

Retirement Account Distribution Form

• Complete all applicable sections, sign and return.

Account Number:	Investment/Financial Professional:
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- A. Type of Account (Select one):**
- | | | | | | |
|-----------------------------------|---|---------------------------------|--|---------------------------|--------------------------------------|
| <input type="radio"/> Traditional | <input type="radio"/> Roth
You have met the five year holding period | <input type="radio"/> Coverdell | <input type="radio"/> SIMPLE
You have met the two year holding period | <input type="radio"/> SEP | <input type="radio"/> Qualified Plan |
| | <input type="radio"/> Yes
<input type="radio"/> No
<input type="radio"/> Not Sure | | <input type="radio"/> Yes
<input type="radio"/> No | | |

B. Participant Information:

Account Holder Name	Social Security #	Date of Birth
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Address

C. Reason for Distribution: (Select one option)

<input type="radio"/> 1. Distribution at age 59½ or older (including RMD, but not to set up a Uniform Life RMD Plan). For Qualified Plan only, please specify Distribution Event: <input type="radio"/> Separation from Service <input type="radio"/> Plan Termination	<input type="radio"/> 6. Roth conversion rollover.						
<input type="radio"/> 2. I am under 59½ and acknowledge probable adverse tax consequences because items 3-9 are not applicable to me. For Qualified Plan only, please specify Distribution Event: <input type="radio"/> Separation from Service <input type="radio"/> Plan Termination	<input type="radio"/> 7. I am totally disabled.						
<input type="radio"/> 3. I am under 59½ and am requesting distributions that are in substantially equal periodic payments (not less frequently than annually) over my life (or life expectancy) or joint lives (or life expectancies) of my beneficiary and me.	<input type="radio"/> 8. I am a beneficiary of a retirement account entitled to distribution according to the application I have attached. Attach a copy of the death certificate and provide Beneficiary information below: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Beneficiary Name</td> <td style="width: 33%; border-bottom: 1px solid black;">Social Security #</td> <td style="width: 33%; border-bottom: 1px solid black;">Date of Birth</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Address</td> </tr> </table>	Beneficiary Name	Social Security #	Date of Birth	Address		
Beneficiary Name	Social Security #	Date of Birth					
Address							
<input type="radio"/> 4. Return of Excess Contribution for _____ year.	<input type="radio"/> 9. I am age 70½ or older and am requesting to set up a Uniform Life RMD Plan. (See "Important" instructions about "Uniform Life RMD Plan".)						
<input type="radio"/> 5. I am under age 59½ and am requesting a distribution on account of: (Specify one) <input type="radio"/> Qualified higher education expenses, or <input type="radio"/> First time home purchase (up to \$10,000), or <input type="radio"/> Medical expenses in excess of 7.5% of my adjusted gross income, or <input type="radio"/> Medical insurance costs (and have received unemployment compensation for 12 weeks).	<input type="radio"/> 10. Other, explain: (e.g. Direct Rollover, Qualified Plan Loan, Return of a Mistake of Fact Qualified Plan contribution, Qualified Coverdell distribution) For Direct Rollover from Qualified Plan only, please specify Distribution Event: <input type="radio"/> Separation from Service <input type="radio"/> Plan Termination <input type="radio"/> Death						

D. Distribution: (Specify below.) Specify type: Partial Distribution or Full Distribution (annual/termination fees apply).

- Single distribution. Specify Amount (Gross): \$ _____.
- Recurring or Future-Dated distribution: Specify Amount (Gross) if not Uniform Life RMD Plan: \$ _____. Start date or (for future-dated only) payment date ____ / ____ / ____

Frequency: Monthly Quarterly Semi-Annual Annual
 (See "Important" instructions about "Insufficient Funds".)

Assets in kind: (List securities indicating quantity and symbol/description.)

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E. Remittance Instructions: (Specify below.)

<input type="radio"/> Journal Transfer	TO: (Specify Account Title and Number)		
<input type="radio"/> Check Remittance	TO: (Specify Mailing Address if different than above)		
<input type="radio"/> Fund Transfer	Specify method: <input type="checkbox"/> Fed Fund or <input type="checkbox"/> ACH Fund- Checking Account or <input type="checkbox"/> ACH Fund-Savings Account		
	TO: A/C Name:		
	Name of Primary Financial Institution		Bank ABA Routing Number
	Account Number for Primary Financial Institution to be credited		Name of Second Financial Institutional (if applicable) (Fed Fund Only)
		FBO Account No. at Second Financial Institution (if applicable) (Fed Fund Only)	

F. Tax Withholding: Check the appropriate withholding option below. You are liable for payment on the taxable portion of your distribution. You may be subject to tax penalties under estimated tax rules if your payments of estimated tax and withholding, if any, are not adequate.

