

Request for Distributions

- Use this form to request a one-time distribution, establish a Systematic Withdrawal Plan (SWP) on your account or request a Conversion/ Recharacterization
- Your bank must be a member of the Automated Clearing House (ACH) to establish a SWP
- The immediate use of new or updated banking instruction (within 30 days of account update) requires a Medallion Signature Guarantee
- Requests that require a Medallion Signature Guarantee must be submitted by mail

PART I: INVESTOR INFORMATION (*Required Information)

Owner's Name* (First, M.I., Last)		Date of Birth*	Social Security Number*	
Street Address (Physical Address)*	Apt #	City*	State*	Zip Code*
Account Number*		Daytime Phone*		
PART II: REASON FOR DISTRIBUTION				
☐ I am at least age 59½ and this is a normal distribu	ution.			
\square I am under age 59½ and this is a premature distri	bution; I am aware that the	IRS may assess a 10% pe	enalty.	
☐ Does not apply.				
PART III: DISTRIBUTION INSTRUCTIONS				
Select either a One Time or Systematic Distribution . regulations for tax reporting.	Provide details about the c	listribution(s) you are requ	uesting to assist	us in meeting federal
☐ One Time Distribution				
☐ I wish to withdraw my entire account balance.				
☐ I wish to make a one-time, partial withdrawal of \$				
☐ I wish to withdraw the requested amount proportion		nts.		
☐ I wish to withdraw the requested amount based on	ı my pre-selected asset allo	cation model.		
☐ I wish to withdraw the requested amount from my	investments as indicated in	n the chart below.		
NOTE: If no election is made and/or your account we will withdraw the requested amount proportion			your account,	
Name of Investment	Share Class	Total I	Investment Amo	ount
		\$		
		\$		_
		\$		
		\$		
				<u>:</u>
		\$		-
	Т	OTAL: \$		

PART III: DISTRIBUTION INSTRUCTIONS CONT	PART III: DISTRIBUTION INSTRUCTIONS CONT.					
Systematic Withdrawal						
Start Month: Start Date:	th day of the month of sed on my pre-selected opportionately across a	all investments.				
Name of Investment	Share Class	Total Investment Amount				
		\$				
		 \$				
		 \$				
		<u> </u>				
		\$				
		TOTAL: \$				
Required Minimum Distribution						
I wish to make a one-time withdrawal of my required		on calculated by the Trustee/Custodian and distributed to me.				
_		e/Custodian and distributed to me in equal installments on:				
☐ Monthly ☐ Quarterly ☐ Semi-A		nnual basis.				
Start Month: Start Date: month or the prior business day if the 25th falls on a v		nosen, distributions will be made on the 25th day of the				
☐ I wish to withdraw the requested amount ba	sed on my pre-select	ed asset allocation model.				
☐ I wish to withdraw the requested amount pro	oportionately across	all investments.				
☐ I wish to withdraw the requested amount from my investments as indicated in the chart below.						
Name of Investment	Share Class	Total Investment Amount				
		\$				
		\$				
<u> </u>						
<u></u>						
	<u></u>					

TOTAL:

Convert my Traditional IRA to a Roth IRA ☐ Dollar Amount: \$ ☐ Percentage: Convert: All Shares To: \square A new Roth IRA (Complete and enclose an IRA New Account Form) My existing Roth IRA, account number Important: Withholding income taxes from the amount converted (instead of paying applicable income taxes from another source) may adversely impact the expected financial benefits of converting from an IRA to a Roth IRA (consult your financial advisor if you have a question). If you wish to convert a Traditional IRA to a Roth IRA with no federal taxes withheld, you must elect to have 0% withholding below in Part V. In so doing, by signing this form, you acknowledge that you may be required to pay estimated tax and that insufficient payments of estimated tax may result in penalties. **Recharacterize My Contribution** Recharacterize my contribution of \$ for tax year A new Traditional or Roth IRA (Complete and enclose an IRA or Roth IRA New Account Form) My existing Traditional or Roth IRA, account number NOTE: Earnings may be negative, reducing the amount withdrawn. Important: Federal and State taxes will not be withheld when recharacterizing contributions. Removal of Excess Contributions Plus Earnings In what year was the contribution made? ☐ Current Year ☐ Prior Year Excess Contribution Amount: \$ NOTE: Earnings may be negative, reducing the amount withdrawn. **Reallocation of Excess Contribution** Apply excess contribution towards tax year 20 and refund earnings (if applicable). Apply both excess contribution and earnings (if applicable) towards tax year 20 . Cannot exceed contribution limits. NOTE: We are unable to apply excess contribution towards prior year contribution after tax filing deadline has passed.

