

**WITHDRAWAL AUTHORIZATION** *Refer to page 3 for reporting information and the attached* Withholding Instructions *for additional withholding information.* 

PART 1. ROTH IRA OWNER	PART 2. ROTH IRA TRUSTEE OR CUSTODIAN
	To be completed by the Roth IRA trustee or custodian
Name (First/MI/Last)	. , , ,
Social Security Number	Address Line 1
Date of Birth Phone	Address Line 2
Email Address	City/State/ZIP
Account Number Suffix	Phone Organization Number
PART 3. BENEFICIARY OR FORMER SPOUSE INFORMATION	N
This section should only be completed by a beneficiary taking a death with spouse taking a withdrawal as a result of a court-approved property settler	
Name (First/MI/Last)	Address Line 1
Tax ID (SSN/TIN)	Address Line 2
Date of Birth Phone	City/State/ZIP
Account Number Suffix	City/State/2II
PART 4. WITHDRAWAL INFORMATION	PART 5. WITHHOLDING ELECTION (Form W-4R/OMB 1545-0074)
	<u> </u>
Total Withdrawal Amount	Do not complete this section for a transfer, recharacterization, or if you are a nonresident alien.
Withdrawal Date	If this is an annuitized payment from an individual retirement annuity, do
☐ This Withdrawal Will Close This Roth IRA ☐ The five-year period for qualified withdrawals has been satisfied.	not complete this section. Instead, complete IRS Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments, which may be found at www.irs.gov.
WITHDRAWAL REASON (Select one)	
1. Transfer to Another Roth IRA	FEDERAL WITHHOLDING
☐ 2. Age 59½ or Older	Your withholding rate is determined by the type of payment you will receive.
☐ 3. Under Age 59½ (Select a or b if applicable)	
a. Disability	For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100%
$\square$ b. IRS Levy or Substantially Equal Periodic Payments	below. Generally, you can't choose less than 10% for payments to be
4. Death Withdrawal by a Beneficiary	delivered outside the United States and its possessions. (See the
5. Prohibited Transaction	Withholding Instructions for more information.)
6. Excess Contribution Removed Before the Excess Removal Deadline	
(Enter the net income attributable to the excess and select a or b)	Complete this section if you would like a rate of withholding that is
Net Income Attributable	different from the default withholding rate. See the instructions and the Marginal Rate Tables that follow for additional information. Enter
a. Excess Contributed and Removed in the Same Year	the rate as a whole number (no decimals).
b. Excess Contributed in One Year and Removed in the Next Year	Withhold%
<ul> <li>7. Excess Contribution Removed After the Excess Removal Deadline</li> <li>8. Recharacterization (Enter the net income attributable to the</li> </ul>	
recharacterized amount and select a or b)	
Net Income Attributable	STATE WITHHOLDING (If applicable, select one)
a. Same-Year Recharacterization	Name of Withholding State
□ b. Prior-Year Recharacterization	Withhold%
9. Revocation (Enter the earnings amount and select a or b)	Withhold \$
Earnings	☐ Do Not Withhold State Income Tax
a. Regular Contribution	<b>NOTE:</b> State income tax withholding may not be available for all states.
□ b. Conversion Contribution	If applicable, mandatory state income tax will be withheld from the distribution in accordance with state tax guidelines.
10. Revocation of Rollover or Transfer Contribution	aistribation in accordance with state tax gaidelines.

Page 1 of 3 ©2022 Ascensus, LLC 6314 / 2406R (Rev. 3/2022)

