

Premiere SelectSM

Periodic IRA Distribution Request Form

Use the attached form to request periodic distributions on a regular basis, Minimum Required Distributions, or to change your Funding Options on an existing systematic withdrawal plan. **You cannot set up a systematic withdrawal plan for a Roth IRA.** Do not use this form for a return of excess contribution or a distribution due to death or to request a transfer due to a divorce. Please consult your Investment Advisor/tax advisor if you have any questions regarding the tax consequences of your distribution. This completed form should be returned to your Investment Advisor.

Important Note: If there are insufficient funds in your core money market mutual fund account to process the requested distribution, Fidelity Brokerage Services LLC (“FBS”) will process a payment of the funds that are available in your core money market mutual fund on the requested distribution date. FBS will then attempt to process the remainder of the requested distribution amount each day for the next three (3) business days. If there are insufficient funds by the expiration of that three (3) business day period, any remaining distribution amount for that period will not be processed. For full distributions, a \$50 liquidation/termination fee will be collected from the final distribution amount.

Important information regarding Minimum Required Distributions and Substantially Equal Periodic Payments: It is your responsibility to ensure that sufficient funds are available in the core money market mutual fund to meet Minimum Required Distributions (“MRDs”) or Substantially Equal Periodic Payments (“SEPPs”). If you fail to meet the Internal Revenue Service requirements regulating MRDs and SEPPs, you may be subject to tax penalties.

1 Account Information

First Name _____ Middle Name _____ Last Name _____
 Address _____
 City _____ State Zip -
 Account # _____ Daytime Phone # - -
 Date of Birth - - Social Security # - -

2 Reason for Distribution (Choose one)

You may want to consult your tax advisor regarding the tax implications associated with each distribution choice.

- Normal (Code 7) You are at least 59½. (See Note on page 5)
- Premature (Code 1) You are under the age of 59½ (includes distributions for qualified first-time home purchases and qualified higher education expenses). (See Note on page 5)
- Disability (Code 3) You are disabled and under the age of 59½.
- Substantially Equal Periodic Payments (Code 2) You are under the age of 59½, and you will continue this distributions schedule for the greater of five years or until you reach age 59½.

3 Periodic Distribution Instructions

Important Note: If you are using this form to request a change to an existing periodic distribution plan, please be aware that the information you provide will replace the information currently being used to process the distributions.

Please choose one periodic distribution option below (A, B, C or D)

- A. Fixed Amount per Period** (Please specify the amount to be distributed each period)

Fixed Distribution Amount \$ _____



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B. Fixed Period Calculation (Please specify the number of years over which you wish to deplete your IRA)

Please deplete the entire balance of my account over _____ years.

Each payment will be calculated based on the total balance of all your positions in your IRA up to three days before the requested distribution date scheduled.

C. Minimum Required Distribution (MRD)

I have reached my Required Beginning Date* for receiving distributions and wish to establish a Minimum Required Distribution (MRD) Systematic Withdrawal Plan to receive distributions from my Premiere Select Traditional IRA, Rollover IRA or SEP-IRA on a regular basis. (Please consult your Investment Advisor for the critical date by which you must submit this Form.)

Your MRD will be calculated using the uniform distribution table provided by the IRS unless you elect the “spousal exception” below. The uniform table provides a factor based on your age and a beneficiary who is assumed to be 10 years younger (regardless of the actual age(s) of your designated beneficiary(ies) and even if you have not named a beneficiary).

You may elect the spousal exception below if your sole designated beneficiary for the entire distribution calendar year is your spouse who is more than 10 years younger than you. If you elect the spousal exception, your MRD will be calculated based on your and your spouse’s joint life expectancies.

MRD Spousal Exception. My sole designated beneficiary for the entire distribution calendar year is my spouse who is more than 10 years younger than me and as such, calculate my MRD based on our joint life expectancies.

Important Notes:

- MRD calculations will only include your IRA indicated in Section 1 of the **Premiere Select IRA Distribution Request Form**. If you maintain IRAs at other institutions, you will be required to calculate your MRD separately for each IRA. If you have more than one Premiere Select IRA, you need to complete a separate Form for each IRA.
- If you are establishing your withdrawal plan mid-year to take an MRD, your entire MRD for the current year will be paid out evenly over the remaining number of scheduled payments in the year.
- MRD withdrawal plans do not take into account distributions during the applicable year which are not part of the withdrawal plan.

*Your Required Beginning Date (RBD) is April 1 following the calendar year in which you turn age 70½.

If you transferred or rolled over assets this year to the Premiere Select IRA indicated in Section 1, do you want the value of such assets included in the MRD calculation?

Yes, please include these amounts as follows:

Last year on December 31, the market value of the outstanding rollover or transfer amount was \$ _____

Two years ago, the December 31 market value of the outstanding rollover or transfer amount was \$ _____
(If you deferred your first-year MRD until between January 1 and April 1, following the year in which you turned age 70½, please provide this value as well.)