Important: Please complete Part V for withholding instructions on the earnings portion of your excess removal.

PART IV: CONVERSIONS/RECHARACTERIZATIONS

PART V: WITHHOLDING NOTICE AND ELECTION

Federal Withholding

Completion and execution of this form, including any federal withholding election made herein, obviates the need to complete a separate Internal Revenue Service Form W-4R. However, a copy of IRS Form W-4R with instructions is attached for your reference.

Your withholding rate is determined by the type of payment you will receive.

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% below. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions. (See the attached Form W-4R for more information).

Complete this section if you would like a rate of withholding that is different from the default withholding rate. See the inst Marginal Rate Tables that follow for additional information. Enter the rate as a whole number (no decimals).	ructions and the
Withhold%	

If no withholding information is included, we will automatically withhold the default withholding percentage elected on your account. If you do not have a default withholding election on your account and the above information is left blank, we will automatically apply 10% default withholding to your requested distribution (Federal and State taxes will not be withheld when recharacterizing contributions). Federal taxes will not be withheld from ROTH IRA Distributions unless requested above.

State Withholding

Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal income taxes are withheld or may mandate a fixed amount regardless of your federal tax election. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. Please consult with a tax advisor or your state's tax authority for additional information on your state requirements.

Name of Withholding State	
Withhold%	
Do Not Withhold State Income Tax	
NOTE: State income tax withholding may not be available for all states. If applicable, mandatory state income tax will be withheld from the distribution in accordance with state tax guidelines.	l

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	aritable Distribution (QCD)**				
☐ Mai	l check(s) to the address of record	(The information below must	t still be complet	red)**	
☐ Mai	l check(s) directly to the qualified	charity**			
	Make check payable to:			**	
Street Address (P	hysical Address)*	EIN*	City*	State*	Zip Code*
By Mail					
☐ Mail	check(s) to the address of record				
☐ Mak	e check(s) payable to someone oth	ner than the account owner (Ir	ndicate payee bel	ow)**	
	Make check payable to:				
☐ M	ail check to an address other than t	the one on the account (Providence)	de address below	y)**	
Street Address (Physical Address)*	Apt #	City*	State*	Zip Code*
☐ Send to My F	Bank				
Send di	stributions to my bank by Automa	ated Clearing House (ACH) ba	ased on the:		
AC	H instructions already established	for my IRA	Bank Accoun	t Information below **	
	ansfer my One Time Distribution (: Wire transfers are not available for		Distributions) to	my bank based on the:	
	H instructions already established	•	☐ Bank Accou	nt Information below **	
	ustodian to withdraw money from	my mutual fund IRA and dep	oosit to my bank		is privilege will be
ffective after the Attach a voided	check for your bank account. Checking Savings John and Jane Doe 123 Any Street	s	posit to my bank		is privilege will be
effective after the Attach a voided	check for your bank account. Checking Savings John and Jane Doe	S I	Date	account. I understand thi	is privilege will be
ffective after the Attach a voided	check for your bank account. Checking Savings John and Jane Doe 123 Any Street	s	Date	account. I understand thi	is privilege will be
effective after the Attach a voided	check for your bank account. Checking Savings John and Jane Doe 123 Any Street Anytown, USA 1234: PAY TO THE	S I	Date	account. I understand the	is privilege will be
effective after the	check for your bank account. Checking Savings John and Jane Doe 123 Any Street Anytown, USA 1234: PAY TO THE ORDER OF BANK NAME BANK ADDRESS	S I	Date	account. I understand the	is privilege will bo
effective after the Attach a voided Account Type:	check for your bank account. Checking Savings John and Jane Doe 123 Any Street Anytown, USA 1234: PAY TO THE ORDER OF BANK NAME BANK ADDRESS	Tape your voided check o	Date	account. I understand the	is privilege will be
effective after the Attach a voided Account Type:	check for your bank account. Checking Savings John and Jane Doe 123 Any Street Anytown, USA 1234: PAY TO THE ORDER OF BANK NAME BANK ADDRESS MEMO	Tape your voided check o	Date	account. I understand the	is privilege will be
effective after the Attach a voided Account Type:	check for your bank account. Checking Savings John and Jane Doe 123 Any Street Anytown, USA 1234: PAY TO THE ORDER OF BANK NAME BANK ADDRESS MEMO	Tape your voided check o	Date or preprinted Bank's	account. I understand the	is privilege will be
Effective after the Attach a voided Account Type: Enter your check Bank Name	check for your bank account. Checking Savings John and Jane Doe 123 Any Street Anytown, USA 1234: PAY TO THE ORDER OF BANK NAME BANK ADDRESS MEMO	Tape your voided check o	Date or preprinted Bank's	account. I understand this	is privilege will be

