CLEAR

IRA Distribution
(and Contribution through ACH)

Investment Advisor ("IA") Information (This portion to be completed by IA.)

IA Firm Name (*Please print.*)

IA Master Account Number

Service Team

IA Contact Name (*if follow-up is required*)

IA Telephone Number

IA Email Address

Turnkey Asset Management Provider ("TAMP") Information (if applicable)

TAMP Firm Name (*please print.*)

TAMP Master Account Number

For faster processing and approval of money movement requests, ask your Advisor about eAuthorization.

1. Schwab Account Information

Schwab Account Number (*leave blank if new Account*)

Social Security/Tax ID Number

Account Holder Name First

Middle

Last

Suffix

Type of account:

- ☐ **Traditional IRA**
- ☐ **Roth IRA**
- ☐ **Traditional SIMPLE IRA**
- ☐ **Roth SIMPLE IRA**
- ☐ **Rollover IRA**
- ☐ **Inherited IRA**
- ☐ **Inherited Roth IRA**
- ☐ **SEP IRA/SARSEP IRA**

2. Distribution/Transfer Type (Please refer to section 11 for important information about your distribution.)

Select all distribution types that apply. If you complete more than one distribution type, please note that the same tax withholding elections, IA/TAMP authorizations, and other instructions provided on this form will apply uniformly across all selected distributions.

If different tax withholding elections or authorizations are required for each type of distribution, please submit separate forms for each request.

- ☐ **Internal Transfer/Journal** (Proceed to Section 3 for directions on completing your request.)
- ☐ **Check Request** (Proceed to Section 4 for directions on completing your request.)
- ☐ **Wire Request** (Proceed to Section 5 for directions on completing your request.)
- ☐ **Electronic Funds Transfer with ACH** (Proceed to Section 6 for directions on completing your request.)

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3. Internal Transfer/Journal (select one request type below)

☐ **New distribution request.** (Complete Section 3, 9, and sign in Section 12. If applicable, also complete Section 7 for Required Minimum Distribution and 10 for Standing Authorization.)

☐ **Direct Rollover to a Qualified Employer Sponsored Plan.** (Complete Section 3 and sign in Section 12.)

☐ **Change my existing recurring distribution of $** _____ . (Provide new instructions in Section 3B and sign in Section 12.)

☐ **Cancel my existing recurring distribution of $** _____ . (Specify the Account/Name below and sign in Section 12.)

☐ **Request to add IA/TAMP Standing Authorization only.** (Specify the Account/Name below then complete Section 10 and sign in Section 12.)

Transfer or convert my distribution assets to another Schwab account listed below.

Schwab Account Number _____ **Name(s) on Schwab Account** (*Please list all names as they appear on your account.*) _____

☐ Check here if this is a Roth conversion. (**Note**: use this option only if you are converting your Traditional IRA, SEP-IRA, or Traditional SIMPLE IRA.)

Frequency of Internal Transfer/Journal Distribution (Complete option A, B, or both as applicable to your request)

A. One-time distribution or conversion. (Complete both options 1 and 2)

(1) This is a: ☐ **Gross distribution** (*before taxes are removed*)**. (default if no selection)** ☐ **Net distribution** (*after taxes are removed*).

(2) Distribute or Convert:

☐ Entire cash or sweep money market fund balance

☐ **$** _____ from my cash or sweep money market fund balance

☐ Specific shares of the securities listed below to my Schwab account noted above*

☐ Total distribution/conversion (entire account, including cash and securities)*. **Note: to close your account, complete Section 8.**

If you indicated that you want securities distributed, list the securities here.

☐ Check here if you are attaching an Excel spreadsheet with additional securities.

	Name of Security	Security Symbol/ CUSIP	Number of Shares
1			
2			
3			
4			
5			

	Name of Security	Security Symbol/ CUSIP	Number of Shares
6			
7			
8			
9			
10			

*The value of the distribution (including securities) will be determined using the most recent market price received by Schwab when this form is processed. Schwab charges a per-certificate fee for physical stock certificates. When transferring securities where taxes are being withheld, cash must be available. The withheld amounts will be included in the gross amount. Please refer to the Charles Schwab Pricing Guide for Clients of Independent Investment Advisors for more information. Some securities cannot be delivered.

B. Recurring distribution (Select and complete one – fixed or income)

☐ **Fixed Amount of $** _____ . Start Date _____ (mm/dd/yyyy) End Date _____ (mm/dd/yyyy).