PART 6. WITHDRAWAL SUMMARY  This section may be completed for informational purposes only.  Trustee or Custodian Penalties and Fees  Gross Withdrawal Amount  State Withholding Amount  State Withholding Amount  State Withholding Amount    * The gross withdrawal amount is the total withdrawal amount in Part 4 after any penalties and fees assessed by the trustee or custodian.  PART 7. WITHDRAWAL INSTRUCTIONS  ASSET HANDLING (Assets identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)  Asset Description   Amount to be Withdrawan   Special Instructions  PAYMENT METHOD  Cash  Check (if the withdrawal reason is transfer to another Roth IRA, the check must be made payable to the receiving organization.)  Make payable to   Internal Account  Account Number   Type (e.g., checking, savings, Roth IRA)    External Account (e.g., EFT, ACH, wire) (Additional documentation may be required and fees may apply.)  Name of Organization Receiving the Assets   Type (e.g., checking, savings, Roth IRA)    PART 8. SIGNATURES  Lectrify that I am authorized to receive payments from this Roth IRA and that all information provided by me is true and accurate. I have received a copy of the Withholding Notice Information. No tax advice has been given to me by the trustee or custodian. All decisions regarding this withdrawal are my own, and I expressly assume responsibility for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from processing this withdrawal are my own, and I expressly assume responsibility for any consequences that may arise from processing this withdrawal authorization.  X  Notary Public/Signature Guarantee (if required by the trustee or custodian)  Date (mm/dd/yyyy)	Name of Roth IRA Owner	, Account Number
Trustee or Custodian Penalties and Fees Gross Withdrawal Amount* Federal Withholding Amount Net Amount Paid to Recipient  *The gross withdrawal amount is the total withdrawal amount in Part 4 after any penalties and fees assessed by the trustee or custodian.  PART 7. WITHDRAWAL INSTRUCTIONS  ASSET HANDLING (Assets identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.) Asset Description Amount to be Withdrawan Special Instructions  PAYMENT METHOD  Cash Check (If the withdrawal reason is transfer to another Roth IRA, the check must be made payable to the receiving organization.) Make payable to Internal Account Account Number Account Number Type (e.g., checking, sovings, Roth IRA) External Account Receiving the Assets Routing Number (Optional) Account Number Type (e.g., checking, sovings, Roth IRA)  PART 8. SIGNATURES  Lectify that I am authorized to receive payments from this Roth IRA and that all information provided by me is true and accurate. I have received a accopy of the Withholding Notice Information. No tax advice has been given to me by the trustee or custodian. All decisions regarding this withdrawal are my own, and I expressly assume responsibility for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from this withdrawal authorization.  X Signature of Recipient X Date (mm/dd/yyyy) Date (mm/dd/yyyy)	PART 6. WITHDRAWAL SUMMARY	
Gross Withdrawal Amount  Federal Withholding Amount  *The gross withdrawal amount is the total withdrawal amount in Part 4 after any penalties and fees assessed by the trustee or custodian.  PART 7. WITHDRAWAL INSTRUCTIONS  ASSET HANDLING (Assets identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)  Asset Description  Amount to be Withdrawn  Special Instructions  PAYMENT METHOD  Cash  Check (if the withdrawal reason is transfer to another Roth IRA, the check must be made payable to the receiving organization.)  Make payable to  Internal Account  Account Number  Type (e.g., checking, savings, Roth IRA)  External Account (e.g., EFT, ACH, wire) (Additional documentation may be required and fees may apply.)  Name of Organization Receiving the Assets  Account Number  Type (e.g., checking, savings, Roth IRA)  PART 8. SIGNATURES  Lectify that I am authorized to receive payments from this Roth IRA and that all information provided by me is true and accurate. I have received a copy of the Withholding Notice Information. No tax advice has been given to me by the trustee or custodian. All decisions regarding this withdrawal are my own, and lexpressly assume responsibility for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from processing this withdrawal authorization.  X  Signature of Recipient  Date (mm/dd/yyyy)  X  Notary Public/Signature Guarantee (If required by the trustee or custodian)  Date (mm/dd/yyyy)	This section may be completed for informational purposes only.	
Gross Withdrawal Amount  Federal Withholding Amount  *The gross withdrawal amount is the total withdrawal amount in Part 4 after any penalties and fees assessed by the trustee or custodian.  *The gross withdrawal amount is the total withdrawal amount in Part 4 after any penalties and fees assessed by the trustee or custodian.  **PART 7. WITHDRAWAL INSTRUCTIONS  **ASSET HANDLING** (Assets identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)  **Asset Description**  Amount to be Withdrawn  Special Instructions  **PAYMENT METHOD  Cash  Check (If the withdrawal reason is transfer to another Roth IRA, the check must be made payable to the receiving organization.)  Make payable to  Internal Account  Account Number  Type (e.g., checking, savings, Roth IRA)  External Account (e.g., EFT, ACH, wire) (Additional documentation may be required and fees may apply.)  Name of Organization Receiving the Assets  Routing Number (Optional)  Account Number  Type (e.g., checking, savings, Roth IRA)  PART 8. SIGNATURES  Lectify that I am authorized to receive payments from this Roth IRA and that all information provided by me is true and accurate. I have received a copy of the Withholding Notice Information. No tax advice has been given to me by the trustee or custodian. All decisions regarding this withdrawal are my own, and lexpressly assume responsibility for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from processing this withdrawal authorization.  X  Signature of Recipient  Date (mm/dd/yyyy)  X  Notary Public/Signature Guarantee (If required by the trustee or custodian)  Date (mm/dd/yyyy)	Trustee or Custodian Penalties and Fees	