PART VII: ACKNOWLEDGEMENT AND MEDALLION SIGNATURE GUARANTEE

By signing this *IRA Distribution Request Form,* I certify that the information I have provided is true and correct, and I authorize the Trustee/Custodian to distribute my IRA as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this distribution and I assume all responsibility for any consequences as a result of my actions. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my instructions, including payments made in error. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Trustee/Custodian. I also understand that if this distribution involves a SIMPLE IRA, special rules apply, and I assume responsibility for my actions regarding those issues.

,	d I assume responsibility for my actions regarding those issues				
Signature of IRA Owner (or other authorized person):					
X		Date:			
*Note: Please sign your name exactl	y how it appears in the registration.				
A Medallion Signature Guarantee	Stamp is designed to protect the account from fraud.				
other financial intermediaries that are	n be obtained from a bank, broker-dealer, credit union, national emembers of an Approved Medallion Guarantee Program. The the grantor's maximum surety amount, and that bond must comp is not acceptable.	e stamp must also contain the letter prefix (A, B,			
	MEDALLION SIGNATURE GUARANTEE STAMP				

MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery
Ultimus Fund Solutions, LLC
P.O. Box 46707
Cincinnati, OH 45246-0707

<u>Overnight Delivery</u> Ultimus Fund Solutions, LLC 225 Pictoria Dr, Ste 450 Cincinnati, OH 45246

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State Income Tax Withholding for Individual Retirement Accounts

This general information is provided to help you understand state income tax withholding requirements for Individual Retirement Account distributions. While we make every effort to obtain information about state laws from sources believed to be reliable, we cannot guarantee the accuracy or timeliness of state withholding information because state laws are subject to constant change and interpretation. This information is not to be considered tax advice and we recommend that you contact your tax advisor regarding your tax withholding elections and to answer any questions you may have regarding your state's withholding laws.

State of Residence	State Income tax withholding information
AK, FL, HI NV, NH, SD, TN, TX, WA, WY	No state income tax will be withheld for residents of these states.
AL, AR, AZ, CO, D.C., GA, ID, IL, IN, KY, LA, MD, MS, MO, MT, ND, NE, NJ, NM, NY, OH, PA, RI, SC, UT, VA, WV, WI,	State income tax will be withheld only if you instruct us to withhold it. See below for state-specific minimums. • AR: 3% of the distribution amount • D.C.: 8.95% of the distribution amount • KY: 6% of the distribution amount • NE: 5% of the distribution amount • UT: 5% of the distribution amount • VA: 4% of the distribution amount
CA, DE, IA, KS, ME, MA, NC, OK, OR, VT	State income tax is required when federal withholding applies. See below for state specific minimums. CA: 10% of the federal withholding amount EE: 5% of the distribution amount KS: 5% of the distribution amount KS: 5% of the distribution amount ME: 5% of the distribution amount MA: 5% of the distribution amount CK: 4% of the distribution amount CK: 5% of the distribution amount
CT, MI, MN	State income tax withholding is required whether or not federal withholding applies. See below for state-specific minimum. CT: 6.99% of the distribution amount MI: 4.25% of the distribution amount MN: 6.25% of the distribution amount

