IRA/ESA Distribution Request

Please read the attached instructions. Use of this form will result in a reportable distribution to the Internal Revenue Service and state tax authorities, as required.

Name Geoarge R. Nelson				
Account Number 5 J L —				
STEP 2. REQUEST		s and Roth qualified distributions if a	applicable	DO NOT USE THIS
Early — under age 59½, no known exceptions SIMPLE IRA Early — use if "2 year rule" and account owner is under age 59½				
Death — from an I Direct Rollover to a governmental 457 for more details	OF ASSETS TO ANOTHER IRA. SEE INSTRUCTIONS FOR FURTHER INFORMATION.			
Return of Excess C (Please note: Return your employer. Con	DO NOT USE THIS FORM TO PURCHASE AN INVESTMENT WITHIN YOUR ACCOUNT.			
Yes No Specify excess a Earnings attribute	mount, month, day, and ye able to excess contribution	ar contribution was made: \$ n amounts (see instructions) \$		
STEP 3. TRANSACT	***************************************	Lodondo		
☐ Total distributi	— select one, account will on of the entire account in on of the entire account in idate all assets.		your advisor or financial	
✓ One-Time Partial	Distribution:	# 12 000		IF NEITHER GROSS
	in the amount of \$_ 7_000 rities (indicate symbol, de			NOR NET IS SELECTED, GROSS WILL BECOME THE
Cash payment Distribute secu	in the amount of \$ 7,000		QUANTITY	NOR NET IS SELECTED, GROSS
Cash payment	in the amount of \$\frac{7,000}{2,000} orities (indicate symbol, de	scription and quantity).	QUANTITY	NOR NET IS SELECTED, GROSS WILL BECOME THE



IR	RA/ESA Distribution Request Account Number 5 J L	
ST	FEP 4. TAX WITHHOLDING ELECTION	
(Fo	ederal Income Tax Withholding orm W-4P/OMB No. 1545-0074) Dept. of Treasury, Internal Revenue Service).	TAX WITHHOLDING DOES NOT APPLY TO DISTRIBUTIONS
Ple	ease see form instructions for withholding notice information.	FROM AN EDUCATION SAVINGS ACCOUNT,
ele	nless a previous withholding election is in place, or you indicate a different withholding amount belov ect not to withhold Federal income tax by indicating your election below, 10% will be withheld from y stribution.	your IRA ROTH QUALIFIED DISTRIBUTIONS, OR TO DIRECT ROLLOVERS
	Do NOT withhold federal income tax from the gross distribution amount. (Not applicable to distributions subject to mandatory withholding.)	FROM AN IRA TO AN ELIGIBLE EMPLOYER- SPONSORED PLANS.
	ullet Withhold federal income tax from the gross distribution amount at the rate of 10% .	FOR DISTRIBUTION
	Withhold 20 % or \$ of federal income tax from the gross distribution Selection of a dollar amount to be withheld is available only if electing a periodic distribution of places of the second of the dollar amount is entered for periodic RMD, it will be converted to an equal percentage for subseque payments. Specific dollar or percentage must equal a minimum of 10%.	amount. principal. than CASH, TAX ent year's WITHHOLDING CAN ONLY BE A % AND NOT
lf s	standing instructions are selected, the percentage withholding election is the only option available.	A DOLLAR AMOUNT. PLEASE ENSURE THAT YOU HAVE SUFFICIENT
	ate Income Tax Withholding	CASH AVAILABLE TO
as i am	an election is not made, we will withhold from your distribution according to your state of residence requence In noted in Step 1. The minimum state of residence requirement must be withheld if a specific percentage Inount is provided. For states with voluntary withholding, no withholding will apply if a percentage or dolla Inot specified. State income tax withholding may be required when you elect federal income tax withhol	ramount A DISTRIBUTION OF
	Do NOT withhold state income tax from the distribution. (Not applicable to all states.)	REPRESENTS YOUR NE
	Withhold state income tax from the distribution according to the requirements as outlined in Persh Federal and State Income Tax Withholding Instructions.	ing's IRA IF YOU ARE A U.S.
V	Withhold 2 % or \$ of state income tax.	CITIZEN OR RESIDENT ALIEN RECEIVING AN
	standing instructions are selected, the percentage withholding election is the only option available.	IRA DISTRIBUTION THAT IS DELIVERED OUTSIDE THE
	onresident Alien Tax Withholding you are a nonresident alien, mandatory withholding may apply. A minimum of 30% NRA tax will be withhe	UNITED STATES OF

you live in a country eligible for a reduced treaty rate, have submitted a W-8BEN form, have a Tax Identification

