



# Premiere Select® IRA One-Time Distribution Request Form

## Customer Instructions, Terms and Conditions

The attached form should be used to request a one-time distribution from your Premiere Select Traditional IRA, Roth IRA, Rollover IRA, SEP-IRA, IRA Beneficiary Distribution Account or Roth IRA Beneficiary Distribution Account ("Premiere Select IRA") held through Fidelity Brokerage Services LLC ("FBS") and National Financial Services LLC ("NFS," together with FBS, "Fidelity"). If you wish to request a distribution from more than one Premiere Select IRA, you must complete a separate Premiere Select IRA One-Time Distribution Request Form for each Premiere Select IRA.

Please read these Instructions, Terms and Conditions carefully before completing the attached form. You are responsible for complying with IRS rules governing IRA distributions, including required minimum distributions and substantially equal periodic payments. If you fail to meet any IRS requirements regulating IRA distributions, you may be subject to tax penalties. If you have any questions regarding your specific situation, please consult with your tax advisor.

Distributions made in cash will be paid from the balance of your core money market mutual fund account ("core account"). It is your responsibility to ensure there are sufficient funds available in the core account to process the distribution. If there are insufficient funds available, the distribution will not be processed.

For full distributions, a \$50 liquidation/termination fee, as described in your Premiere Select IRA Application or in some other manner acceptable to the Custodian, if applicable, will be collected from the final distribution amount.

If you have any questions, please consult your Authorized agent/Advisor ("investment advisor").

Write your account number in the boxes in the upper right-hand corner of the form.

## Account Information

Please complete this section as appropriate.

## Reason for Distribution

Please indicate the reason for this distribution, choosing only one. You may wish to consult with your tax advisor regarding the tax implications associated with each distribution choice.

If you are taking a qualified Roth IRA distribution, your account must meet the IRS requirement of the 5-taxable-year period, which begins on the first day of your taxable year for which the first regular contribution is made to any Roth IRA owned by you or, if earlier, the first day of your taxable year in which the first conversion contribution is made to any Roth IRA owned by you.

If you wish to take a death distribution from inherited IRA assets, you must first transfer the assets to an IRA Beneficiary Distribution Account or Roth IRA Beneficiary Distribution Account ("IRA-BDA"), as applicable, and then take the death distribution from the IRA-BDA.

If you wish to take a disability distribution, refer to section 72(m)(7) of the Internal Revenue Code for more information.

If you are a spouse beneficiary and the sole beneficiary, and you wish to transfer an inherited IRA to your own IRA, do not complete this form; you must complete a Premiere Select IRA Transfer Request Form for Spouse Beneficiary, which can be obtained from your investment advisor. If you are a spouse beneficiary who has transferred inherited IRA assets to your own IRA and you are required to take the decedent's year of death Required Minimum Distribution (RMD), you may take the RMD directly from your IRA after the transfer has been processed. If you wish to request a transfer pursuant to a divorce or separation of the IRA owner, do not complete this form. Please contact your investment advisor for additional instructions.

## Distribution Instructions

For a distribution other than a Return of Excess Contribution, choose one of the 3 options listed (For a Return of Excess Contribution, please refer to the Return of Excess Contribution section below):

**Option A – Partial Distribution in Cash.** The distribution will be paid from the balance in your core account. Please provide a specific gross dollar amount to be distributed and select one payment method in the Payment Method section.

**Option B – Partial Distribution In-Kind.\*** Please provide the security name(s) and share/unit amount(s) to be re-registered into your Fidelity non-retirement brokerage account and provide the account number in section A of the Payment Method section. If more space for investment information is needed, please list the information requested on the form along with your name, account number and Tax Identification/Social Security number on a separate sheet of paper, sign and date it and attach it to the form.

**Option C – Full Distribution.\*** (Distribution of your entire IRA balance)

- For a full distribution that is to be made in cash from your core account, please select one payment method in the Payment Method section.
- For a full distribution to be made in-kind, please provide your Fidelity non-retirement brokerage account number in section A of the Payment Method section.

\*Note: Certain securities may only be issued in specified denominations.

