

Qualified Retirement Plan Account Disbursement Letter of Authorization

Sub Firm #	BR Code	FA Code	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Office Use Only)

ACCOUNT INFORMATION

Name of Qualified Plan _____

FBO/Participant Name (if applicable) _____

PURPOSE OF THE DISBURSEMENT

Indicate the purpose of the disbursement: _____

As Trustee(s), I/We certify that this payment is a: *(complete one of the following)*

A. ☐ non-taxable disbursement

B. ☐ taxable disbursement subject to mandatory federal tax withholding *(complete "Federal and State Taxes" section on the next page)*

C. ☐ taxable disbursement not subject to mandatory federal tax withholding

ASSETS BEING DISBURSED

☐ Funds Disbursement(s): Amount: \$ _____ OR ☐ All Cash and Money Market OR ☐ All Funds and Securities

Security Disbursement(s): ☐ All Securities OR ☐ Listed below. If needed, attach additional position listings on a separate sheet.

Number of Shares	Security Description	Symbol or CUSIP	Number of Shares	Security Description	Symbol or CUSIP

DISBURSEMENT INSTRUCTIONS

Frequency <i>(Select one)</i>	<input type="checkbox"/> One-Time Disbursement
	<input type="checkbox"/> Standing Instructions <i>With the trustee's signature, he/she recognizes the future distributions are for the same purpose as indicated within this form and that it is the trustee's responsibility to complete a new form if the distribution purpose changes. If no expiration date is specified, transfers will continue until these instructions are revoked.</i>
Payee/Recipient	<input type="checkbox"/> Periodic Disbursement <input type="checkbox"/> Establishing New Start date _____ (1st -28th) End Date (optional) _____ <input type="checkbox"/> Change Existing Start date _____ (1st -28th) End Date (optional) _____ Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Cancel Existing Instructions
	Name: _____
	Mailing Address: _____
	Method <i>(Select one)</i> <i>Checks must be made payable to the Plan, Participant, Beneficiary, or Alternate Payee only.</i> A. <input type="checkbox"/> Check: <input type="checkbox"/> Hold for Pick-Up at Office <input type="checkbox"/> Mail to Payee/Recipient Address <input type="checkbox"/> Mail to Address _____ B. <input type="checkbox"/> Journal to Account Number _____ Account Name _____ C. <input type="checkbox"/> Deposit electronically via ACH <i>(provide required information below):</i>

*Account(s) carried by First Clearing. First Clearing is a trade name used by Wells Fargo Clearing Services, LLC, a registered broker-dealer and non-bank affiliate of Wells Fargo & Company.

	BANK INFORMATION (ACH) <input type="checkbox"/> Checking or <input type="checkbox"/> Savings Name on Account _____ Bank Name _____ Bank City _____ Bank State _____ ABA Routing Number _____ Account Number to Credit _____			
	Wire Funds. (A fee may apply) (Domestic or Foreign)		Bank Name _____	
	Bank Address _____		ABA Routing Number (Domestic Only) _____	
	Bank City _____		Bank State _____	
	Bank Country (Foreign Only) _____			
	Name on Bank Account _____		Account Number _____	
	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	Recipient Name _____		Recipient Address (include City, State, Zip Code, and Country - No PO Box or APO) _____	
	Swift/BIC Code (Foreign Only) _____		IBAN Number (if applicable) _____	
	Country/Local Routing Code (if applicable) _____			
	Intermediary Bank Name _____		Account Number _____	
	Intermediary Bank Information _____			
	Special Instructions _____		Further Credit (if applicable) _____	
	Option A or B must be checked: As Trustee(s), A. <input type="checkbox"/> I/We <u>do not request</u> any additional checks to pay federal and state taxes. <i>I/We understand that I/We should consult with the third party administrator, tax or legal advisor regarding any mandatory federal tax and any mandatory state tax withholding required for certain distributions.</i> B. <input type="checkbox"/> I/We <u>request</u> additional checks to pay federal and state taxes. <i>I/We understand that I/We should consult with the third party administrator, tax or legal advisor regarding any mandatory federal tax and any mandatory state tax withholding required for certain distributions and the preparation and filing of the IRS Form 1099-R.</i> I/We request the following additional checks(s) to pay federal and state taxes: 1. Federal taxes: For federal tax withholding purposes, please send a check in the amount of _____ % or \$ _____ of the gross distribution amount. Please make the check representing the federal taxes payable to <u>one</u> of the following (cannot be a federal agency): a. Name of Plan: _____ b. Third Party Providing Tax Reporting Service: _____ Please mail the check representing the federal taxes to (cannot be a federal agency): _____ _____ 2. State taxes: For state tax withholding purposes, please send a check in the amount of _____ % or \$ _____ of the gross distribution amount. Please make the check representing the state taxes payable to <u>one</u> of the following (cannot be a state agency): a. Name of Plan: _____ b. Third Party Providing Tax Reporting Service: _____ Please mail the check representing the state taxes to (cannot be a state agency): _____ _____			