State Withholding Amount Net Amount Paid to Recipient  * The gross withdrawal amount is the total withdrawal amount in Part 4 after any penalties and fees assessed by the trustee or custodian.  PART 7. WITHDRAWAL INSTRUCTIONS  ASSET HANDLING (Assets identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)  Asset Description  Amount to be Withdrawn  Special Instructions  PAYMENT METHOD  Cash  Check (if the withdrawal reason is transfer to another Roth IRA, the check must be made payable to the receiving organization.)  Make payable to  Internal Account Account Number  Type (e.g., checking, savings, Roth IRA)  External Account (e.g., EFT, ACH, wire) (Additional documentation may be required and fees may apply.)  Name of Organization Receiving the Assets Account Number  Type (e.g., checking, savings, Roth IRA)  PART 8. SIGNATURES  I certify that I am authorized to receive payments from this Roth IRA and that all information provided by me is true and accurate. I have received a copy of the Withholding Notice Information. No tax advice has been given to me by the trustee or custodian. All decisions regarding this withdrawal are my own, and I expressly assume responsibility for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from this withdrawal authorization.  X  Signature of Recipient  Date (mm/dd/yyyy)  X  Name of Date (mm/dd/yyyy)	Correct Military and Assessment #	
State Withholding Amount Net Amount Paid to Recipient  * The gross withdrawal amount is the total withdrawal amount in Part 4 after any penalties and fees assessed by the trustee or custodian.  PART 7. WITHDRAWAL INSTRUCTIONS  ASSET HANDLING (Assets identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)  Asset Description  Amount to be Withdrawn  Special Instructions  PAYMENT METHOD  Cash  Check (if the withdrawal reason is transfer to another Roth IRA, the check must be made payable to the receiving organization.)  Make payable to  Internal Account Account Number  Type (e.g., checking, savings, Roth IRA)  External Account (e.g., EFT, ACH, wire) (Additional documentation may be required and fees may apply.)  Name of Organization Receiving the Assets Account Number  Type (e.g., checking, savings, Roth IRA)  PART 8. SIGNATURES  I certify that I am authorized to receive payments from this Roth IRA and that all information provided by me is true and accurate. I have received a copy of the Withholding Notice Information. No tax advice has been given to me by the trustee or custodian. All decisions regarding this withdrawal are my own, and I expressly assume responsibility for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from this withdrawal authorization.  X  Signature of Recipient  Date (mm/dd/yyyy)  X  Name of Date (mm/dd/yyyy)	Federal Withholding Amount	
*The gross withdrawal amount is the total withdrawal amount in Part 4 after any penalties and fees assessed by the trustee or custodian.  *PART 7. WITHDRAWAL INSTRUCTIONS  *ASSET HANDLING (Assets identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)  Asset Description Amount to be Withdrawa Special Instructions    Amount to be Withdrawa   Special Instructions		
PART 7. WITHDRAWAL INSTRUCTIONS  ASSET HANDLING (Assets identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)  Asset Description Amount to be Withdrawn Special Instructions  PAYMENT METHOD  Cash Check (If the withdrawal reason is transfer to another Roth IRA, the check must be made payable to the receiving organization.)  Make payable to Internal Account Account Number Type (e.g., checking, savings, Roth IRA)  External Account (e.g., EFT, ACH, wire) (Additional documentation may be required and fees may apply.)  Name of Organization Receiving the Assets Routing Number (Optional)  Account Number Type (e.g., checking, savings, Roth IRA)  PART 8. SIGNATURES  Letrify that I am authorized to receive payments from this Roth IRA and that all information provided by me is true and accurate. I have received a copy of the Withholding Notice Information. No tax advice has been given to me by the trustee or custodian. All decisions regarding this withdrawal are my own, and I expressly assume responsibility for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from this withdrawal authorization.  X Signature of Recipient X Date (mm/dd/yyyy)  Date (mm/dd/yyyy)		
ASSET HANDLING (Assets identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)  Asset Description  Amount to be Withdrawn  Special Instructions  PAYMENT METHOD  Cash Check (if the withdrawal reason is transfer to another Roth IRA, the check must be made payable to the receiving organization.)  Make payable to Internal Account Account Number  Type (e.g., checking, savings, Roth IRA)  Name of Organization Receiving the Assets Routing Number (Optional)  Account Number  Type (e.g., checking, savings, Roth IRA)  PART 8. SIGNATURES  I certify that I am authorized to receive payments from this Roth IRA and that all information provided by me is true and accurate. I have received a copy of the Withholding Notice Information. No tax advice has been given to me by the trustee or custodian. All decisions regarding this withdrawal are my own, and I expressly assume responsibility for any consequences that may arise from this withdrawal authorization.  X Signature of Recipient  X Notary Public/Signature Guarantee (If required by the trustee or custodian)  Date (mm/dd/yyyy)	* The gross withdrawal amount is the total withdrawal amount in Part 4 after	er any penalties and fees assessed by the trustee or custodian.