No, I did not have any assets in transit to include in my MRD calculation.

D. Calculation Options for Substantially Equal Periodic Payments (SEPP) (You must be under age 59½ to be eligible for this option.)

Amortization Method. The Custodian will calculate the amount of your withdrawals by amortizing the total IRA balance as of December 31 of the last year over the remainder of the period and by using the assumed rate of return you specify. Once the amount is calculated, the payment will remain constant. The life expectancy used will be the original life expectancy. Indicate below the assumed rate of return and the life expectancy you want to use.

Assumed rate of return ____ . ____ % (Your actual investment return may be more or less than your assumed rate of return.)



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Whose life expectancy should the calculation be based on? If you do not specify, payment will be based on your single life expectancy.

- Please calculate my distributions based on my single life expectancy.
- Please calculate my distribution based on joint life expectancy of my designated beneficiary and me. (FBS must have your Beneficiary Designation on file as of your Required Beginning Date.)

If you transferred or rolled over assets this year to the Premiere Select IRA you indicated in Section 1, do you want their value included in the SEPP calculation?

- Yes, please include the amount as follows:
Last year on December 31, the market value of an outstanding rollover or transfer amount was \$
- No, I did not have any assets in transit to include in my SEPP calculation.

If you are requesting distributions to meet a MRD or a SEPP, it is your responsibility to ensure distributions satisfy IRS requirements. Failure to meet your annual MRD may result in a 50% excise tax penalty on the difference between the MRD amount and the actual amount distributed.

4 Funding Your Periodic Distributions

Please complete both the Primary and Secondary Funding Options sections. FBS will place liquidating trades for the requested dollar amount needed for the scheduled distribution. The trade will be placed up to three days prior to the scheduled date of distribution to allow for trade settlement. Back-end loads, redemption fees or transaction fees may result in the actual distribution amount to be less than requested.

Primary Funding Options (Please choose one funding option below – A, B or C)

If you do not choose an option below, then payments will be made by liquidating assets from your core money market mutual fund only (Option A).

Withdraw my distributions from:

- A.** My core money market mutual fund only
- B.** All my money market mutual funds and other mutual funds proportionately
- C.** The money market mutual fund and/or other mutual funds listed below according to the following percentage amounts

Fund Name	CUSIP or Symbol	Percentage Amount ^{1,2}
1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

If more space for fund information is needed, please list the information requested above along with your name, account number and Social Security number on a separate sheet of paper and attach it to this form.

Total 100%

Secondary Funding Options

Select a Secondary Funding Option to be used if there are insufficient funds in one or more of the money market mutual fund and/or other mutual funds selected above in the Primary Funding Options. If you do not choose either option A or B below, then your Secondary Funding Option will be to distribute from your core money market mutual fund only.



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If there are insufficient funds in the Primary Funding Options, withdraw my distributions from:

A. Any money market mutual fund position.

By checking this box, if there are insufficient funds in your core money market mutual fund, you are instructing the Custodian to make the distribution by liquidating assets from your other money market mutual fund positions in the same IRA, beginning with the money market mutual fund position with the lowest balance.

B. Any money market and other mutual fund positions.²

By checking this box, if there are insufficient funds in your core money market mutual fund, you are instructing the Custodian to make the distribution by liquidating assets from your other money market mutual fund positions in the same IRA, beginning with the money market mutual fund position with the lowest balance. If sufficient funds are not available from your other money market mutual fund positions, you are instructing the Custodian to make the distribution by liquidating assets from your other mutual fund positions in the same IRA, beginning with the mutual fund position with the lowest balance. If two eligible positions have identical balances, we will liquidate the fund with the lowest CUSIP.³

¹Systematic withdrawals can be made from money market mutual fund and certain mutual fund positions only (check the fund's prospectus to see if systematic withdrawals are permitted); any other securities/positions in your IRA cannot be used to directly fund your periodic distribution payments.

²Certain mutual funds may be closed to new investors. If one of these funds is subject to your distribution instructions, please be aware that your position could be fully liquidated, and this would prohibit you from future investments in the fund.

³CUSIP numbers (along with symbols) are assigned by the Committee on Uniform Securities Procedures to all securities, and used for identification when recording buy and sell orders.

5 Frequency of Periodic Distribution Payments

Please indicate when you would like your distributions made. Periodic distributions will not be permitted more often than once per month.

Frequency: Monthly or Other (Please select month(s) for payments)
 January February March April May June
 July August September October November December

Beginning Date: MM - YEAR (Beginning date cannot be greater than one year from date of this distribution request.)

Day of Month: (If no payment date is provided, payment(s) will be made on the 20th day of the month(s). The payment day must be the same day for each payment period.)

The systematic withdrawal plan will be activated in accordance with your instructions approximately seven (7) business days after receipt by the IRA Custodian of this form in good order.

6 Payment Method

If no payment method is selected, your payment will be made by check to your address of record.