If you do not provide an end date, this instruction will remain in effect until otherwise revoked.

This is a: ☐ **Gross distribution** (*before taxes are removed*)**. (default if no selection)** ☐ **Net distribution** (*after taxes are removed*).

Frequency (select one):

☐ **Weekly** ☐ **Semimonthly** _____ (1st date) _____ (2nd date) ☐ **Monthly** ☐ **Last business day of each month**

☐ **Every Two Months** ☐ **Quarterly** ☐ **Semiannually** _____ (1st date) ☐ **Annually**

☐ **Income Payment.** Start Date _____ (mm/dd/yyyy) End Date _____ (mm/dd/yyyy). Distribute the income specified below on the last business day of the month. If you do not provide an end date, this instruction will remain in effect until otherwise revoked. Choose "All Income Plan" in Option (1) or up to three income payment options from Option (2).

(1) ☐ All Income Plan (All dividend, interest, and money market account income will be consolidated into a single payment.)

(2) Flexible Income Plan

☐ Dividends (includes capital gains distributions; will be consolidated into a single payment)

☐ Interest (includes fixed income and CDs; will be consolidated into a single payment)

☐ Money market income (includes Schwab One® Interest and Schwab Bank Interest; will be consolidated into a single payment)

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4. Check Request (select one request type below)

☐ **New distribution request.** (Complete Section 4, 9, and sign in Section 12. If applicable, also complete Section 7 for Required Minimum Distribution and 10 for Standing Authorization.)

☐ **Direct Rollover to a Qualified Employer Sponsored Plan.** (Complete Section 4 and sign in Section 12.)

☐ **Change my existing recurring distribution of $** _____ . (Complete Section 4B and sign in Section 12.)

☐ **Cancel my existing recurring distribution of $** _____ . (Complete Payee Name/Address field below and sign in Section 12.)

☐ **Request to add IA/TAMP Standing Authorization only.** (Complete Payee Name/Address field below then Section 10 and sign in Section 12.)

Mail Option: (*select one.*)
☐ Mail a check by USPS (standard delivery)
☐ Send a check overnight (fees apply; contact IA for details. **No P.O.Box;** if listed, standard delivery will apply)

Payee Name: (*select one.*)
☐ To the name(s) on my Schwab IRA account
☐ To a Third Party.

☐ **Qualified Charitable Distribution:** By checking this box, I certify that I am age 70½ or older and this distribution meets the requirements to be treated as a Qualified Charitable Distribution (QCD) under Internal Revenue Code section 408(d)(8), and the QCD payment is to be made directly from my IRA (other than an ongoing SEP or SIMPLE IRA) to a qualified charitable organization eligible to receive tax-deductible contributions.

_____
Payee Name if Third Party/Qualified Charity Name

Your name will appear as the charitable donor unless you check the following box:

☐ **I wish for this donation to be anonymous**

To Address: (*select one.*)
☐ To the address of my Schwab IRA ☐ To my IA ☐ To a third party address listed below

_____ _____
Name (*if different than payee*) **Attention To**

_____ _____ _____ _____
Street Address **City** **State** **Zip Code**

Memo (*optional: 24-character limit—applies to overnight delivery*)

Frequency of Check Distribution (Complete option A, B, or both as applicable to your request)

A. One-time distribution (Complete both options 1 and 2)

(1) This is a: ☐ **Gross distribution** (*before taxes are removed*)**. (default if no selection)** ☐ **Net distribution** (*after taxes are removed*).

(2) Distribute as: (select one)

☐ Entire cash or sweep money market fund balance.

☐ **$** _____ from my cash or sweep money market fund balance

☐ Total distribution (entire account, including cash and securities). **Note: to close your account, complete Section 8.**

B. Recurring distribution (Select and complete one – fixed or income)

☐ **Fixed Amount of $** _____ . Start Date _____ (mm/dd/yyyy) End Date _____ (mm/dd/yyyy).

If you do not provide an end date, this instruction will remain in effect until otherwise revoked.

This is a: ☐ **Gross distribution** (*before taxes are removed*)**. (default if no selection)** ☐ **Net distribution** (*after taxes are removed*).