Asset Description  Amount to be Withdrawn  Special Instructions  PAYMENT METHOD  Cash Check (If the withdrawal reason is transfer to another Roth IRA, the check must be made payable to the receiving organization.)  Make payable to Internal Account Account Number  External Account (e.g., EFT, ACH, wire) (Additional documentation may be required and fees may apply.)  Name of Organization Receiving the Assets  Routing Number (Optional)  Account Number  Type (e.g., checking, savings, Roth IRA)  PART 8. SIGNATURES  I certify that I am authorized to receive payments from this Roth IRA and that all information provided by me is true and accurate. I have received a copy of the Withholding Notice Information. No tax advice has been given to me by the trustee or custodian. All decisions regarding this withdrawal are my own, and I expressly assume responsibility for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from processing this withdrawal authorization.  X Signature of Recipient  Notary Public/Signature Guarantee (If required by the trustee or custodian)  Date (mm/dd/yyyy)	PART 7. WITHDRAWAL INSTRUCTIONS	
Asset Description  Amount to be Withdrawn  Special Instructions  PAYMENT METHOD  Cash Check (If the withdrawal reason is transfer to another Roth IRA, the check must be made payable to the receiving organization.)  Make payable to Internal Account Account Number  External Account (e.g., EFT, ACH, wire) (Additional documentation may be required and fees may apply.)  Name of Organization Receiving the Assets  Routing Number (Optional)  Account Number  Type (e.g., checking, savings, Roth IRA)  PART 8. SIGNATURES  I certify that I am authorized to receive payments from this Roth IRA and that all information provided by me is true and accurate. I have received a copy of the Withholding Notice Information. No tax advice has been given to me by the trustee or custodian. All decisions regarding this withdrawal are my own, and I expressly assume responsibility for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from processing this withdrawal authorization.  X Signature of Recipient  Notary Public/Signature Guarantee (If required by the trustee or custodian)  Date (mm/dd/yyyy)	ASSET HANDLING (Assets identified below will be liquidated immediately	unless otherwise specified in the Special Instructions section
PAYMENT METHOD  Cash Check (If the withdrawal reason is transfer to another Roth IRA, the check must be made payable to the receiving organization.) Make payable to Internal Account Account Number Type (e.g., checking, savings, Roth IRA) External Account (e.g., EFT, ACH, wire) (Additional documentation may be required and fees may apply.) Name of Organization Receiving the Assets Routing Number (Optional) Account Number Type (e.g., checking, savings, Roth IRA)  PART 8. SIGNATURES  I certify that I am authorized to receive payments from this Roth IRA and that all information provided by me is true and accurate. I have received a copy of the Withholding Notice Information. No tax advice has been given to me by the trustee or custodian. All decisions regarding this withdrawal are my own, and I expressly assume responsibility for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from processing this withdrawal authorization.  X Signature of Recipient Date (mm/dd/yyyy)  X Notary Public/Signature Guarantee (If required by the trustee or custodian) Date (mm/dd/yyyy)		
PAYMENT METHOD  Cash Check (If the withdrawal reason is transfer to another Roth IRA, the check must be made payable to the receiving organization.)  Make payable to	Asset Description Amount to be withdrawn	·
PAYMENT METHOD  Cash Check (If the withdrawal reason is transfer to another Roth IRA, the check must be made payable to the receiving organization.)  Make payable to Internal Account Account Number Type (e.g., checking, savings, Roth IRA)  External Account (e.g., EFT, ACH, wire) (Additional documentation may be required and fees may apply.)  Name of Organization Receiving the Assets Routing Number (Optional) Account Number Type (e.g., checking, savings, Roth IRA)  PART 8. SIGNATURES  Lecrify that I am authorized to receive payments from this Roth IRA and that all information provided by me is true and accurate. I have received a copy of the Withholding Notice Information. No tax advice has been given to me by the trustee or custodian. All decisions regarding this withdrawal are my own, and I expressly assume responsibility for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from processing this withdrawal authorization.  X Signature of Recipient Date (mm/dd/yyyy)  X Notary Public/Signature Guarantee (If required by the trustee or custodian) Date (mm/dd/yyyy)		
□ Cash □ Check (If the withdrawal reason is transfer to another Roth IRA, the check must be made payable to the receiving organization.)  Make payable to □ Internal Account Account Number		
□ Cash □ Check (If the withdrawal reason is transfer to another Roth IRA, the check must be made payable to the receiving organization.)  Make payable to □ Internal Account Account Number		