## Return of Excess Contribution

If you wish to correct an excess contribution by requesting a return of the excess contribution, plus any applicable earnings, if necessary, please specify the amount of the excess contribution (principal amount) and the amount of the earnings attributable to the excess contribution (earnings amount), if any, and the total of these two amounts. Of this total amount, please specify the amount to be paid to you,\* if applicable, and the amount to be redeposited as a current year contribution\*\* (total cannot exceed your current year allowable IRA contribution limit), if applicable.

\*Payment to you will be made in accordance with the payment method selected in the Payment Method section and will be reported, less any wire or postage fee, if applicable, on IRS Form 1099-R.

\*\*Any amount to be distributed and then redeposited as a current year contribution will be reported on an IRS Form 1099-R (for the distribution) and IRS Form 5498 (for the contribution).

Please also provide the date on which the excess contribution was made, the tax year for which the excess contribution was made, and whether you are requesting the return of excess contribution before or after your tax filing deadline, including extensions for the year in which the excess contribution was made.

### Note:

- You may be able to correct contributions to a Roth IRA by recharacterizing your Roth IRA contribution (and its earnings) to another IRA for the same tax year. Please contact your tax advisor and/or investment advisor for more information on how to correct an excess Roth IRA contribution via recharacterization.
- If your employer makes a nondeductible contribution to your SEP-IRA, the excess amount is first treated as a regular annual IRA contribution and then to the extent the amount exceeds your annual IRA contribution limit, an excess occurs and can be corrected by requesting a return of excess contribution in this section of the form.
- A return of excess contribution (distribution) is not required if you are correcting the excess contribution by using the carry-over method of re-applying the excess contribution to subsequent tax years until the excess is depleted. Do not complete this form if you choose this option. Please consult your tax advisor or investment advisor for more information.
- The amount of an excess contribution that is not distributed to you or applied to a subsequent year contribution by the tax filing deadline, including extensions, for the year in which the contribution was made, is subject to a 6% IRS penalty for each year that it remains in your IRA.
- Any applicable earnings distributed to you should be included as income in the year the contribution was made and may be subject to a 10% IRS early distribution penalty if you are under age 59½.
- If you elect to have federal and/or state income taxes withheld from the distribution, (i) if the distribution is processed prior to your tax filing deadline, including extensions for the year in which the excess contribution was made, withholding will only apply to the earnings that you specify; (ii) if the distribution is processed after your tax filing deadline, including extensions for the year in which the excess contribution was made, withholding will apply to the entire amount of the distribution.

## Payment Method

If no payment method is selected, your payment will be made by check to your mailing address of record (option B).

**A. In-Kind Distribution to your Fidelity Non-Retirement Brokerage Account.** If you request a partial or full distribution to be distributed in-kind to your new or existing Fidelity non-retirement brokerage account, please check this box and provide your account number. An application must be completed to establish a new Fidelity non-retirement brokerage account.

**B. Check to Mailing Address of Record.** Check will be mailed to the mailing address of record on your IRA.

**C. Paid and/or Mailed to an Alternate Payee and/or Address.** If you want a check paid to a payee other than the Premiere Select IRA owner and/or mailed to an address other than the mailing address of record, check this box and provide complete alternative payee and/or alternative address information.

If you wish to have your check mailed to you via overnight delivery (available for payment methods B & C only), please provide the carrier name and billing number. If you do not provide this information, a postage fee of \$8 will be deducted from the balance of your core account for your IRA. If you have insufficient funds in your core account, the postage fee will be deducted from the distribution amount indicated in the Distribution Instruction section or the Return of Excess Contribution section, as applicable, and will affect your reported distribution amount. (For example, if you request a distribution of \$1,000 and there are insufficient funds in the core account of your IRA, both the distribution amount mailed to you and the distribution amount reported on IRS Form 1099-R will be \$992.) If you are taking this distribution to satisfy an RMD, and you do not have sufficient funds in your core account to cover the fee, be sure to request an amount that will satisfy both your RMD amount and the postage fee amount.

