorization herein are my own. I expressly assume responsibility for tax implications and adverse consequences, which may arise from any withdrawal, and I agree that LPL shall in no way be held responsible. I understand the tax implications of distributions and understand that it is my responsibility to determine the taxable amount of any distribution made under this authorization.

- If taking an early IRA distribution, I acknowledge that this distribution may result in a tax penalty if I do not meet one of the IRS exceptions. I understand that an early Roth distribution will also result in taxable income and possibly a tax penalty if I have not completed the five-year aging requirement and/or my distribution is not a qualifying distribution. I also understand that I may be required to file IRS Form 5329.
- If my Coverdell Education Savings Account distribution exceeds the qualified higher education expenses of the beneficiary, I understand that that the distribution may be subject to income tax penalties.
- If the distribution is requested to be sent via Automated Clearing House (ACH), I understand that both the Distribution Request and voided check must be original and cannot be photocopies or faxed.
- I (we) hereby authorize LPL Financial Corporation (LPL) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the bank indicated, and to credit and/or debit the same such checking account indicated above. This authority is to remain in full force and effect until LPL has received written notification from me (or either of us) of its termination in such time and in such manner as to afford LPL and the bank reasonable opportunity to act on it.

Account Owner Signature

Account Owner Name (print)

Date

7. Validation of Client Signature (required for third party, wire, and ACH distributions)

My customer(s) is/are well known to me, and I validate that the signature(s) on the attached document is/are genuine. I agree for myself and my successors, assigns, heirs, executors, and administrators to at all times indemnify and hold harmless LPL and all LPL staff and third-party providers, acting as authorized agents of LPL, from and against any and all claims, losses, liabilities, taxes, damages, actions, charges, and expenses, including attorney fees, resulting from your compliance with this request. LPL reserves the right to verify the authenticity of any signature.

LPL Financial Advisor Signature

LPL Financial Advisor Name (print)

Date