

# Partial withdrawal or full distribution request



**Mail to:** P.O. Box 9261, Des Moines, IA 50306-9261  
**Overnight:** 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833  
 1-866-747-3421 | SecuritiesPI@sfgmembers.com

## Instructions

Use this form when requesting a partial or full distribution or to set up systematic withdrawals.

## 1. Account information

Please provide all requested information.

Account number			
Account Holder's name (first, middle, last)		DOB (mm/dd/yyyy)	Social Security number
Street address		Apartment/Suite number	
City	State	ZIP	Phone number

## 2. Disbursement information

For LiveWell® Plus Mutual Fund IRA Account Holders, an Early Withdrawal Charge (EWC) will be applied to withdrawals in excess of 10% of your Account Anniversary Value (or Required Minimum Distribution amount, if greater) within six years of the Account Anniversary. The date your first contribution is received is known as your Account Anniversary. See the Disclosure Statement & Custodial Account Agreement for details.

A. Please check one of the following options. If multiple are selected, it will result in a delay in processing your request.

- Full Distribution – Liquidate the entire account
  - Partial Withdrawal (\$1,000 minimum) \$ \_\_\_\_\_ or \_\_\_\_\_ %  Gross or  Net<sup>1</sup>
  - 10% EWC-Free Withdrawal/Remaining EWC-Free Withdrawal<sup>2</sup>
  - Systematic Withdrawal (\$100 minimum) \$ \_\_\_\_\_ or \_\_\_\_\_ %  Gross or  Net<sup>1</sup>
- Send payments:  Monthly  Quarterly  Semi-Annually  Annually
- Start payments on<sup>3</sup> (mm/dd/yyyy): \_\_\_\_\_

B. Please select one of the partial distribution options below. Note: If no allocation is selected, your distribution will be taken from your account Pro Rata.

Take my partial distributions:  Pro Rata or  As indicated below:

Fund Name	Amount	Percentage (Must be whole percentages and equal 100%)
_____	\$ _____	or _____ %
_____	\$ _____	or _____ %
_____	\$ _____	or _____ %
_____	\$ _____	or _____ %

<sup>1</sup> Net amount of check after applicable charges and/or taxes are applied.

<sup>2</sup> EWC-free withdrawal only applies to the LiveWell® Plus Mutual Fund IRA.

<sup>3</sup> Please select a day of the month between the 1st and the 28th. If the date is not complete or an invalid date is chosen, the form will be considered "Not in good order." If the elected start date has already passed, the first systematic withdrawal will be processed immediately, and the next systematic withdrawal will be processed one modal frequency from the elected start date. If the elected date is not a business day, the systematic withdrawal will be processed on the next available business day.

NOT FDIC/NCUA INSURED, MAY LOSE VALUE INCLUDING LOSS OF PRINCIPAL, NO BANK/ CU GUARANTEE, NOT A DEPOSIT, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY.

### 3. Type of disbursement

Withdrawals taken prior to age 59½ may be subject to IRS penalties. I further acknowledge that Sammons Institutional Group®, Inc. (SIG) has made no representation that the withdrawal schedule in section 2 will fulfill my specific tax obligations.

**Normal** - I am age 59½ or older.

**Early** - I am under 59½. I understand that I may be subject to an IRS 10% early distribution penalty unless an IRS exception exists or the distribution is rolled over within 60 days of receipt to another IRA or retirement plan. Please consult a qualified tax professional for more information.

**Disability\*** - Provide the information below.

Date you first became disabled (mm/dd/yyyy): \_\_\_\_\_

\* The IRS considers a taxpayer to be exempt from the 10% early distribution penalty if the individual's condition meets the definition of "disabled" in IRS section 72(m)(7). A physician's statement that acknowledges your condition as meeting the IRS 72(m)(7) definition of "disabled" is required. Please consult a qualified tax professional for more information.

### 4. Election of withholding

Federal/State withholding instructions: Please indicate if Federal/State Income taxes should be withheld from your payment(s) by signing and dating this election form and returning it to SIG. If you have any questions about your tax liability, please consult and rely upon your own tax and legal professionals.

**Even if you elect NOT to have Federal/State Income taxes withheld, you are liable for Federal/State Income taxes on the taxable portion of your account value. You may also be subject to tax penalties under the Estimated Tax Payment rules if your payment of estimated tax and withholding, if any, are not adequate. If no election is made, a 10% federal income tax will be automatically withheld.**

I elect the following:

**Federal:**  Do not withhold  Withhold \_\_\_\_\_ % or \$ \_\_\_\_\_

**State:**  Do not withhold  Withhold \_\_\_\_\_ % or \$ \_\_\_\_\_

**Important state tax withholding information:** Certain states require us to withhold state income tax from your distribution. If you reside in a state that requires withholding, we will withhold state income tax in accordance with the respective state's rules.

**Note:** If no election is made, a 10% federal income tax will be automatically withheld.

### 5. Method of payment

**Please check one of the following options. If no election is indicated, a check will be mailed to you.**

I would like this distribution to be paid to me by check and sent to the mailing address listed in section 1 of this form.

I would like this distribution to be sent via Automated Clearing House (ACH) to the bank account indicated below. I understand the proceeds will arrive at my bank account in approximately three to five business days. I authorize SIG and the financial institution listed below to automatically deposit distributions into my:

Checking  Savings

\_\_\_\_\_  
Name(s) on account (first, middle initial, last)

\_\_\_\_\_  
Financial institution name

\_\_\_\_\_  
Routing number (ABA#)

\_\_\_\_\_  
Account number

Include a preprinted, voided check, or letter from the bank on their letterhead, to ensure accurate account information for the Automated Clearing House (ACH) debit. **If we do not receive a voided check or bank letter, we will mail the disbursement to your address on file.**

**Note:** Checks must be preprinted with your name and address. We cannot accept starter or counter checks.

**6. Signature**

By signing below, I certify and acknowledge that the information provided on this form is correct.

**Taxpayer certification**

**Under penalty of perjury, my signature certifies that:**

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me);
- 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding;
- 3. I am a U.S. citizen or U.S. resident alien; and
- 4. I am exempt from FATCA reporting.

Account holder's signature	Date signed (mm/dd/yyyy)

**If your request is not in good order, how would you like us to notify you?**

Call me at \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    
  Mail a letter to my address of record    
  Contact my Registered Representative

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