

**INSTRUCTIONS:**

1. Complete the attached IRA Distribution Disclosure Form
2. Sign the form
3. Mail the completed, signed form to:

**Fax Service** – If your request does not require a signature guarantee or other additional documentation, you may fax the completed form for processing.

Please send to:	Regular Mail	Overnight Mail
	Primerica Shareholder Services P.O. Box 534485 Pittsburgh, PA 15253 – 4485	Primerica Shareholder Services Attention: 534485 500 Ross Street, 154-0520 Pittsburgh, PA 15262
<b>Client Services:</b>	<b>(800) 544-5445</b>	
<b>Fax Services:</b>	<b>(508) 599-1892</b> (See fax service)	

Please provide the owner's name and the account number so that we may process your request.

**SECTION 1 – DISTRIBUTION AMOUNT**

Please indicate the amount you wish to distribute from your account. You have three choices:

- **All Shares** – To distribute all shares held in a specified fund position with this account number or you may choose all fund positions be distributed. Unless otherwise specified, the account(s) will be closed and all options (e.g. Bank Draft, Systematic Withdrawal Plan), will be discontinued.
- **Shares** – To distribute a specific number of shares in a specified fund position with this account number. You must leave a minimum balance as outlined in your fund prospectus or have an active Bank Draft Option on your account(s) should you wish the account(s) to remain open.
- **Dollars** – To distribute a specific dollar amount from a specified fund position with this account number. You must leave a minimum balance as outlined in your fund prospectus or have an active Bank Draft Option on your account(s) should you wish the account(s) to remain open.

**SECTION 2 – DISTRIBUTION METHOD**

Please indicate how you wish the distribution amount to be sent to you:

**2.1 - Mail Check**

We will process and mail your distribution check usually within two to three business days.

- **To the address of Registration** – To have the check sent to the address and registration of record.
- **To an alternative address Payee/address** – To have the check sent to alternate payee and / or address. (Original Signature Guarantee Required)

**2.2 – Express Mail**

Please indicate if you wish to receive the check via express mail service. A daytime telephone number is required for all express mail packages. A signature is required upon receipt of all express mail packages.

- **By one-day air express** and deduct the fee charge from my account – The check will be sent via next-day air express in accordance with the mailing instructions. No week-end deliveries are included.

**NOTE:** The overnight express fee is generally \$20 for most deliveries in the United States, however if you reside in a rural area in the U.S. the charge could be higher. If you reside in Alaska, Hawaii, Puerto Rico or request overnight express to a PO Box, the overnight fee will be higher and you could be charged as much as \$30.00. If you request overnight express to Guam, the fee charge could be as much as \$70 or more. **Your account will be charged accordingly.**

**2.3 – Wire Transfer**

A Wire Transfer should take place within 48 to 72 hours of processing your request for distribution of shares. Please complete the Wire Transfer – Bank Account Information at the end of the form and attach a voided check.

- **Wire Transfer to the bank of record** – To have the distribution proceeds wired to the same account the bank draft option is being deducted from.
- **Wire Transfer to a non-record bank** – To have the distribution proceeds sent to a bank account not on file with Primerica Shareholder Services. When processing a Wire Transfer to a non-record bank, you must complete the bank name, bank contact person, bank telephone number, bank routing / transit number and bank account number. A voided check is required to be submitted with all wire transfer requests.

**2.4 – ACH Transfer**

An Automated Clearing House (ACH) transfer should take place within 72 to 96 hours of processing your request for distribution of shares.

- **ACH Transfer to the bank of record** – To have the distribution proceeds sent to the same account the bank draft option is being deducted from.
- **To an alternative address Payee/address** – To have the distribution proceeds sent to a bank account not on file with Primerica Shareholder Services. When processing an ACH Transfer to a non-record bank, you must complete the bank name, bank contact person, bank telephone number, bank routing / transit number and bank account number. A voided check is required to be submitted with all ACH transfer requests.

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### SECTION 3 – REASON FOR DISTRIBUTION

Please indicate the reason for distribution shares from your account. You must choose one of the following:

- **Premature** – Taxable distribution to a person under the age of 59 ½, in which a 10% premature tax penalty will be incurred (separate from Federal Income Tax), unless the distribution is to be rolled over into an IRA within 60 days. (If you need to request certification for a late 60-day rollover contribution, please submit Form POL-18.)
- **Normal** – Taxable distribution to a person over the age of 59 ½.
- **Death** – Only use this form if the account has already been registered as a beneficiary account in your name. If the account has not been established in your name, please contact our customer service team for assistance.
- **Coverdell ESA Distribution** – Distribution from a Coverdell ESA.
- **Disability** – Distribution to a person for reason of total and permanent disability as defined in IRS Code 72(m)(7). By checking this box you certify that you are unable to engage in any substantial activity by reason of a medically determinable, physical or mental impairment which can be expected to be of a long or indefinite duration or to result in death is required.

**NOTE:** To remove excess contributions, please use Form POL-42. If the reason for this distribution is related to COVID-19, please ensure that one of the following reasons exists: shareholder has been diagnosed with COVID-19, shareholder's spouse or dependent has been diagnosed with COVID-19, shareholder is unable to work due to childcare issues related to COVID-19, shareholder has financial strains due to quarantine or furlough, or any other factors as approved by the IRS and Treasury Department. Any Coronavirus Related Distributions (CRD) will be reported either as premature or a normal distribution based on the shareholder's age.