Federal (One selection required):		State (One selection required):	
<input type="radio"/> I do not want to have Federal income tax withheld from my distribution.	I am a resident of _____ (specify state) and		
<input type="radio"/> I do want Federal income taxes withheld at _____ % (minimum 10%) or \$ _____ of the gross distribution requested above.	<input type="radio"/> I do not want state taxes withheld from this distribution.	<input type="radio"/> I do want state taxes withheld in the amount of _____ % (state minimums may apply) or \$ _____ from this distribution. (Additional forms may be required to complete this request.)	

I instruct J.P. Morgan Clearing Corp. (together with its affiliates and subsidiaries "JP Morgan") to distribute the above indicated assets from my account. This is my free and deliberate act; I am solely responsible. Neither JP Morgan nor any of its employees has provided me with legal or tax advice, nor has JP Morgan or any of its employees solicited or encouraged my present decision.

X

Signature

Date

Withholding Notice

The distributions you receive from your retirement account are subject to Federal income tax withholding unless you elect not to have withholding apply.

You may elect not to have withholding apply to your distribution payments by completing the "Tax Withholding" section on the Retirement Account Distribution Form.

If you do not complete the "Withholding" section, Federal Income tax will be withheld from the amount withdrawn at a rate of 10%.

If your account is a Qualified Plan, 20% withholding is required from any eligible rollover distribution.

If you elect not to have withholding apply to your distribution payments or if you do not have enough Federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties and interest under the estimated tax rules, if withholding and estimated tax payments are not sufficient.

Your withholding election shall remain in effect until revoked by submitting a new withholding election on a new Retirement Account Distribution Form.

Please consult your tax advisor regarding how your withholding election might affect your personal taxation.

Important:

- Insufficient Funds for Recurring or Future-Dated Distributions: It is your responsibility to ensure that there are sufficient funds available to process any scheduled recurring or future-dated distribution.
 - Check Remittance and Fund Transfer (ACH and Fed Fund/Wire) recurring and future-dated requests: If there are insufficient funds to process the distribution, JP Morgan will attempt to process a partial payment. Any request to make up the difference between the amount specified on this distribution form and the partial payment issued or to alter withholding from that described below would require a new distribution form. If your distributions are Uniform Life RMD Plan distributions, please note that subsequent scheduled payments are not calculated to make up any RMD shortfall caused by such partial payments.
 - Withholding on the partial payment will be made in accordance with the withholding election for your recurring or future-dated distribution except that if you elected to withhold a dollar amount, this amount will be adjusted to equal the partial payment times your original withholding ratio (your elected withholding amount divided by the gross amount of your recurring or future-dated distribution).
 - Journal Transfer recurring and future-dated requests: Partial payments will not be issued.
- Uniform Life RMD Plan - JP Morgan calculates your RMD based on the fair market value of your account on December 31 of the prior year. If you select the Uniform Life RMD Plan as your distribution reason, every year your RMD will be recalculated based on the new fair market value and the new amount will automatically be distributed to you based on the frequency you select on the distribution form.
 - Select this option only if the Uniform Lifetime Table is the appropriate table for your RMD calculation. That table may not be appropriate for your specific situation; for example, if your spouse is the sole beneficiary and more than 10 years younger than you.
 - If your beneficiary changes, and you deem these instructions no longer appropriate for your situation, it is your responsibility to cancel the RMD recurring distributions by submitting a Letter of Authorization.
 - RMD calculations will only include your retirement account indicated on the form. If you have more than one JP Morgan retirement account, you must fill out a separate form for each.
 - If you hold non-publicly traded assets in your retirement account, the fair market value of your account may be subject to adjustments as we receive updated information. These adjustments will be reflected in any remaining automatic Uniform Life RMD Plan payments. You may need to submit a new distribution form to ensure you satisfy your RMD, including, for example, if there are no remaining Uniform Life RMD Plan payments.
 - If you turn 70 ½ in a particular year ("first year") and defer taking your RMD until sometime (by April 1) in the year after ("second year"), please note that that second year's RMD calculation under the Uniform Life RMD Plan may treat that deferred distribution taken to satisfy the RMD for the first year as counting towards the RMD taken to date for the second year. Therefore, you will be responsible for taking any remaining second year RMD as a separate one-time or recurring distribution. JP Morgan will not distinguish between the two years separately and it is therefore your responsibility to ensure the full RMD amounts for both years are met.
- State Income Tax Withholding
 - If applicable, state income tax must be withheld according to requirements for your state of residence.
 - Several states require withholding from your distribution if you are subject to Federal income tax withholding.
 - Certain states require either a specific minimum percent of your distribution or federal withholding amount or an amount in whole dollars only.
 - Consult your tax advisor for additional information regarding State income tax withholding.
 - You acknowledge that JP Morgan will apply the requirements (to the extent your withholding election does not meet such minimum requirements), if any, of the state listed as your state of residence in its records.
- Withholding on payments outside the United States
 - If you are a U.S. citizen or resident alien, you are not able to opt out of Federal income tax withholding and a rate of 10% will be withheld unless a greater amount is requested by you.
 - If you are a nonresident alien, this form must be accompanied by a completed Form W-8BEN.