A. Distribution to my new* or existing FBS Non-Retirement Brokerage Account # _____

*Note: An application must be completed to establish a new Non-Retirement Brokerage Account.

B. Directly deposited to my bank or credit union account, using Electronic Funds Transfer (EFT)

If your account is not currently set up for EFT, please note that EFT will take up to 14 days to set up. If you would like to establish EFT, please complete this section below or attach a voided check. Once EFT is established, please allow 2-3 days for funds to reach your bank or credit union. The recipient bank must be a member of the Automated Clearing House or we cannot transfer your distribution.

Type of Account: Checking Savings

Bank Name _____



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Your Bank Account # _____ Your Bank's Routing #

Your Name as it Appears on Your Bank Account _____

C. Check to my address of record

D. Check to an alternate address

Street Address _____

City _____ State Zip -

7

Notice of Withholding

Please read carefully.

Your 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 below, by making no choice, or by not providing a U.S. residential address), federal income tax will be withheld from your IRA distribution(s) at a rate of at least ten percent (10%).

If federal income tax is withheld from your distribution, state income taxes may also be withheld. 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 IA, KS, MA, ME, OK, OR, and VT: If federal income tax is withheld, state income tax of at least your state's minimum amount or percentage 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, and NC: If federal income tax is withheld, state income tax of at least your state's minimum amount or percentage 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, AZ, FL, HI, MI, MS, NH, NV, NY, 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 an amount or percentage. If you elect to have state income taxes withheld and your state provides a minimum amount or percentage for withholding, you must elect an amount that is not less than your state's minimum withholding requirements. If the amount you elect for withholding is less than your state's minimum withholding requirements, your state's minimum amount or percentage will be withheld.

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 below), 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>.



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Withholding Election

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

Indicate your withholding election below. If you are requesting periodic distributions, the withholding elections below will apply to each payment in the series until you change the elections in writing. You may change your election for any subsequent distribution(s) by simply completing another Premiere Select Periodic IRA Distribution Request Form and submitting it to your Investment Advisor.

Federal Income Tax Withholding (Choose One)

IRS regulations require us to withhold federal income tax at the rate of 10% from your total IRA distributions unless you elect NOT to have withholding apply.

- I Do Not want to have federal income tax withheld from my IRA distribution(s).
- I want to have federal income tax withheld from my IRA distribution(s) at the rate of: _____%

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

State Income Tax Withholding

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. If federal withholding is applied, state income tax may also be required, regardless of your election. **Do not complete this section if you are a resident of AK, AZ, FL, HI, MI, MS, NV, NY, SD, TN, TX, WA, or WY.**

- I DO NOT want state income tax withheld. (For residents of CA, DE and NC you must check this box if federal income taxes are withheld and you do not want state income taxes withheld.)
- I want to have state income taxes withheld from my IRA distribution(s) 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 an amount or percentage below, state income taxes will not be withheld from your distributions.

I want to have _____ (insert dollar amount) withheld from my IRA distribution(s) for state income taxes; **OR**

I want to have _____ (insert percentage) withheld from my IRA distribution(s) for state income taxes.

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



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8 Signature

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

Your signature must be guaranteed (i) for a distribution amount of \$25,000 or more, (ii) if your distribution is being made using Electronic Funds Transfer, (iii) if you have requested a distribution to be sent to an address other than the one on record, or (iv) if your distribution is to be deposited into a Non-Retirement Brokerage Account that is registered other than in your name only. Please see below for a definition of eligible Signature Guarantors.

I authorize and request Fidelity Brokerage Services LLC (“FBS”) to make the above distribution(s) from my Premiere Select IRA indicated in Section 1 above. If I am over age 70½, I accept full responsibility for complying with IRS rules regarding Minimum Required Distributions. If I have indicated that my spouse beneficiary who is more than 10 years younger than I has been my sole beneficiary for the entire calendar year, I hereby certify that statement is correct. I am aware that he or she must be the sole beneficiary on the account from which this distribution is being made for the entire calendar year in order to be eligible to have that year’s MRD calculation based on the Spousal Exception table.

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 Section 1 on 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 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, Rollover, or SEP-IRA, as applicable.

IRA Customer Signature _____

Date (required) - -

Signature Guarantee _____

Date (required) - -



A signature guarantee may be executed by any “eligible guarantor.” Eligible guarantors include Commercial Banks, Trust Companies, Savings Associations, and Credit Unions, as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange. You should verify with the institution that they are an acceptable (eligible) guarantor prior to signing. A guarantee from a Notary Public is **NOT** acceptable.

Note: If you are intending to roll over your IRA distributions within 60 days, and you are under 59½ years of age and are not disabled, we are required to report the distribution to the IRS on Form 1099-R as a premature distribution. If you are over 59½ and are not disabled, we must report the distribution as a normal distribution. If you are under age 59½ and you request a distribution, your distribution will be taxed as ordinary income and may also be subject to a 10% early distribution penalty.



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