Frequency (select one):

☐ **Weekly** ☐ **Semimonthly** _____ (1st date) _____ (2nd date) ☐ **Monthly** ☐ **Last business day of each month**

☐ **Every Two Months** ☐ **Quarterly** ☐ **Semiannually** _____ (1st date) ☐ **Annually**

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☐ **Income Payment.** Start Date _____ (mm/dd/yyyy) End Date _____ (mm/dd/yyyy). Distribute the income specified below on the last business day of the month. If you do not provide an end date, this instruction will remain in effect until otherwise revoked. Choose "All Income Plan" in Option (1) or up to three income payment options from Option (2).

(1) ☐ All Income Plan (All dividend, interest, and money market account income will be consolidated into a single payment.)

(2) Flexible Income Plan

- ☐ Dividends (includes capital gains distributions; will be consolidated into a single payment)
- ☐ Interest (includes fixed income and CDs; will be consolidated into a single payment)
- ☐ Money market income (includes Schwab One® Interest and Schwab Bank Interest; will be consolidated into a single payment)

5. Wire Funds (select one request type below)

☐ **New distribution request.** (Complete Section 5, 9, and sign in Section12. If applicable, also complete Section 7 for Required Minimum Distribution and 10 for Standing Authorization.)

☐ **Direct Rollover to a Qualified Employer Sponsored Plan.** (Complete Section 5 and sign in Section 12.)

☐ **Request to add IA/TAMP Standing Authorization only.** (Provide full wire routing details on below fields then complete Section 10 and sign in Section 12.)

Fees may apply. Ask your IA for details Recurring distributions are not available for wires. **For foreign currency wires, please use the Wire Transfer form.**

Wire type (*select one*): ☐ **Domestic** ☐ **Foreign** (wiring **U.S. dollars** outside the United States)

Receiving Bank Information (Initial Recipient)

Provide information below for the bank that will receive the funds. If the receiving bank uses an intermediary bank to process the transfer, also complete the Intermediary section. If an additional recipient will ultimately receive the funds, please also complete the "For Further Credit" section.

Receiving Bank ABA/SWIFT/BIC _____ **Receiving Bank Name** _____

Account #/IBAN at Receiving Bank _____ **Name(s) as it appears on the Account at the Receiving Bank** (*i.e. individual, trust, brokerage firm name*) _____

Address on Receiving Bank Account (Required if above recipient is different from Schwab account registration)

Street Number _____ **Street Name** _____ **Suite/Apt/Rm #** _____

City/Town _____ **State/Province/Region** _____ **Zip/Postal Code** _____ **Country** _____

Intermediary/Correspondent Bank (If applicable, if the receiving bank uses an intermediary bank)

Intermediary Bank ABA/SWIFT/BIC _____ **Intermediary Bank Name** _____ **Account Number** (*if applicable*) _____

For Further Credit (If applicable, for the Final Recipient)

Enter information below instructing the initial recipient listed above to further direct funds to the final recipient or account listed below.

Name of Final Recipient(s) (*required; i.e: individual, trust, entity name*) _____ **Further Credit Account #/IBAN** (*required; i.e escrow/plan account #*) _____

For Further Credit Address (*required for further credit and if Final Recipient is different from Schwab account registration*. ***Note: The Address of Final Recipient cannot be the address of the bank.***)

Street Number _____ **Street Name** _____ **Suite/Apt/Rm #** _____

City/Town _____ **State/Province/Region** _____ **Zip/Postal Code** _____ **Country** _____

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Request Wire Distribution (Complete both options 1 and 2). Recurring distributions are not available for wires.

A. One-time distribution

(1) Distribute as a: (select one)

☐ **Gross distribution** (*before taxes are removed*)**. (default if no selection)** ☐ **Net distribution** (*after taxes are removed*).

(2) Distribute as: (select one)

☐ Entire cash or sweep money market fund balance.

☐ **$** _____ from my cash or sweep money market fund balance

6. Electronic funds transfer with ACH

Instruction type (select one)

☐ **New instruction.** (Complete Section 6, 9, and sign in Section 12. If applicable, also complete Section 7 for Required Minimum Distribution and 10 for Standing Authorization.) **Note:** multiple external accounts always require separate forms.

☐ **Initiate a one-time transfer to/from an existing on-request instruction.** (Indicate Other Financial Institution account number below, complete Section 6B and sign in Section 12.)

☐ **Change my existing recurring request of $** _____ . (Provide Other Financial Institution account number below, complete Section 6C and sign in Section 12.)

