

SEI Private Trust Company

Distribution Form (IRA)

Instructions:

Complete this form upon eligibility for all distributions from an **Individual Retirement Accounts ("IRA")** at SEI Private Trust Company ("SPTC"). The advisor's signature is required for check distribution and account closing requests to the name and address of record, internal transfers to an SPTC account owned by the investor, or distributions by check, wire or ACH to account(s) owned by the investor (provided a **Standing Instruction Form (Non-IRA and IRA)** has been previously submitted to, and accepted by, SPTC). All other distributions must be signed by both the investor and the advisor. Please refer to the Guide to Asset Management for processing guidelines.

Note: Not to be used for Non-IRA Accounts.

- For distributions by check, complete Sections 1-7, 10 (if applicable) and 11.
- For distributions by wire or ACH, complete Sections 1-6, 8, 10 (if applicable) and 11.
- For liquidation and transfer to another SPTC account, complete Sections 1-6, 9, and 11.

Note: Distribution requests must be received by SPTC **no later than 2:30 PM ET** to receive a same-day trade date or **no later than 1:00 ET** for accounts with a sufficient money market balance from which a same-day distribution may be made. Same-day distributions are not available if an investor is currently withholding state tax on distributions from the account or has withheld state tax on previous distributions from the account. Please refer to the Enhanced Advisory Services Operations Guide for Non-SEI processing guidelines.

Forward completed form to:
SEI Private Trust Company
Attention: Advisor Network (Service Team)
P.O. Box 1098
Oaks, PA 19456-9907
OR Fax: 610-676-1021

- New distribution
- Change to an existing distribution

SEI Account Number:

1 Advisor Information

Advisor's Name

Advisor's Phone Number

2 IRA Owner Information

IRA Owner's Name

IRA Owner's Taxpayer Identification Number

Date of Birth

3 IRA Type

- Traditional IRA
- Roth IRA
- Inherited IRA
- SEP-IRA
- Inherited Roth IRA
- SIMPLE IRA

4 Payment Information

A. Amount to withdraw from the referenced account:

\$ _____

B. Frequency: (Select one)

Note: If Frequency section is left blank, a one time distribution will be processed.

- One Time
- Monthly
- Quarterly
- Semi-Annually
- Annual

Start Date: _____ / _____ / _____ (Month / Day / Year)

Note: If no start date is indicated, the initial distribution will occur on the second business day following the date of receipt of request; subsequent distributions will recur on that day of the month. If account is not funded as of the start date of a recurring distribution the initial distribution will default to the next scheduled date.

Account Closing: Yes **OR** No

Note: If neither option is selected and the entire balance is requested, the account will be liquidated and closed. Proceeds, minus the \$75 termination fee and any other applicable fees, will be distributed as directed on this form.

Charge Prorated Final Advisory Fee:

Yes **OR** No

C. Remove the above distribution amount from:

Note: If instructions are not provided in this section, SPTC will sell proportionally across all mutual funds.

- Current Strategy
DCA/Holding Money Market

Please select one of the following to establish the continuation of the Dollar Cost Averaging ("DCA"). Adjust the DCA by:

- End Date OR Dollar Amount
Pro-Rata Across All SEI Funds
Pro-Rata Across All Mutual Funds
Fund Redemption

Please provide fund number and name of mutual fund to sell to cover the distribution. If there is a sufficient balance in money market to cover the redemption, no fund need be provided.

Redeem Fund # / CUSIP #

Fund Name

D. Required Minimum Distribution (RMD):

- Please update my RMD dollar amount annually
Do not update my RMD dollar amount annually

Note: If you fail to check a box above, SPTC will not modify your annual RMD distribution until further written instructions are received.

Previous year ending balance (as of 12/31, if assets were not held at SPTC as of previous year end):

\$

- Indicate here if you wish to pay out all cash dividends / income on a recurring basis only.

- Indicate here if you wish to transfer cash dividends/ income to the DCA/Holding Money Market.

- Transfer the above dollar amount to my CAA-SEI Money Market Assets.

Note: Supply account number of taxable account:

SEI Account Number

5 Distribution Reason

I direct SPTC to make a distribution from the above account for the following reason:

- Transfer
Early Distribution; subject to early distribution penalty
Early Distribution; exempt from early distribution penalty
Disability; exempt from early distribution penalty
Death (Beneficiary of this account must furnish a certified copy of a Death Certificate)
Normal Distribution
Removal of Excess Contribution.
Direct Rollover to eligible retirement plan.
Roth IRA Distribution, No Exception Applies
Recharacterization of Current Year Contribution
Recharacterization of Prior Year Contribution
SIMPLE IRA Distribution
Roth IRA Distribution, Exception Applies
Roth Conversion
Roth Conversion

SEI Account Number: _____

6 Withholding Election

Federal Withholding Election:

Distributions from your SPTC IRA are subject to a mandatory 10% withholding unless you indicate the amount of your distribution to be withheld in Option 1 (below) or waive withholding in Option 2 (below). If you do not select one of the options below, SPTC will withhold at a rate of 10% for federal income tax purposes.