□ Check (If the withdrawal reason is transfer to another Roth IRA, the check must be made payable to the receiving organization.)  Make payable to □ Internal Account Account Number □ Type (e.g., checking, savings, Roth IRA) □ External Account (e.g., EFT, ACH, wire) (Additional documentation may be required and fees may apply.)  Name of Organization Receiving the Assets □ Routing Number (Optional) □ Account Number □ Type (e.g., checking, savings, Roth IRA) □ PART 8. SIGNATURES  I certify that I am authorized to receive payments from this Roth IRA and that all information provided by me is true and accurate. I have received a copy of the Withholding Notice Information. No tax advice has been given to me by the trustee or custodian. All decisions regarding this withdrawal are my own, and I expressly assume responsibility for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from processing this withdrawal authorization.  X Signature of Recipient  Notary Public/Signature Guarantee (If required by the trustee or custodian)  Date (mm/dd/yyyy)  Date (mm/dd/yyyy)	PAYMENT METHOD	
Make payable to   Internal Account   Internal Accou		
Internal Account   Account   Account   Type (e.g., checking, savings, Roth IRA)   External Account (e.g., EFT, ACH, wire) (Additional documentation may be required and fees may apply.)   Name of Organization Receiving the Assets   Routing Number (Optional)   Account Number   Type (e.g., checking, savings, Roth IRA)    PART 8. SIGNATURES    Certify that I am authorized to receive payments from this Roth IRA and that all information provided by me is true and accurate. I have received a copy of the Withholding Notice Information. No tax advice has been given to me by the trustee or custodian. All decisions regarding this withdrawal are my own, and I expressly assume responsibility for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from processing this withdrawal authorization.  X   Signature of Recipient   Date (mm/dd/yyyy)		
Account Number		
External Account (e.g., EFT, ACH, wire) (Additional documentation may be required and fees may apply.)   Name of Organization Receiving the Assets		
Name of Organization Receiving the Assets		
Account Number Type (e.g., checking, savings, Roth IRA)		
PART 8. SIGNATURES  I certify that I am authorized to receive payments from this Roth IRA and that all information provided by me is true and accurate. I have received a copy of the Withholding Notice Information. No tax advice has been given to me by the trustee or custodian. All decisions regarding this withdrawal are my own, and I expressly assume responsibility for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from processing this withdrawal authorization.  X Signature of Recipient  Date (mm/dd/yyyy)  A Date (mm/dd/yyyy)  Date (mm/dd/yyyy)		
I certify that I am authorized to receive payments from this Roth IRA and that all information provided by me is true and accurate. I have received a copy of the Withholding Notice Information. No tax advice has been given to me by the trustee or custodian. All decisions regarding this withdrawal are my own, and I expressly assume responsibility for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from processing this withdrawal authorization.  X Signature of Recipient  Date (mm/dd/yyyy)  X Notary Public/Signature Guarantee (If required by the trustee or custodian)  Date (mm/dd/yyyy)	Account Number	Type (e.g., checking, savings, noth INA)
I certify that I am authorized to receive payments from this Roth IRA and that all information provided by me is true and accurate. I have received a copy of the Withholding Notice Information. No tax advice has been given to me by the trustee or custodian. All decisions regarding this withdrawal are my own, and I expressly assume responsibility for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from processing this withdrawal authorization.  X Signature of Recipient  Date (mm/dd/yyyy)  X Notary Public/Signature Guarantee (If required by the trustee or custodian)  Date (mm/dd/yyyy)	PART 8 SIGNATURES	
copy of the Withholding Notice Information. No tax advice has been given to me by the trustee or custodian. All decisions regarding this withdrawal are my own, and I expressly assume responsibility for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from processing this withdrawal authorization.  X Signature of Recipient  Date (mm/dd/yyyy)  X Notary Public/Signature Guarantee (If required by the trustee or custodian)  Date (mm/dd/yyyy)	THE C. SIGNIFORES	
Signature of Recipient  X  Notary Public/Signature Guarantee (If required by the trustee or custodian)  Date (mm/dd/yyyy)  Date (mm/dd/yyyy)	copy of the Withholding Notice Information. No tax advice has been given to are my own, and I expressly assume responsibility for any consequences that	o me by the trustee or custodian. All decisions regarding this withdrawal t may arise from this withdrawal. I agree that the trustee or custodian is
Signature of Recipient  X  Notary Public/Signature Guarantee (If required by the trustee or custodian)  Date (mm/dd/yyyy)  Date (mm/dd/yyyy)	Y	
X Notary Public/Signature Guarantee (If required by the trustee or custodian)  Date (mm/dd/yyyy)	Signature of Recipient	Date (mm/dd/yyyy)
Notary Public/Signature Guarantee (If required by the trustee or custodian)  Date (mm/dd/yyyy)		
х	Notary Public/Signature Guarantee (If required by the trustee or custodian)	Date (mm/dd/yyyy)
	Authorized Signature of Trustee or Custodian	Date (mm/dd/yyyy)