**D. Directly Deposited to your Bank or Credit Union Account, Using Electronic Funds Transfer (EFT).** If you would like the distribution to be deposited directly to your bank or credit union account via EFT, you must have EFT instructions on your account. If your account is not currently set up for EFT, please note that it will take up to 14 days to establish EFT instructions. To add EFT instructions, complete the Bank Information section or attach a voided check. Once EFT is established, please allow 2-3 days after the date the distribution is processed for funds to reach your bank or credit union. In order to send your distribution via EFT the recipient bank must be a member of the Automated Clearing House.

**E. Wired to your Bank Account.** To request a distribution to be paid by wire, check this box and complete the **Bank Information** section or attach a voided check. In order to send your distribution via wire, the recipient institution must be a member of the Federal Reserve System.

A wire processing fee of \$30 will be deducted from the balance of your core account for your IRA. If you have insufficient funds in your core account, the wire fee will be deducted from the distribution amount indicated on this form and will affect your reported distribution amount. (For example, if you request a distribution of \$1,000 and there are insufficient funds in the core account of your IRA, both the distribution amount wired to your bank account and the distribution amount reported on IRS Form 1099-R will be \$970.) If you are taking this distribution to satisfy an RMD, and you do not have sufficient funds in your core account to cover the fee, be sure to request an amount that will satisfy both your RMD amount and the wire fee amount. Your bank may also charge a fee for receipt.

**F. Direct Rollover to an Employer-Sponsored Retirement Plan.** To request a direct rollover of an eligible rollover distribution to an employer-sponsored retirement plan, check this box and provide the name and address of the Trustee/Custodian of the employer-sponsored retirement plan. The distribution check will be issued payable to the Trustee/Custodian and mailed to the address provided.

## Notice of Withholding

**Please read carefully before completing the Withholding Election section of the form.**

Your IRA distributions, other than Roth IRA distributions, are subject to federal (and, in some cases, state) income tax withholding unless you elect not to have withholding apply. Withholding will apply to the gross amount of each distribution, even if you have made non-deductible contributions. Moreover, failure to provide a U.S. residential address will result in 10% federal income tax withholding (and possible state income tax withholding) on the distribution proceeds even if you have elected not to have tax withheld (an IRS requirement as applicable). A Post Office Box does not qualify as a residential address.

If you elect to have withholding apply (by indicating so on the distribution request form, by making no choice, or by not providing a U.S. residential address), federal income tax will be withheld from your IRA distribution(s) (excluding Roth IRA distributions) at a rate of at least ten percent (10%). Federal income tax will not be withheld from distributions from a Roth IRA unless you elect to have such tax withheld.

If federal income tax is withheld from your distribution, state income taxes may also be withheld regardless of your election. See below for your state's withholding rules. Your state of residence will determine your state income tax withholding requirements, if any. Your state of residence is determined by your legal address of record provided for your IRA.

**Residents of AR, IA, KS, MA, ME, OK, and VT:** If federal income tax is withheld, state income tax of at least your state's minimum requirements must be withheld in addition to

federal income tax withholding at the time of your distribution. If you elect out of federal income tax withholding, state income tax will not be withheld unless you indicate otherwise.

**Residents of CA, DE, NC, and OR:** If federal income tax is withheld, state income tax of at least your state's minimum requirements must be withheld in addition to federal income tax withholding at the time of your distribution unless you elect not to have state income taxes withheld.

**Residents of AK, FL, HI, MS, NH, NV, SD, TN, TX, WA, and WY:** State income tax withholding is not available on your IRA distributions. Please consult your tax advisor, state agency, or investment advisor for more information.

**Residents of all other states and the District of Columbia:** You are not subject to mandatory state income tax withholding; however, you may elect voluntary state income tax withholding in a percentage. If you elect to have state income taxes withheld and your state provides a minimum amount or percentage for withholding, you must elect a percentage that is not less than your state's minimum withholding requirements. If the percentage you elect for withholding is less than your state's minimum withholding requirements, your state's minimum amount or percentage will be withheld.

**Important:** State tax withholding rules can change, and the rules cited above may not reflect the current ruling of your state. Please consult with your investment advisor to obtain the most up-to-date information pertaining to your state.