☐ **Change direction for on-request transfer instruction.** (Provide Other Financial Institution account number below, complete Section 6A and sign in Section 12. If applicable, also complete Section 7 for RMD and 10 for Standing Authorization)

☐ **Cancel my existing recurring** ☐ **distribution of $** _____ **or** ☐ **contribution of $** _____ . (Indicate the Other Financial Institution account number(s) below and sign in Section 12.)

☐ **Terminate my existing bank link information.** (List Other Financial Institution account number(s) to be delinked/removed from your Schwab IRA below and sign in Section 12.)

☐ **Add IA/TAMP standing authorization only.** (Complete the Other Financial Institution Account Information section below then Section 10 and sign in Section 12.)

☐ **Remove standing authorization only for:** (select all that apply) ☐ IA and/or ☐ TAMP (Provide Other Financial Institution account number(s) below and sign in Section 12.)

☐ **Update my existing bank link information for Other Financial Institution account number** _____

(Complete the Other Financial Institution Account Information section below and sign in Section 12. **Note:** to maintain IA/TAMP Standing Authorization on the updated bank information, please also complete Section 10.)

By enrolling in ACH, you are establishing a standing authorization to request electronic funds transfers into and/or out of your Schwab IRA to the Other Account specified below (collectively, the "ACH Service"). This also includes the flexibility to initiate on-request transfers into and/or out of your account as needed. Generally, two business days are required to complete a transfer. Transfers from your Schwab account to your other financial institution will be debited from your Schwab account one (1) business day prior to your requested transfer date. For transfer dates that fall on a weekend or holiday, your transfer will be completed on the next business day.

Schwab Bank or Other Financial Institution Account Information and Authorization The Other Financial Institution must be an automated clearing house (ACH) member. Enter the information requested below for the account that will receive the electronic transfers from your Schwab account. The Other Financial Institution account is also referred to as an "External Account" in the ACH Terms and Conditions. When establishing a new instruction, all information fields remaining in this section are required.

NOTE: ACH is not available to pull funds into your Schwab account if you are not authorized on the Other Financial Institution Account.

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Other Financial Institution Account Information

Are you an owner on the Other Financial Institution Account? ☐ **Yes** ☐ **No**

If no, an account holder for the Other Financial Institution Account must sign and notarize this form to establish the ACH instruction.

Are the named account holder(s) and Tax ID#s on the Other Financial Institution Account identical to your Schwab account? ☐ **Yes** ☐ **No**

If yes, this instruction will be categorized by Schwab as 1st party.

If no, or if left blank, this instruction will be categorized by Schwab as 3rd party.

Name(s) on Other Financial Institution Account* (*list name as it appears at the other financial institution and if name contains initials, please provide full name.*)

ABA Transit Routing Number* **Account Number***

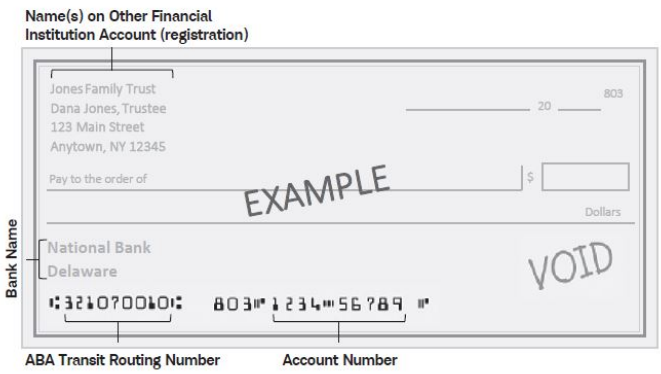
Bank Name* (*i.e National Bank Delaware*)

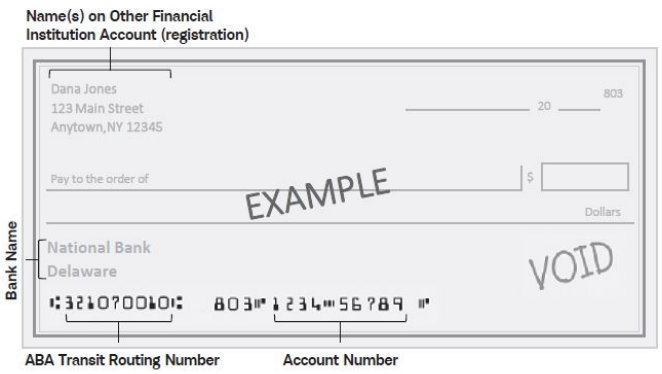
Type of Account (Select one.):

☐ **Personal Checking Account** ☐ **Corporate/Organization Checking Account**

☐ **Personal Savings Account** ☐ **Corporate/Organization Savings Account**

*To identify the ABA Transit Routing Number, Account Number and Name(s) on Other Financial Institution Account, see the below example of where this information is located on a savings deposit slip or standard check.