Select one of the following options:

- Option 1:** Withholding Federal income tax of _____ (not less than 10%) from the amount withdrawn.
- Option 2:** Effective ____ / ____ / ____, I elect **not** to have Federal income tax withheld. I understand that I am still liable for the payment of Federal income tax on the amount received. I also understand that I may be subject to Federal income tax penalties under the estimated tax payment rules if my payments of the estimated tax and withholding are insufficient.

State Withholding Election:

State tax withholding is not available in the following states: AK, AZ, DC, FL, HI, NV, NH, PA, SD, TN, TX, WA, WY. If you do not select one of the options below, SPTC will not withhold for State income tax purposes. SPTC will withhold based on your state's rates and requirements if applicable.

Select one of the following options:

- Option 1:** Withholding State income tax of _____ amount or _____% from the amount withdrawn. If the rate or dollar amount you indicate results in a withholding amount that does not meet your state's withholding minimum, SPTC will adjust the withholding to meet your state's requirements if applicable.
- Option 2:** Effective ____ / ____ / ____, I elect **not** to have State income tax withheld. I understand that I may waive State income tax withholding to the extent permitted by law and that I am responsible for determining and paying all Federal, and if applicable, state and local taxes on distributions from all IRAs I own.

Note: If you elect state withholding, you may not select "wire" as your method for distribution.

7 Distribution via Check

If no box is selected, a check will be sent to the name and address of record.

- Name and Address of Record (Sent via first class mail)
- OR**
- Standing Instruction on File. The payee and address information listed below is for an account owned by the investor. This information has previously been provided to, and accepted by, SPTC via the **Standing Instruction Form (Non-IRA and IRA)**.
- OR**
- Third Party Payee Information (If the check is payable to a financial institution for the benefit of a third party, provide the third party's address in section 10 as required by the Travel Rule, a Bank Secrecy Act requirement.)

Payable to Mailing Address:

Payee

Address

City State Zip Code

- Overnight Delivery**
A \$20 fee will be deducted in addition to the amount requested in section 4. Overnight carrier cannot deliver to a Post Office Box.
- Signature required for delivery.

8 Distribution via Wire or ACH

ACH Note: Please attach an unsigned voided check for ACH distributions to checking accounts, or bank provided routing instructions for ACH distributions to savings accounts; failure to provide this documentation may result in processing delays. For Further Credit destinations are **not accepted** on ACH transfers. ACH can only be sent to the IRA owner's bank account; checking or savings. Funds will be directly deposited to the account specified two business days after the specified start date (Section 4B).

Distributions involving State Withholding cannot be sent via wire. If a wire is requested for an account withholding state taxes, an ACH will be sent.

A. Type of Distribution: (Select one) **Note:** If type of distribution is not selected, a wire will be sent and the account will be charged a \$20 wire fee.

Wire **OR** ACH

B. Type of Account: (Select one)

Checking **OR** Savings

Account Information:

Standing Instruction on File. The wire or ACH information listed below is for an account owned by the investor. This information has previously been provided to, and accepted by, SPTC via the **Standing Instruction Form (Non-IRA and IRA).**

ACH or wire can not be completed unless **all** information is provided.

Bank Name

Bank City State

ABA Routing Number

Account Name (If wire distribution, provide third party recipient address in Section 10 as required by the Travel Rule, a Bank Secrecy Act requirement).

Account Number

For Further Credit Account Name (Wire only, not available for ACH) (Provide third party recipient address in Section 10 as required by the Travel Rule, a Bank Secrecy Act requirement).

For Further Credit Account Number (Wire only, not available for ACH)

Wire Fee: A \$20 fee will be deducted in addition to amount requested in Section 4A.

ACH Withdrawals: SPTC will not charge a fee.

9 Liquidation/Distribution to Another SEI Account

Liquidate and Transfer to :

SEI Account Number

10 Third Party Recipient Address Information

For third party wires, or checks payable to a financial institution for the benefit of a third party, provide recipient's street address, city, state, and zip code. If recipient's information is not provided, wire or check may be rejected by receiving institution.

Street Address

City State Zip Code

11 Signatures

The undersigned hereby certifies that the information provided is accurate and authorizes SPTC, upon receipt of this request, to initiate a distribution from the above referenced account. Further, it is agreed that SPTC, its parent and affiliates, will not be liable for any loss, liability, cost, or expense for acting as directed in this request.

Investor's signature required unless check distribution to name and address of record, internal transfer to an account owned by the investor, or payee/account was previously submitted to, and accepted by, SPTC via the **Standing Instruction Form (Non-IRA and IRA).**

IRA Owner or Beneficiary Signature Date

By submitting this form, you are confirming that you verbally communicated with your client and confirmed the validity of this request.

Advisor's Signature (required) Date