

SYSTEMATIC REQUIRED MINIMUM DISTRIBUTION FORM

For Retirement Account and Qualified Account customers who have attained the age 70½

Account # _____

Advisor Code _____

Case # _____

1 ACCOUNT OWNER/PARTICIPANT INFORMATION

Name (First, Middle Initial, Last):	Social Security Number:
Primary Telephone Number:	Date of Birth:

2 PAYMENT FREQUENCY (PLEASE SELECT ONE OF THE FOLLOWING)

- Establish new instructions Update existing instructions

Please complete my Required Distribution according to the frequency selected below:

- Monthly Quarterly Semi-Annually Annually

Please begin these payments on (MM-DD-YYYY) _____. If you do not indicate a date to begin, we will default to the current date of processing. RMD Values are subject to change every year. To ensure the necessary updates are made to your request, no distributions can take place after the 28th of each month. Additional One-Time distributions will lower your systematic RMD requests. RMD Systematic payments will recalculate before each disbursement to ensure your Required Minimum Distribution is met annually.

The IRS may impose a 50% penalty on all required minimum distribution amounts not withdrawn by 12/31. The account holder is responsible for any penalties incurred if we are unable to make the scheduled distribution due to insufficient cash in your account. Please go online at www.advisorclient.com or contact us at 1-800-431-3500 at least three business days prior to the scheduled distribution to make cash available.

3 PAYMENT AMOUNT

- My calculated Required Minimum Distribution (RMD) for this account.

* Important: If your spouse has been the sole primary beneficiary since the start of the year and is more than 10 years younger than you, and you would like us to calculate your RMD, please provide spouse's date of birth (MM/DD/YYYY): _____. Please note that TD Ameritrade is unable to calculate RMD for a participant in a pooled qualified retirement account.

4 DISTRIBUTION METHOD

I instruct TD Ameritrade Clearing, Inc. to distribute the amount stated in the following manner:

Make this payment to (If nothing is selected, your distribution will be mailed to the address listed on your account):

Please select **ONE** of the following options:

- A. Send check
 U.S. First Class Mail Overnight (fees may apply)

<input type="checkbox"/> Address of Record		
<input type="checkbox"/> To Alternate Payee and/or Alternate address (complete section below)		
<input type="checkbox"/> This is a Charitable Donation		<input type="checkbox"/> Check this box if Donation is to be anonymous
Payee Name (if Applicable):	<input type="checkbox"/> Care of (optional for alternate address):	
Address:		
City:	State:	ZIP Code:
Bank Account Number (if Applicable):		

- B. Transfer the distribution to the following TD Ameritrade account: _____

- C. Electronic

<input type="checkbox"/> Wire Funds (fees may apply)	<input type="checkbox"/> ACH Funding	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Account Title:			
Bank Account Number:	ABA Routing Transit Number:		
Bank Name:			



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TAX WITHHOLDING ELECTION (REQUIRED)

Form W-4P/OMB NO. 1545-0415

FEDERAL WITHHOLDING SECTION

- Please withhold taxes from my distribution at a rate of: _____ % (not less than 10% of total distribution).
- I elect NOT to have federal income tax withheld.

If this election is not completed, federal income tax will be withheld at a rate of 10% of your withdrawal.

STATE WITHHOLDING SECTION

- Please withhold taxes from my distribution at a rate of: _____ %
- I elect NOT to have state income tax withheld.

I declare my permanent state of residence is (state): _____, and that my election should reflect the requirements of that state. **If a permanent state of residence is not noted, we will default to the state on record.** For state tax-withholding guidelines, please contact your advisor or Service Team.

If you do not make an election, we will automatically apply withholding (if required) at the maximum rate based on your state of residency.

Important notice: Any withdrawal from your Custodial IRA is subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will apply to the entire withdrawal since the entire withdrawal may be included in your income that is subject to federal income tax. You may elect not to have withholding apply to your withdrawal payments by completing and dating this election and returning it to TD Ameritrade Clearing, Inc.

If you elect not to have withholding apply to your withdrawal payments, or if you do not have enough federal income tax withheld from your withdrawal, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your withdrawal. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

In some cases, you may elect not to have state tax withheld, or you may tell us how much you would like us to withhold. In other cases, TD Ameritrade Clearing, Inc. is required by federal and/or state statutes to withhold a percentage of your IRA distribution for income tax purposes.

Please note: TD Ameritrade Clearing, Inc. advises you to contact your tax professional before making any election regarding state withholding elections. State law is subject to change, and TD Ameritrade Clearing, Inc. is not responsible for changes in state law that occur after the publication date of this form.

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ACCOUNT OWNER AUTHORIZATION

I understand that, subject to the provision of the Agreement, I have full discretion and control over the form of payment or payments of the entire balance in the Account. I shall exercise control by directing that such payment or payments be made as described above, and the Custodian shall have no responsibility or liability with respect to the choice of any such form of payment or payments. I attest that I am the proper party to receive payment(s) from this IRA and that all information provided by me on this form, including supplemental material, is true and accurate. I certify that no tax advice has been given to me by TD Ameritrade Clearing, Inc. and that all decisions regarding this withdrawal are my own. I expressly assume responsibility for any adverse consequences which may result from the withdrawal; and I indemnify and hold harmless TD Ameritrade, Inc. and TD Ameritrade Clearing, Inc. and their divisions, officers, employees, directors, representatives, owners, affiliates, successors, and assigns. Please note if no date is indicated below, the withholding election will default to receipt date of the form.

Account Owner/Participant Printed Name: _____

Account Owner/Participant Signature: _____ Date: _____

For Qualified Retirement Plans Only:

Plan Administrator Signature: _____ Date: _____

Mailing Address:
TD Ameritrade Institutional
PO BOX 650567
Dallas, TX 75265-0567

TDAI 3170 REV. 02/17

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

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