To verify the accuracy of the instructions you have provided, Schwab may request supplemental documentation for your account, including:

- A voided check.
- A deposit/withdrawal slip.
- An account statement from a bank or broker-dealer reflecting the account registration and number.
- A preprinted form (direct deposit form) from the other financial institution that includes the account title, account number, account type, and ABA Transit Routing Number.
- A letter from the other financial institution, on its letterhead and signed by an officer, that includes the account title, account number, account type, and ABA Transit Routing Number. For Organization accounts, this letter should include the names of the authorized account signers.

Frequency of ACH Transfer – To set up new on-request instructions, complete option A. To also request a transfer, complete option B and/or C.

A. On-Request Transfers. On-request transfers allow you the flexibility to move funds into and/or out of your account on the date and in the amount that you specify. Once you establish the ACH setup, you may also contact Schwab or log in to www.schwaballiance.com to process on-request transactions.
(Select one below, if applicable. If you do not make a selection, your account will be set up for on-request transfers into and out of your account. For SIMPLE IRA Master Accounts, select "Into my Schwab account.").

☐ Out of my Schwab account ☐ Into my Schwab account ☐ Into and out of my Schwab account

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B. One-Time (On-Request) Transfer (select all that apply)

☐ **Distribution (out of my Schwab account) – complete both options 1 and 2.**

1. Distribute as a: (select one)

☐ **Gross distribution** (*before taxes are removed*)**. (default if no selection)** ☐ **Net distribution** (*after taxes are removed*).

2. Distribution type: (select one)

☐ Entire cash or sweep money market fund balance.

☐ Cash in the amount of **$** _____ from my cash or sweep money market balance.

☐ **Contribution (into my Schwab account) for tax year** _____ **(yyyy) in the amount of $** _____ **.**

(**Note:** the following accounts are ineligible for contributions into your account: SEP IRA/SARSEP IRA, SIMPLE/Roth SIMPLE IRA participant accounts, Inherited IRA, and Inherited Roth IRA.)

C. Recurring Transfers. (Select one – fixed or income.) (Recurring transfers are not available for SIMPLE IRA Master Accounts.)

Note: If you set up recurring IRA distributions to a bank on the 1st through 4th of the month, your future January distributions may be reported for the previous tax year. To avoid this, it's suggested that you set up the distribution for the 5th or later.

☐ **Fixed Amount*** (select all that apply and complete frequency selection.)

☐ Distribution (out of my Schwab account) in the amount of **$** _____ .

Start Date _____ (mm/dd/yyyy) End Date _____ (mm/dd/yyyy)

This is a: ☐ **Gross distribution** (*before taxes are removed*)**. (default if no selection)** ☐ **Net distribution** (*after taxes are removed*).

Frequency (select one):

☐ **Weekly** ☐ **Semimonthly** _____ (1st date) _____ (2nd date) ☐ **Monthly** ☐ **Last business day of each month**

☐ **Every Two Months** ☐ **Quarterly** ☐ **Semiannually** _____ (1st date) ☐ **Annually**

☐ Contribution (into my Schwab account) beginning for tax year _____ (yyyy) in the amount of (up to the annual contribution limit) **$** _____ . Start Date _____ (mm/dd/yyyy). End Date _____ (mm/dd/yyyy)

Frequency (select one):

☐ **Weekly** ☐ **Semimonthly** _____ (1st date) _____ (2nd date) ☐ **Monthly** ☐ **Last business day of each month**

☐ **Every Two Months** ☐ **Quarterly** ☐ **Semiannually** _____ (1st date) ☐ **Annually**

*You must select one frequency option above, if you selected a fixed amount. If this application is not received in time to make the first requested transfer date, we will start on the next transfer date in the sequence. If you do not provide an end date, this instruction will remain in effect until otherwise revoked.

☐ **Income Payment**

Start Date _____ (mm/dd/yyyy). End Date _____ (mm/dd/yyyy). If you do not provide an end date, this instruction will remain in effect until otherwise revoked.