### SECTION 4 – FEDERAL AND STATE TAX WITHHOLDING ELECTION

**Federal Withholding** - Please indicate your Federal Tax Withholding Election.

- **Check the box if you wish 10% Federal Income Taxes be withheld from your proceeds.** The distribution proceeds will be withheld and sent to the IRS as pre-paid Federal Income Taxes. Depending on your tax status, additional taxes may be due on the redemption amount at the time you file your tax return.
- **Withhold a different percentage** - Please indicate percentage of Federal Tax for withholding.
- **If no box is checked, no taxes will be withheld.**

**Mandatory State Withholding** - If you elect to have federal income tax withheld and you reside in a state that requires mandatory state withholding, we are also required to withhold state income tax.

**NOTE:** Coverdell ESA accounts are no longer subject to tax withholding. ROTH IRAs are not subject to tax withholding except in cases of removal of excess contributions and then only the earnings portion.

### SECTION 5 – SIGNATURE

The registered owner must sign the request as their name appears in the account registration. If the request is being made by an individual other than the account owner, they must sign and provide certain documentary evidence to support their position to act on behalf of the account owner.

### SECTION 6 – SIGNATURE GUARANTEE (If Required)

An original signature guarantee may be obtained from an officer of most financial institutions. We are unable to accept a signature guarantee by a Notary Public. A signature guarantee is a warranty by the grantor that the signature is genuine, and that the person(s) signing is competent and authorized to sign. An original signature guarantee is needed if any one or more of the following conditions exist:

- The amount being distributed from the fund is over \$100,000.
- The check is to be payable to an alternate payee and / or sent to an alternate address.
- The proceeds are to be wired to a non-record bank.
- If the address of record in our files has been changed within the past 30 days.

#### **Additional Fees**

- **Termination Fee** – A termination fee of \$30 will be imposed if the entire account value is either distributed or transferred to another custodian, or if any distribution or transfer results in the account value falling below \$100 regardless of if the redemption is premature (prior to age 59 ½).
- **Custodial Fee** – There is an annual Custodial Fee of \$25 per account. This fee is deducted from a shareholder's account balance each year, unless pre-paid. If a distribution is requested during the year, the Custodial fee is deducted from the redemption proceeds.
- **CDSC Fee** – If your account is invested in Class B Shares, your distribution may be subject to a CDSC Fee (Contingent Deferred Sales Charge). Please refer to your prospectus to determine the CDSC percentage applicable to your Fund.

#### **Reinvesting Distributions**

If you wish to invest the assets as a 60 day rollover, you must indicate that on your investment check to inform Primerica Shareholder Services of your intent. If you need to request certification for a late 60-day rollover contribution, please submit Form POL-18.

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**REQUIRED INFORMATION:** Please complete all information to avoid any delay in processing your request.

Account Owner : \_\_\_\_\_ Account Number: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**1 DISTRIBUTION AMOUNT**

I / We would like to receive: (choose one)

Fund Number	Number (#) of Shares	Dollar amount (\$)	Continue Draft
		\$	
		\$	
		\$	

**2 DISTRIBUTION METHOD**

**2.1 Mail Check** (NOTE: A signature guarantee is required to mail a check to an alternate payee or address.)

Please mail the check to: (choose one)  The address of registration  To an alternate payee/address

Name(s): \_\_\_\_\_

Full Address: \_\_\_\_\_

**2.2 Express Mail**

**2.3 Wire Transfer**

**2.4 ACH Transfer**

I / We would like to receive a check: (choose one)

I / We would like to receive a wire transfer: (choose one) I / We would like to receive a ACH transfer: (choose one)

- 1st Class Mail
- Next Day Air (Read note regarding fee on instruction page)
- Daytime Phone Number: \_\_\_\_\_

- To the active bank of record at PSS
- To an alternate bank account  
*(original signature guarantee required)*

- To the active bank of record at PSS
- To an alternate bank account  
*(original signature guarantee required)*

**3 REASON FOR DISTRIBUTION**

Choose a reason for the Distribution below: (To to remove excess contributions, please use Form POL-42.)

- Premature (Age < 59 1/2)
- Normal (Age > 59 1/2)
- Death
- Coverdell ESA
- Disability – I certify that I meet the definition of disability as defined in IRS Code 72(m)(7).

**4 FEDERAL AND STATE TAX WITHHOLDING ELECTION**

Please indicate your Federal Tax Withholding Election. If no box is checked, no taxes will be withheld.

Yes, Withhold 10% Federal Income Tax  Yes, Withhold Federal Income Tax of \_\_\_\_\_ %

**NOTE:** If you elect Federal Tax Withholding and you reside in a state that requires mandatory state withholding, State Withholding will also apply to this distribution. The state withholding rate is based on your resident state's requirements. Please read the Notice of Withholding on the instructions page of this form.

**5 SIGNATURE & SIGNATURE GUARANTEE** (Please read instructions on page 2)

By signing this form, I acknowledge that I have read and accepted the terms outlined in the IRA Distribution Disclosure Form. The signature must correspond in every particular without alteration with the name in the account's registration.

Account Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Guarantor Name \_\_\_\_\_

Guarantor Phone Number: \_\_\_\_\_

**Signature Guarantee Stamp:** I guarantee the signature(s) of the applicant(s) and to the best of my knowledge and belief the applicant is of full age and legally competent. A separate signature guarantee stamp must be affixed to this form for each signor.



**WIRE / ACH TRANSFER – BANK ACCOUNT INFORMATION**

Bank Name: \_\_\_\_\_ Account Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

(NOTE: A signature guarantee is required to wire transfer proceeds to a non-record bank.)