## REPORTING INFORMATION APPLICABLE TO ROTH IRA WITHDRAWALS

You must supply all requested information for the withdrawal so the trustee or custodian can properly report the withdrawal.

If you have any questions regarding a withdrawal, please consult a competent tax professional or refer to IRS Publication 590-B, *Distributions from Individual Retirement Arrangements (IRAs)*, for more information. This publication is available on the IRS website at www.irs.gov or by calling 1-800-TAX-FORM.

## WITHDRAWAL INFORMATION

Roth IRA assets can be withdrawn at any time. Most Roth IRA withdrawals are reported to the IRS. IRS rules specify the distribution code that must be used to report each withdrawal on IRS Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

**Five-Year Period.** You have satisfied the five-year period for determining qualified withdrawals on January 1 of the fifth year following the year for which you made your first Roth IRA contribution, conversion, or rollover from an eligible employer-sponsored retirement plan.

**Qualified Withdrawal.** A qualified withdrawal is one where you have satisfied the five-year waiting period and the withdrawal is due to being age 59% or older, death, or disability. Qualified withdrawals are reported on Form 1099-R using code Q.

#### WITHDRAWAL REASON

**Transfer to Another Roth IRA.** Transfers are not reported on Form 1099-R. Transfers may be made by a Roth IRA owner, beneficiary, or former spouse under a transfer due to a divorce. Inherited IRA assets may only be transferred to another inherited IRA, unless you are a spouse beneficiary.

Age 59% or Older. If you are age 59% or older, withdrawals are reported on Form 1099-R using code T, unless they are qualified withdrawals.

Under Age 59%. If you are under age 59%, withdrawals for any reason not listed below are reported on Form 1099-R using code J.