Number, and are claiming a reduced treaty rate. You may elect a higher rate of 30% withholding below. Please see

Do NOT withhold nonresident alien tax from the distribution. I have submitted a W-8BEN claiming a zero treaty rate.

Withhold nonresident alien tax from the gross distribution amount at the rate of 30%.

This space intentionally left blank.

WITHHOLDING IS

NOT BE WAIVED.

REQUIRED AND MAY

STATE INCOME TAX WITHHOLDING

MAY BE REQUIRED

WHEN YOU ELECT FEDERAL INCOME TAX WITHHOLDING.

Withhold ______ % or \$ _____ of NRA taxes.

form instructions for details.

IRA/ESA Distribution Request

Account Number 5 J L _

STEP 8. SIGNATURE

I acknowledge that I have read and understood the Tax Withholding instructions and Pershing LLC (Pershing) is not responsible for determining the appropriateness of the distribution and withholding election. Also, my federal, state, and nonresident alien income tax withholding election is applicable to any subsequent distributions, until I revoke the election under the procedure established by Pershing LLC. If I have selected Standing Instructions, inclusive of a withholding election, I acknowledge that this may allow my financial professional or their firm to request distributions on my behalf, if their policies permit. I certify that I have provided Pershing with correct information, and I understand that a distribution or distributions will be made from my Pershing IRA or ESA based on that information, and as a result of this direction, I certify that this distribution request is in accordance with the provisions of the IRA or ESA and satisfies applicable federal and state law requirements. I understand that I am responsible for maintaining sufficient cash or marketable securities in my account to support these distributions. I understand that the distribution is reported to the IRS (and my state of residence, if it requires reporting) for the tax year in which Pershing processes and makes the distribution and there are no exceptions to this policy. I understand that Pershing does not provide tax or legal advice, and that Pershing strongly recommends that I consult my tax or legal advisor prior to completing this request. I hereby indemnify and hold harmless Pershing LLC and its affiliates for any tax consequences of this distribution request, the elections made above, and any future distribution request utilizing these elections. Pershing LLC may rely on my certification without further investigation or inquiry and shall not be liable for any misrepresentation of fact.

I acknowledge that I understand the one-rollover-per-year rollover limitation as defined by § 408(d)(3)(B) of the Internal Revenue Code. I also represent that this distribution request is NOT being used to purchase an investment custodied away from Pershing LLC for this referenced Pershing IRA or ESA. Please speak with your advisor or financial institution about investment eligibility standards.

Power of Attorney

If you are signing this form as an Attorney-In-Fact for the account owner and you have a Power of Attorney on file with Pershing, you are hereby attesting that you have no actual knowledge or actual notice of the revocation or termination of said Power of Attorney by death, disability, or otherwise, or notice of any facts indicating same. You are also representing that the owner is now alive and has not at any time revoked or repudiated the Power of Attorney and that the Power of Attorney is still in full force and effect. You agree that you will notify the introducing financial institution of the owner's death, of any termination or revocation of the Power of Attorney, and/or modification of the Power of Attorney; you also agree that, if the Power of Attorney is not durable, then you will notify the introducing financial institution of any incapacity of the owner that would render the Power of Attorney void. The Power of Attorney is in full force and effect and this authority is to remain in full force and effect until Pershing has received written notification of its termination in such time and in such manner as to afford Pershing and the financial institution a reasonable opportunity to act on it.

IRA Owner/ESA Responsible Individual

Print Name	Date	1	0
George R. Nelson	1 1- 1	161-1201	Ø
Signature			
Wy elson			

Upon completion, please return the completed distribution form to your advisor or financial institution. **This request** must be processed within 30 days of your signature and date for a one-time distribution, or within 60 days for a Standing or Periodic instruction request. You may keep a copy of the instructions for your reference.