The undersigned Trustee(s) certify that the disbursement is permissible under the terms of the plan document, the assets are properly distributable to the above named payee/recipient, and no other party has any claim of interest in these assets. Trustee(s) acknowledge they have provided all disclosures and notices to participants required under the terms of the plan, IRS and/or DOL regulations, including notice of distribution options. Trustee(s) further confirm that any required withholding is being performed by the plan administrator or other entity hired by the employer such as a third party administrator, and acknowledges that First Clearing* is NOT withholding federal or state taxes on any disbursements, providing the required special tax notice or other required notices to participants, nor preparing IRS Form 1099(s) for the requested disbursement. **First Clearing does not act as plan administrator, third party administrator, or reporting or paying agent for the plan.**

In consideration of First Clearing and its affiliates accepting the instructions within this document, the undersigned Trustee(s) represent that I/We have the authority to act on behalf of the Plan and on behalf of the Plan Administrator, if applicable, that the Plan, Plan Administrator, and the Plan Trustee(s) hereby release and discharge First Clearing and its affiliates from any liability or claims in connection with these instructions, and agree to indemnify and hold First Clearing and its affiliates harmless against loss from any action, claim, penalty, or demand of any person (including, without limitation, any participant or beneficiary under the Plan, the Internal Revenue Service, state or local taxing authority, and any other governmental agency) based upon First Clearing and its affiliates acting under these instructions.

This agreement is governed by the general terms and conditions of the brokerage account specified by you in this form. The ACH service includes the transmission of electronic credit and/or debit entries initiated by you and processed through us from your account. This service is established solely for the convenience of the account owner, and the persons signing the reverse side of this document understand that this service may be terminated or modified at any time without notice by First Clearing or its agents. ACH transmissions are to be performed by us and in accordance with the rules of the National Automated Clearing House Association ("NACHA") as such are amended from time to time.

The account owners release First Clearing and its affiliates, agents, and representatives from all liability and agree to indemnify the same from any and all losses, damages, or costs for acting in good faith in accordance with the privilege selected herein. In no event shall First Clearing or its affiliates, agents, or representatives be liable for consequential damages. All terms shall be binding upon the heirs, representatives, and assigns of the account owners.

The account owners release First Clearing and its affiliates, agents, or representatives in the event First Clearing makes an error which underpays/overpays their account. The account owners authorize First Clearing to debit or credit their account as necessary to correct any errors.

Periodic distributions will continue until terminated by any account owner by written notification to First Clearing, unless an end-date has been specified. Termination will be effective as soon as First Clearing, upon receipt, has had reasonable time to act upon it.

First Clearing will make ACH or wire transfers using both the routing and account numbers you provide for the receiving bank and account as the beneficiary of the transfer(s). Payment may be made based on such numbers even if either number identifies a bank or account different from the bank or account owner you identify by name.

Additional Information

- A. Funds will not be automatically deposited to or withdrawn from money market accounts unless a sweep agreement is on file.
- B. A new form must be completed when changing account information.
- C. If the distribution frequency is a holiday or weekend, money will remit on the next business day.
- D. Complete one form for each account in which transfers are to be made.

AUTHORIZED SIGNATURE(S):

Trustee Name: _____	Trustee Name: _____
Trustee Signature: _____	Trustee Signature: _____
Date: ____/____/____	Date: ____/____/____

If more Trustee names and signatures are needed, please list them on a separate sheet and attach to this form.

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