Whether or not you elect to have federal and, if applicable, state income tax withheld, you are still responsible for the full payment of federal income tax, any state tax or local taxes, and any penalties which may apply to your distribution(s). Whether or not you elect to have withholding apply (by indicating so on the distribution form), you may be responsible for payment of estimated taxes. You may incur penalties under the IRS and applicable state tax rules if your estimated tax payments are not sufficient.

If you are not a U.S. person (including a U.S. resident alien), you must submit IRS Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding, with the distribution request form to claim tax treaty benefits, if applicable. To obtain Form W-8BEN, please consult your tax advisor or go to the IRS Web site at <http://www.irs.gov>.

## Signature

Before signing the distribution form, please carefully read the **Premiere Select IRA Custodial Agreement and Disclosure Statement** or **Premiere Select Roth IRA Custodial Agreement and Disclosure Statement**, as applicable, as well as all sections of the **Premiere Select IRA One-Time Distribution Request Form** and attached **Customer Instructions, Terms and Conditions**. This distribution form is part of a legal agreement between you and Fidelity, and by signing the Signature section you are agreeing to be bound by the terms and conditions contained in the above-mentioned documents. Please also print the current date neatly in block letters in the space provided.

**Detach the completed distribution request form and return it to your investment advisor.**



Account Number

Grid for Account Number

Transaction ID Number

Grid for Transaction ID Number

# Premiere Select® IRA One-Time Distribution Request Form

Please read the attached Customer Instructions, Terms and Conditions before completing this form.

## Account Information

Name (First, Middle Initial, Last)	Social Security Number (Required)	Date of Birth (MM-DD-YYYY)
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## Reason for Distribution

Choose One.

**NORMAL**

I am at least 59½.

**PREMATURE**

I am under the age of 59½ (includes distributions for qualified first-time home purchases, qualified higher education expenses, and substantially equal periodic payments).

**RETURN OF EXCESS CONTRIBUTION(S)**

**ROLLOVER**

from an IRA to an employer-sponsored retirement plan.

**DISABILITY**

I am disabled and under the age of 59½.

**DEATH DISTRIBUTION**

## Distribution Instructions

Choose One. (Do not complete this section if you are requesting a Return of Excess Contribution; go to the Excess Contribution section.)

**A. PARTIAL DISTRIBUTION IN CASH**

Amount  
\$

Be sure to consider the effect of any fees due that are associated with the payment method selected in the Payment Method section.

**C. FULL DISTRIBUTION**

Please distribute my entire IRA balance.

**B. PARTIAL DISTRIBUTION IN-KIND TO MY FIDELITY NON-RETIREMENT BROKERAGE ACCOUNT**

Provide the security name(s) and share/unit amount(s) for the security position(s) to be distributed in-kind.

Investment Name	CUSIP or Symbol	Number of Shares or "ALL"

## Return of Excess Contribution

Date Excess Contribution was Made (MM-DD-YYYY)	for the Tax Year
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I am requesting this return of excess contribution:  Before my tax filing deadline  After my tax filing deadline

Distribute the following excess contribution amount and attributable earnings, if any:

Principal Amount \$	+	Earnings Amount \$	=	Total (principal + earnings) \$
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Of the total amount above,

Distribute to Me \$
Distribute and Redeposit \$

is to be distributed to me and

is to be distributed and then redeposited as a current year contribution (cannot exceed your allowable current year contribution amount).

Account Number

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## Payment Method

Choose One.

**A. IN-KIND DISTRIBUTION TO MY FIDELITY NON-RETIREMENT BROKERAGE ACCOUNT NUMBER**

Account Number									

**B. CHECK TO MY MAILING ADDRESS OF RECORD\***

Please provide your Bank Information below or attach a voided check.

**E. WIRED TO MY BANK ACCOUNT**

Provide your Bank Information below or attach a voided check. A wire fee of \$30.00 will be deducted from your distribution amount and will impact your tax reporting. See the Customer Instructions, Terms and Conditions for additional information.

