

IRA Distribution Form



For distributions during the Account Holder's lifetime ONLY. Please use a pen and print clearly in CAPITAL LETTERS.

Section 1 - Account Holder Information

Individual (FirstName/Initial/LastName)

Fund / Account Number

/ / - -

Date of Birth (m/d/yyyy)

Social Security Number

Contact Address

City State ZIP

Contact Phone Number

Section 2 - Amount of Distribution

Total Distribution: This will close your account. Your distribution may be reduced for Maintenance and/or Termination Fees, if applicable. Please refer to your retirement account agreement.

Partial Distribution: Check one of the following options:

A one-time payment of \$

A series of payments of \$

Frequency:

Monthly

Quarterly

Semi-Annually

Annually

Distribution Start Date (mm/dd/yy)

Method of Payment

Mail Check via U.S. Postal Service Overnight Courier (may require additional fee)

Address of Record (Default method of payment. If no box is checked, your distribution will be mailed to you.)

Other Address (A Medallion signature guarantee may be required. Consult your prospectus.)

Address - Street City State ZIP

Deposit to my Bank Account

Wire or ACH: Please attach wire or ACH instructions, if applicable.

You must attach a voided check or savings deposit slip for wire/ACH deposits. A Medallion signature guarantee may be required.

Consult your prospectus.

Deposit to my Non-Qualified Account

Acct. # A Medallion signature guarantee may be required. Please call 1-866-667-9231 for assistance. \$20 dollar wire fee.

Section 3 - Distribution Reason

IRS CODE		REASON VALID ONLY FOR:
1	Early Distribution, No known exception to IRS Early Distribution Penalty: I am under age 59½, not disabled and not taking substantially equal periodic distributions.	Traditional IRA
J	Early Distribution from a Roth IRA, No known exception to IRS Early Distribution Penalty: I am under age 59½, not disabled and not taking substantially equal periodic distributions.	Roth IRA
S	Early Distribution from a SIMPLE IRA, No known exception to IRS Early Distribution Penalty: I am under age 59½, not disabled and not taking substantially equal periodic distributions.	SIMPLE IRA
2	Early Distribution, Exception applies: I am under age 59½, not disabled and not taking substantially equal periodic distributions. Based upon a method approved by the IRS.	Traditional, Roth or SIMPLE IRA
3	Disability: I have attached a determination letter from the Social Security Administration or a physician as required by IRC 72(m)(7).	Traditional, Roth or SIMPLE IRA
7	Normal: I am age 59½ or older.	Traditional IRA
T	Roth IRA Distribution, Exception applies: I am age 59½ or older.	Roth IRA
8 or P	Excess: I have exceeded my allowable contribution for the tax year by \$. Please check one: I have filed my Federal tax return for the year the excess contribution was made: Yes No	Traditional or Roth IRA
8	7-Day Revocation: Consider this form notice of my decision to revoke my IRA. I received my IRA disclosure statement within the last seven calendar days.	Traditional, Roth or SIMPLE IRA

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Withholding (Purpose of Form W-4P). The IRA Account Holder must elect whether or not to have money withheld for federal income tax purposes and on what basis. You may make this election on this substitute Form W-4P or you may attach an actual Form W-4P. Unless elected otherwise, IRA distributions will have federal income tax withheld at a flat rate of 10%. You may use this form to elect to have no income tax withheld (except for payments to U.S. citizens delivered outside the U.S. or its possessions), to have 10% withheld, or to have more than 10% withheld. Check the box reflecting your choice. Generally, your election will apply to any later distributions from the same IRA. You may, however, revoke your previous exemption from withholding. Simply complete a new W-4P with your Custodian/Trustee. The payer will not send copies of Form W-4P to the IRS.

Statement of Income Tax Withheld from your Account. By January 31 of next year, you will receive a statement from your payer showing the total amount of your payments and the total income tax withheld during the year.

Exemption from Income Tax Withholding. The election to be exempt from income tax withholding does not apply to any periodic payment or non-periodic distribution that is delivered outside the U.S. or its possessions to a U.S. citizen or resident alien. Other recipients who have these payments delivered outside the U.S. or its possessions can elect exemption only if an individual certifies to the payer that the individual is not: (1) a U.S. citizen or resident alien, or (2) an individual to whom Section 877 of the Internal Revenue Code applies (concerning expatriation to avoid tax). The certification can be made in a statement to the payer under penalties of perjury.

For more information, please see Publication 505, Tax Withholding and Estimated Tax, available from most IRS offices or via the Internet at irs.gov.

Caution: Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see IRS Publication 505. It explains tax requirements and penalties in detail. You may be able to avoid quarterly estimated payments by having enough tax withheld from your IRA using Form W-4P.

NORTH CAROLINA STATE TAX WITHHOLDING ELECTION

(North Carolina Residents ONLY)

North Carolina income tax must be withheld from your distributions unless you elect to not have withholding apply. If you do not make an election or if you elect to have withholding apply, your distribution(s) will be subject to withholding at the following rate:

Total Distributions or Non-Periodic (one-time) Partial Distributions: 4%

Periodic (a series of) Partial Distributions: Income withholding at a rate of married with three exceptions.

If you are a resident of North Carolina, please check one of the boxes below:

☐ I elect to have North Carolina Income Tax withheld from my distributions.

☐ I do not elect North Carolina Income Tax withheld from my distributions.

Signatures and Guarantee

Federal income tax must be withheld from your distribution at a rate of 10% unless you elect not to have withholding apply. If you do not check a box, taxes will be withheld at 10%. This election applies to federal tax withholding only. If you are a resident of North Carolina, please complete the state tax withholding election above.

☐ I have read and understand the withholding information, including state tax withholding.

☐ I elect not to have federal tax withheld from my distribution. I understand that I may be liable for payment of estimated tax. I may incur penalties under the estimated tax rules, if my withholding and tax payments are not sufficient.

☐ I elect to have taxes withheld from my IRA distribution at % (not less than 10%).

The Participant/Beneficiary hereby authorizes the distribution from this account to the undersigned and certifies that it is in accordance with the provisions of the IRA plan. I acknowledge that the Custodian cannot provide me with legal advice and I agree to consult my own tax professional when I need tax advice. I indemnify the Custodian, its agents, successors and affiliates from any and all claims the undersigned may have or hereafter claim to have with respect to the distributions or in the event I fail to meet the minimum distribution requirements.

Account Holder Signature

Date of Birth (m/d/yyyy)

NOTE: A Medallion signature guarantee may be required for your distribution. A Medallion signature guarantee may be executed by a bank, a broker-dealer, a credit union, a national securities exchange or a savings association. A guarantee by a notary public is not acceptable. The authorized officer who guarantees the signature must sign in capacity and the words "signature guaranteed" must appear with the required stamp.

A medallion signature guarantee may be obtained from a commercial bank, savings and loan association, credit union, or broker-dealer. We regret a notary public is not an acceptable guarantor. Please call 1-866-667-9231 for assistance.

You must complete all sections of this form. Failure to do so will result in processing delays. If you have any questions regarding this form or its contents, please call a Shareholder Services Representative. Please consult your tax advisor to assure that the options you have selected are appropriate for your particular situation.

Signature

Date of Birth (m/d/yyyy)

Return by mail:

abrdn Funds
P.O. Box 219534
Kansas City, MO 64121-9534

Return by express delivery:

abrdn Funds
801 Pennsylvania Ave, Suite 219534
Kansas City, MO 64105-1307

For more information:

abrdn
866-667-9231
abrdn.com/usa