Choose "All Income Plan" OR up to three income payment options from below. Note: The maximum amount that can be transferred in a single transaction is $500,000.

☐ All Income Plan (All dividend, interest, and money market account income will be consolidated into a single payment.)

Flexible Income Plan (Choose up to three.)

☐ Dividends (Includes capital gains distributions; will be consolidated into a single payment.)

☐ Interest (Includes fixed income and CDs; will be consolidated into a single payment.)

☐ Money Market (Includes Schwab One® interest and Charles Schwab Bank, SSB ("Schwab Bank") interest; will be consolidated into a single payment.)

Frequency (Check one.) **Note**: If frequency is not provided, your account will be set up to begin paying income on the earliest available last business day of the month. Generally, your Other Financial Institution account will be credited one business day after the debit occurs.

☐ As Accrued (Your account will be debited on the first business day after the day on which income is credited to your account.)

☐ Last Business Day of the Month (Income is aggregated on the last business day of each month, and your account is debited on the first business day of the next month [excluding December].)

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7. Required Minimum Distribution (RMD)

Complete this section if you are RMD age and you wish Schwab to calculate and distribute your RMD.

Recurring ACH RMDs are recalculated automatically if you are requesting the RMD for this account only. For recurring RMDs that include outside assets or other IRAs processed through ACH, the annual RMD amount must be recalculated manually at your or your IA's request. To have Schwab recalculate your RMDs that include outside assets or other IRAs using ACH in subsequent years, please submit your updated instructions in this section each year.

If this is your first RMD request, list the tax year you are requesting.

This request is for tax year: (*yyyy*) _____

Although an RMD amount must be calculated for all your IRAs, you can take an RMD from each account, or take the full amount from a single account.

For RMDs only (Choose one):

☐ **I want Schwab to calculate my RMD with no distribution at this time.** (Continue completing this section and then go to Section 12.)

Note: RMD calculation is not available for any Inherited IRAs.

☐ **I want Schwab to calculate my RMD and distribute from this Schwab IRA only.**

A. Determining your life expectancy factor

The Uniform Lifetime Table will be used in the majority of cases. If you have a sole spouse beneficiary who is more than 10 years younger than you, the Joint Life Expectancy Table will be used.

(1) Your date of birth: (*mm/dd/yyyy*) _____

Determining if joint life expectancy applies:

(2) Is your spouse your sole beneficiary and more than 10 years younger than you?

☐ **Yes** ☐ **No**

(3) Your spouse's date of birth: (*mm/dd/yyyy*) _____

(4) Your spouse's name: _____

If you answered "No," proceed to Section B below.

B. Fair market value (FMV) adjustments

Check any of the following situations that apply to you and fill in the necessary information:

☐ If you transferred your IRA to Schwab from another firm in the current calendar year and have not yet taken the RMD for that account this year, indicate the FMV of that IRA as of December 31 of last year:
$ _____

☐ If you withdrew funds from an IRA after November 1 of the previous calendar year and subsequently rolled the funds into the IRA identified in Section 1 in the current calendar year (as a 60-day rollover), indicate the amount of the rollover:
$ _____

Note: If you remove your RMD and later recharacterize a prior-year contribution, you must recalculate your year-end FMV to include the recharacterization plus attributable earnings.

☐ If you would like your RMD calculated for IRA assets held outside of Schwab, indicate the FMV of your IRA(s) as of December 31 of last year:

Custodian Name: _____ FMV $ _____

Custodian Name: _____ FMV $ _____

Custodian Name: _____ FMV $ _____

8. Close My Account (Optional)

☐ Please close my account after full distribution of my assets as specified in Sections 3 or 4.

Investment Advisor Information Access (Optional)

After closing your account(s) listed in Section 1, your IA will continue to have access to your tax reporting information, account statements and trade confirmations.

Please provide a Non-Discretionary/Non-Trading FA Master Account for your advisor to reduce the disruption in data access during the account closure.