We may be required to withhold state tax from your distribution based upon the laws of your state of residency. Your state of residency is determined by the legal address of record on your account, which may or may not be your state of residency for tax purposes.



Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

Department of the Treasury Internal Revenue Service

Give Form W-4R to the payer of your retirement payments.

2023

OMB No. 1545-0074

 1a First name and middle initial
 Last name

 Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- 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% on line 2. Generally, you can't choose less than 10% for payments to be delivered out the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate eater than 500 by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

%

Sign Here

Your signature (This form is not valid unless you sign it.)

Date

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about 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-4Re avers withhold the correct amount of federal inco vour nonperiodic payment or eligible rollover distrin fro. employer retirement plan, annuity (including a co ercial annuity), or individual retiremen rrangement (IRA page 2 for the rules and option available for type of payment. Don't use For riodic payments (payments made in in Iments :

intervals per a period of more than 1 year) from these plans arrangements. Instead, use Form W-4P, Withholding that for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax With a ling and Estimated Tax.

Caution You have too little tax withheld, you will generally e tax when you file your tax return and may owe a penalty uses you make timely payments of estimated tax. If too must 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.

2023 Marginal Rate Tables

You may use the case to help you elect the appropriate withholding rate for this payment or distribution. Add your income from all source and use the column to matches your filing status to find the corresponding rate of withholding. See page 2 for more information on horself see the able.

Sir Married filing separal y		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	for every 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%

^{*} If married filing separately, use \$360,725 instead for this 37% rate.

Form W-4R (2023) Page **2**

General Instructions (continued)

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 on line 2. 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-" on line 2. 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.

Eligible rollover distributions - 20% withholding.

Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including "-0-"). Note that the distribution may choose to enter a rate higher than 20% on line 2. Digive Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are reduced rollover distributions: (a) qualifying "hardship" distributions required by federal law, such as wired minimum distributions. See Pub. 505 for details, we also Nonperiodic payments—10% withholding above.

Payments to nonresident alice to reign estate to not use Form W-4R. See Pub. Within the of Tax of Nonresident Aliens and Foreign to titles, are to U.S. Tax Guide for Aliens, for more information.

Tax relief for victors terrorist and s. If your disability payments for its desincurred as a distribution of a terrorist attack are not exable, enter "-0-" on 2. See Pub. 3920, Tax Relief for fictims of Tax Attack for more details.

Specific ctions

Line 1b

For an estate, enter the second semployer identification number (EIN) in the area reserved for "Social security number."

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (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 on page 1 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 the a particular amount of income. You can use the tax of for your filing status as a guide to find a rate of with olding for a contract above the total income level in the sole.

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

If these two tes are the same, enter that rate on line 2. (See Tample 1 ww.)

a) the amount in the lower the t ates a multir ate brack y the ra bracket, and (b) the amount the rate for that bracket. Add in the high rate brack umbers; this is the expected tax for this payment. these tw get rate to have withheld, divide this amount by the amount of the payment. Round up to the next whole r and enter that rate on line 2. (See Example 2 below.) nυ

If you refer a simpler approach (but one that may lead to everwith a sling), find the rate that corresponds to your total ome including the payment and enter that rate on line 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" on line 2.

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" on line 2.

Form W-4R (2023)

Privacy Act and Paperwork Reduction Act Notice. We ask 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. We 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.

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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 express required to complete and file this form will vary decading on included circumstances. For estimone day average, see the instructions for your income tax return.

If you have suggestions for this for tampler, we would be happy to hear from you see the fuructions for your incorporate at return.