



REQUIRED MINIMUM DISTRIBUTION FORM

ABA Retirement Funds Program ("Program")
P.O. Box 990073 • Hartford, CT 06199

Customer Contact Center: 800.348.2272
Website: abaretirement.com

Complete this form if the participant is subject to a required minimum distribution from the plan. The participant or beneficiary completes sections 2, 3, 4, 5 (and 6 if applicable) and signs section 7. The participant's spouse, if applicable, must complete and sign section 8, and an Authorized Plan Representative or Notary Public (if applicable) may witness the signature at the same time.

1. EMPLOYER INFORMATION

Program Plan Number: _____ Employer Tax ID Number: _____ - _____ IRS Plan Number: _____

Employer's Name: _____ Employer's Business Phone Number: (_____) _____ - _____

2. PARTICIPANT INFORMATION

Participant's Name: _____ Social Security Number: _____ - _____ - _____

Date of Birth: ____ / ____ / ____ Sex: ☐ M ☐ F Marital Status: ☐ Single ☐ Married

Daytime Phone Number: (_____) _____ - _____ Participant's Email: _____

Participant's Primary Residence: _____

(MAXIMUM OF 30 CHARACTERS EACH LINE)

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

3. REASON FOR REQUEST (CHECK ONE AND COMPLETE ALL APPLICABLE INFORMATION.)

☐ I am age 73 or older and I am considered a 5% owner for the plan year ending in the calendar year in which I attained age 73.

☐ I am age 73 or older and I terminated employment with the employer that sponsors this plan
as of ____ / ____ / ____.

☐ I am the beneficiary of a deceased participant.

4. FORM OF BENEFIT (CHECK ONE) NOTE: YOU MAY NOT REQUEST AN AMOUNT GREATER THAN THE ACTUAL RMD.

☐ Please distribute my entire RMD amount at this time.

☐ * Payment in the amount of \$ _____ taken pro-rata from all available investment options and contribution sources.

☐ * Payment in the amount of \$ _____ taken pro-rata from all available investment options in my post-tax contribution source only, which may include earnings.

☐ * Payment from the investment options indicated below (taken pro-rata from all available contribution sources):**

* Cannot be for an amount greater than your calculated RMD.

** Use additional page, if necessary.

INVESTMENT OPTION	\$ AMOUNT OR WHOLE % (PLEASE SHOW \$ OR % SYMBOL)	INVESTMENT OPTION	\$ AMOUNT OR WHOLE % (PLEASE SHOW \$ OR % SYMBOL)
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

PLEASE NOTE:

If you are already receiving periodic installment payments, you should determine whether the installment payments issued over the course of the year are sufficient to meet your required minimum distribution. It may not be necessary to return this form if your installment payments will be as much or more than your required minimum distribution. Please note that if you do complete and submit this form, any distribution issued will be **in addition to** any installment payments you have already established, unless you have already notified the Program to cease issuing installment payments.

If you are interested in establishing installment payments, please complete and submit a Distribution Request Form.

If you are not a 5% owner, and have not retired, but you wish to take a distribution payable to you, please use the In-Service Withdrawal Form to request your distribution. We must withhold 20% federal income tax as required by law, since a distribution other than a required minimum distribution is subject to different taxation.

5. FEDERAL INCOME TAX WITHHOLDING ELECTION NOTICE (REQUIRED)

This distribution is not eligible for rollover and is subject to federal income tax withholding unless you affirmatively elect NOT to have withholding apply to such payment. Generally, such distributions are subject to 10% withholding unless you elect to have an additional amount withheld or elect to have no withholding. You may make a withholding election by selecting one of the options below.

Please select if applicable:

☐ Do NOT withhold federal income tax. This option is only available for accounts registered with an address in the United States.

☐ Withhold _____% federal income tax in addition to the standard withholding amount of 10%.

Federal income tax will be withheld at 10% if you do not complete the section above. These instructions are only effective for this RMD and not for future RMDs. If you do not have any income tax withheld from your distribution, or if you do not have enough withheld, you may have to pay estimated tax. If you do not pay enough tax, either through estimated tax or withholding (or a combination of both), you may have to pay a penalty. Please consult your personal tax advisor.

6. STATE INCOME TAX WITHHOLDING ELECTION NOTICE

Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal taxes are withheld or may mandate a fixed amount regardless of your federal tax election. States with voluntary withholding let individuals determine whether they want state taxes withheld.

Some states have no income tax on retirement payments. You may wish to consult with a tax advisor or your state's tax authority for additional information on your state requirements.

Please select if applicable:

☐ I elect to NOT have state income tax withheld from my retirement account distribution (only for residents of states that do not require mandatory state tax withholding or allow you to elect out of mandatory state withholding).

☐ Withhold _____% or \$_____ state income tax in addition to the mandatory state withholding amount.

State income tax will be withheld per your state's tax requirements if no election is made above or if you make an election that is inconsistent with your state's requirements.

7. SIGNATURES

The participant certifies that to his/her knowledge the information provided on this form is complete and accurate.

SIGNATURE OF PARTICIPANT

DATE (SIGNATURE DATE IS ONLY EFFECTIVE FOR 180 DAYS.)

8. SPOUSAL CONSENT AND WITNESS SIGNATURES

(This section is not applicable to participants in a profit sharing plan, unless sources originated from a plan other than a profit sharing plan.)

This section should be completed by the participant's spouse and witnessed by a Notary Public or the Authorized Plan Representative who is someone other than the participant. This section does not have to be completed by beneficiaries or by alternate payees receiving distributions pursuant to a Qualified Domestic Relations Order.

This is a very important decision. Before signing this form, be sure that you understand the retirement benefits that you may get and those that you may no longer receive.

Your spouse, the participant, should have received an explanation entitled "Notice of Waiver of Annuity and Election of Alternate Benefit Payment Form" on the types of retirement benefits available under the plan. It is important that you review this information. To receive copies of this information, contact the Plan Administrator.

Your Agreement

I, _____ (your name) am the spouse of

_____ (the participant). I understand that I have the right to have my spouse's retirement benefits paid in the form of a Qualified Joint and Survivor Annuity (QJSA), and I agree to give up that right.

I understand that by signing this agreement, I may receive less money than I would have under the QJSA payment form and I may receive nothing after my spouse dies, depending upon the payment form that my spouse chooses. I consent to my spouse's receiving retirement benefits in the form specified in section 4 above. I understand that my spouse cannot choose a different form of retirement benefit unless I agree to a change.

I acknowledge that I have received, read and understand the "Notice of Waiver of Annuity and Election of Alternate Benefit Payment Form."

I understand that if I do not sign this agreement, my spouse will receive required minimum distributions from the plan in the form of a QJSA.

SIGNATURE OF SPOUSE

DATE (SIGNATURE DATE IS ONLY EFFECTIVE FOR 180 DAYS.)

WITNESS TO SIGNATURE OF SPOUSAL CONSENT
(NOTARY PUBLIC OR AUTHORIZED PLAN REPRESENTATIVE OTHER THAN THE PARTICIPANT)

DATE (MUST BE SAME AS SPOUSE)
(SIGNATURE DATE IS ONLY EFFECTIVE FOR 180 DAYS.)