**C. CHECK PAID AND/OR MAILED TO AN ALTERNATE PAYEE AND/OR ADDRESS\***

Alternate Payee Name (if applicable)		
Street Address		
City	State/Province	Zip/Postal Code

\*Distribution check will be sent via regular mail unless you provide accurate overnight delivery instructions below.

Send my check to me via overnight delivery.

If you do not provide the carrier name and billing number, a postage fee of \$8 may be deducted from your distribution amount and may impact your tax reporting. Please see the Customer Instructions, Terms and Conditions for additional information.

Carrier Name	Billing Number
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**F. DIRECT ROLLOVER TO AN EMPLOYER-SPONSORED RETIREMENT PLAN**

Please provide complete payee and address information below.

Plan Name	C/O Plan Administrator Name	
Street Address		
City	State/Province	Zip/Postal Code

**Bank Information** – For wires, please verify the appropriate wire instructions with your Bank.

**Type of Account:**  Checking  Savings (non-passbook)  NOW/MMDA

Bank Name									
Your Bank's Routing Number					Your Bank Account Number				
Your Name as it Appears on Your Bank Account									

Account Number

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## Withholding Election

Please carefully read the **Notice of Withholding** in the attached **Customer Instructions, Terms and Conditions** before completing this section. Your withholding election will apply to this distribution only.

Note: If you are not a U.S. person (including a U.S. resident alien) DO NOT complete this section.

### FEDERAL INCOME TAX WITHHOLDING

If you do not make an election below, federal income tax will be withheld from your IRA distribution (excluding Roth IRA distributions) at a rate of 10%.

- I DO NOT want to have federal income tax withheld from my IRA distribution.
- I WANT to have federal income tax withheld from my IRA distribution at the rate of

Insert Whole Percentage	%
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If you select a percentage of less than 10%, we will withhold 10%.

### STATE INCOME TAX WITHHOLDING

Do not complete this section if you are a resident of AK, FL, HI, MS, NH, NV, SD, TN, TX, WA, or WY

- I DO NOT want state income taxes withheld. (For residents of CA, DE, NC, and OR, you must check this box if federal income taxes are being withheld and you do not want state income taxes withheld.)

- I WANT to have state income taxes withheld from my IRA distribution in accordance with the minimum amount or percentage, if any, as determined by the requirements of my state of residence. Note: If your state does not provide a minimum amount or percentage for withholding and you do not provide a percentage below, state income taxes will not be withheld from your distribution.

- I WANT to have
- |                         |   |
|-------------------------|---|
| Insert Whole Percentage | % |
|-------------------------|---|
- withheld from my IRA distribution for state income taxes.

**Note: If you elect to have state income taxes withheld from your IRA distribution in a percentage that is less than your state's minimum withholding requirements, your state's minimum amount or percentage will be withheld.**

## Signature

Please check to make sure you have completed all appropriate sections of this form, then sign and date below.

I authorize and request Fidelity Brokerage Services LLC ("FBS") to make the above distribution from my Premiere Select IRA indicated above. I have carefully read, fully understand, and agree to comply with the **Customer Instructions, Terms and Conditions**, including the **Notice of Withholding** attached to this **Premiere Select IRA One-Time Distribution Request Form**.

I hereby certify under penalties of perjury that if I am a U.S. person (including a U.S. resident alien) the number shown in the Account Information section of this form is my correct taxpayer identification (or Social Security) number. If I am not a U.S. person (including a U.S. resident alien), I have attached IRS Form W-8BEN with this **Premiere Select IRA One-Time Distribution Request Form** and included my U.S. taxpayer identification (or Social Security) number in order to claim tax treaty benefits, if applicable.

I indemnify the Custodian of my Premiere Select IRA and FBS and their agent(s), successors, affiliates, and employees from any liability in the event that I fail to meet the IRS requirements regarding distributions from my Premiere Select Traditional IRA, Rollover IRA, Roth IRA, SEP-IRA, IRA Beneficiary Distribution Account, or Roth IRA Beneficiary Distribution Account, as applicable.

Name of IRA Owner	
Signature	Date (MM-DD-YYYY)
X	

-OR-

Name of Authorized Signator	
Signature	Date (MM-DD-YYYY)
X	