- Disability. If you are under age 59½ and disabled, withdrawals are reported on Form 1099-R using code T, unless they are qualified withdrawals.
- IRS Levy or Substantially Equal Periodic Payments. If you are under age 59%, withdrawals due to IRS levy or substantially equal periodic payments are reported on Form 1099-R using code 2. Certain distributions taken due to federally declared disasters also are reported using code 2. Please refer to the IRS website at www.irs.gov for more information and a listing of the disaster areas.

**Death Withdrawal by a Beneficiary.** Withdrawals by beneficiaries following the death of the original Roth IRA owner are reported on Form 1099-R using code T, unless they are qualified withdrawals.

Prohibited Transaction. Prohibited transactions as defined in Internal Revenue Code Section 4975(c) are reported on Form 1099-R using code 5.

**Excess Contribution Removed Before the Excess Removal Deadline.** Excess contributions removed before the excess removal deadline (your tax filing deadline, including extensions) must include the net income attributable to the excess.

- If your excess contribution was contributed and removed in the same year, before the excess removal deadline, the withdrawal is reported on Form 1099-R using codes 8 and J.
- If your excess contribution was contributed in one year and removed in the next year, before the excess removal deadline, the withdrawal is reported on Form 1099-R using codes P and J.

Excess Contribution Removed After the Excess Removal Deadline. If your excess contribution is removed after the excess removal deadline, the withdrawal is reported on Form 1099-R using code J if you are under age 59½, code T if you are age 59½ or older, or code Q if the distribution is a qualified withdrawal.

**Recharacterization.** A Roth IRA contribution including the net income attributable may be recharacterized as a Traditional IRA contribution up until your tax filing deadline, including extensions.

- Recharacterizations that occur in the same year for which the contribution was made are reported on Form 1099-R using code N.
- Recharacterizations that occur after the year for which the contribution was made are reported on Form 1099-R using code R.

**Revocations.** Revocations of regular contributions, conversions, rollovers, or transfers are reported on Form 1099-R using code J. A revocation of a regular contribution with earnings if you are under age 59½ is reported on Form 1099-R using codes J and 8.

## WITHHOLDING INSTRUCTIONS (Form W-4R/OMB No. 1545-0074)

## **General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

**Purpose of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See below for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments unless you enter a different rate in the Withholding Election section. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering "-0-" in the Withholding Election section. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including "-0-") on any payments to be delivered outside the United States and its territories.

**NOTE:** If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter "-0-" in the Withholding Election section. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

#### **2023 Marginal Rate Tables**

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See the instructions for more information on how to use this table.

Single or Married Filing Separately		Married Filing Jointly or Qualifying Surviving Spouse		Head of Household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
13,850	10%	27,700	10%	20,800	10%
24,850	12%	49,700	12%	36,500	12%
58,575	22%	117,150	22%	80,650	22%
109,225	24%	218,450	24%	116,150	24%
195,950	32%	391,900	32%	202,900	32%
245,100	35%	490,200	35%	252,050	35%
591,975*	37%	721,450	37%	598,900	37%

<sup>\*</sup> If married filing separately, use \$360,725 instead for this 37% rate.

## **Specific Instructions**

# Withholding Election

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate in the Withholding Election section.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate in the Withholding Election section (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter "-0-".

Suggestion for determining withholding. Consider using the Marginal Rate Tables above to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate in the Withholding Election section. (See Example 1 below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate in the Withholding Election section. (See Example 2 below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate in the Withholding Election section.

**Examples.** Assume the following facts for Examples 1 and 2. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

**Example 1.** You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Because these two rates are the same, enter "22" in the Withholding Election section.

**Example 2.** You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$24,850 but less than \$58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. The two rates differ. \$16,075 of the \$20,000 payment is in the lower bracket (\$58,575 less your total income of \$42,500 without the payment), and \$3,925 is in the higher bracket (\$20,000 less the \$16,075 that is in the lower bracket). Multiply \$16,075 by 12% to get \$1,929. Multiply \$3,925 by 22% to get \$863.50. The sum of these two amounts is \$2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the \$20,000 payment (\$2,792.50 divided by \$20,000). Enter "14" in the Withholding Election section.

Privacy Act and Paperwork Reduction Act Notice. The IRS asks for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. The IRS may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, the IRS would be happy to hear from you. See the instructions for your income tax return.