

Removal of Excess Contribution Form

INSTRUCTIONS:

1. Complete the attached Removal of Excess Contribution Form.
2. Sign the form.
3. Mail the completed, signed form to:
(See Fax Services instruction for fax option)

Please send to: Regular Mail

Primerica Shareholder Services
P.O. Box 534485
Pittsburgh, PA 15253 – 4485

Client Services: (800) 544-5445

Fax Services: (833) 748-3938

Overnight Mail

Primerica Shareholder Services
Attention: 534485
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax services: If your request does not require a signature guarantee, additional documentation or other fund requirements, you may fax this request to 508-599-1892

You may use this form to an excess contribution that has been made to one of the following account types: Traditional IRA, Roth IRA, Coverdell ESA. Please complete Sections 1, 2, 3.

Please provide your name and Primerica Shareholder Services (PSS) account number and your tax-filing deadline including extensions for the year for which the excess contribution was made.

Please note that if you are removing excess contributions **BEFORE the tax-filing deadline** (including extensions) for the year for which the excess contribution was made, the earnings will be removed (PSS will calculate these earnings for you). This will be reported to the IRS as a removal of Excess.

If you are removing excess contributions **AFTER the tax-filing deadline** (including extensions) for the year for which the excess contribution was made, the earnings will not be removed. This will be reported to the IRS as either a **premature distribution (if you are under 59 ½)** or as a normal distribution (**if you are over 59 ½**). A 6% penalty will be assessed by the IRS on the excess contributions and possibly on any earnings accrued.

SECTION 1 - Removal of Excess Contributions

Please provide the total amount of excess contributions made (excluding earnings), the tax year for which the contribution was made, and the percentage of the excess to be removed from each fund position (please attach a letter of instruction if you would like to remove the excess contribution from more than four fund positions).

Section 1a - Federal Tax Withholding

Please indicate the percentage to be taken for Federal tax withholding. The default for withholding is 10%. If no amount is provided, no amount will be withheld. 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. For withholding other than the default 10% please complete the W-4R included at the end of this form.

SECTION 2 - Instructions for Excess

Please provide instructions regarding what PSS should do with your excess contributions by checking the appropriate box. If you choose an option below to apply the excess contributions to another account with Primerica Shareholder Services the amount removed from a fund in your retirement account will be invested in the same fund in the other account unless you provide a different allocation in a separate letter of instruction. If you would like to invest the excess contributions into your existing voluntary mutual fund account provide your existing account number. If you would like to invest the excess contributions into a new voluntary mutual fund account, please attach a completed SB-50 New Account Application.

If you would like us to reinvest the proceeds as a current year IRA contribution, please note that PSS will only reinvest up to your annual IRA contribution limit. If the earnings on the excess contribution would make the reinvestment greater than your annual IRA contribution limit, PSS will forward a check for the difference to your address of record. **The amount to be reinvested can only be applied to a Traditional, Roth or Coverdell ESA account.**

If you would like the proceeds sent to an alternate address, please provide the address in the space provided and obtain a signature guarantee in Section 3. If you would like the proceeds sent to an alternate bank account, please provide a voided check and obtain a signature guarantee in Section 3.

SECTION 3 - Signature

Please sign and date the form in the spaces provided. If you would like your money sent to an alternate address, or alternate banking information, please provide a signature guarantee. A signature guarantee may be obtained from an officer of most financial institutions. A medallion signature guarantee is preferable. If the signature guarantee is not a medallion, please provide the name and phone number of the person providing the guarantee for verification purposes. Please note that a notary public cannot provide a signature guarantee.

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REQUIRED INFORMATION

Please complete all information to avoid any delay in processing your request.

Account Owner's Name: _____ Account Number: _____
 Social Security #: _____ Date of Birth: _____

NOTE: You should always consult your Tax Advisors as to which option is best for your personal situation.

1 Removal of Excess

Please correct my excess contribution from my IRA according to the instructions below.

Total amount of excess contributions: \$ _____ Tax year for which contribution was made: _____

Percentage of excess to be removed from each fund:
 (Percentages must total 100% if more than four funds please attached
 a separate sheet with additional funds.)

PERCENTAGE	FUND
%	
%	
%	
%	

1a. Please indicate Federal tax withholding, if no amount is provided, no amount will be withheld. For withholding other than the default 10% please complete the W-4R included at the end of this form.

Check here to withhold the default 10%

2 Instruction for Excess

Check one:

- Invest in existing Voluntary account: _____
- Invest in new Voluntary account (completed SB-50 New Account Application attached)
- Reinvest as Current Year IRA contribution (Traditional, Roth or Coverdell ESA only) _____
- Send a check for the proceeds to my address of record
- ACH proceeds to my bank record
- ACH proceeds to new banking information (please attach a voided check; signature guarantee required)
- Send a check for the proceeds to the following alternate address (signature guarantee required):

Full Address (street, city state, and zip code): _____

3 Signature & Signature Guarantee

Owner or Responsible Person(s) Signature _____ Date _____

Signature Guarantee:

I guarantee the signature(s) of the applicant and to the best of my know knowledge and belief the investor is of legal age and legally competent

Signature of authorized officer of financial institution _____ Date _____

Name/ Title of Guarantor _____

Phone Number of Guarantor _____



<p>Once completed, mail or fax (see instruction) the form and any required documents to the appropriate address or services listed for processing.</p>	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
	Client Services:	(800) 544-5445	
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