_____

Advisor Non-Discretionary/Non-Trading FA Master Account:

☐ **Check here if you do not wish your IA to continue to have access to your account documents.**

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AEM14391978 (1125-40BG) APP12179-34 (04/26)

9. Tax Withholding Election

Distributions treated as nonperiodic payments from your IRA (excluding those from Roth IRAs and Roth SIMPLE IRAs) are generally subject to federal (and possibly state) income tax. Even if you elect in writing not to have federal and/or state income tax withheld when permitted, you are liable for payment of federal and state income taxes on the taxable portion of your distribution. You may elect not to have federal income tax withholding apply to your distribution by entering 0% on the line of Section A. Federal Income Tax Withholding below, and signing and dating this form. If you elect not to have withholding apply to your distribution, or if you do not have enough tax withheld, you may be responsible for payment of estimated taxes. You may also incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. For more information, see IRS Publication 590-B.

Your tax withholding election will remain in effect on all distributions from this IRA until you change or revoke it. You may change or revoke your tax withholding election at any time by submitting your request to Schwab. The federal or combined federal and state withholding tax rate of 100% will not be retained for future distributions. To process a distribution with a federal or combined federal and state withholding tax rate of 100%, please request a one-time check.

Note:

- Distributions from an IRA that are payable on demand are treated as nonperiodic payments.
- Nonresident aliens are subject to a 30% tax withholding rate and must submit a valid IRS Form W-8BEN to obtain an available reduced tax treaty rate.
- Generally, Roth IRA and Roth SIMPLE IRA distributions are not taxable. Unless you have an existing election on file or elect to withhold on this form, we will not withhold taxes from your Roth IRA or Roth SIMPLE IRA distribution.

A. Federal Income Tax Withholding: Your withholding rate is determined by the type of payment you will receive.

For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% below. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions.

Complete the line below if you would like a rate of withholding that is different from the default withholding rate. See the Marginal Rate Tables on page 1 and the General Instructions on page 2 of the attached IRS Form W-4R. You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Instructions on how to best use them are included.

Enter the rate as a whole number (no decimals). _____%

Note: The attached IRS Form W-4R is for information only. You are not required to complete the IRS Form W-4R.

B. State Income Tax Withholding: State income tax withholding from your distribution may be required. In some cases, you may elect not to have withholding apply, or you may elect to increase the rate of withholding. In other cases, state income tax withholding may not be available. Refer to the State Income Tax Withholding Information sheet for specific information concerning your state's withholding rates.

While Schwab makes every effort to obtain information about state tax laws from sources believed to be reliable, Schwab cannot guarantee the accuracy or timeliness of state tax withholding information because state tax laws are subject to constant change and interpretation. We recommend that you contact your tax advisor regarding your tax withholding elections and to answer any questions that you may have.

If you do not make an election, Schwab will apply withholding (if required) at the minimum rate based on the laws for your state of residency as determined by the legal address of record on your account.

Residents of CT, MI, MN, IA and OR are required to make their election in the section specific to their state and review the state Declaration where applicable.

Choose one:

☐ **I do not want** state income tax withheld.

☐ **I want** state income tax withheld at the rate of _____% (State tax withholding must be at least your state's minimum tax rate and not more than 100% when combined with federal income tax withholding.)

Note: If you move between states with different withholding laws, Schwab will apply withholding (if required) at the rate you have provided above or at the minimum rate based on the laws for your new state of residency, whichever is greater.

CT (CT-W4P)

CT Residents: Choose one or your state minimum will be withheld.

☐ Withholding code "E" and I do not want state income tax withheld

☐ Withholding code "E" and I want state income tax withheld at the rate of _____%. (State tax withholding must be at least your state's minimum tax rate and not more than 100% when combined with federal income tax withholding.)

Declaration: I declare under penalty of law that I have examined the information provided and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for reporting false information is a fine of not more than $5,000, imprisonment for no more than five years, or both.

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MI (MI-W4P)

MI Residents: Choose one or your state minimum will be withheld.

- ☐ My distribution payments are not taxable, and I do not want state income tax withheld. (Note: Opting out may result in a balance due on your MI-1040 which may be subject to additional penalty and/or interest).
- ☐ I want state income tax withholding at the rate of _____% (State tax withholding must be at least your state's minimum tax rate and not more than 100% when combined with federal income tax withholding.)

MN (MN-W4P)

- ☐ I want state income tax withholding at the rate of _____% (State tax withholding must be at least your state's minimum tax rate and not more than 100% when combined with federal income tax withholding.)

MN Residents Declaration: I certify that all information provided is correct.

IA (IA-W4P)

IA Residents: Choose one or your state minimum will be withheld.

- ☐ I do not have any pension or annuity income subject to Iowa income tax (Note: Withholding is not required for a retirement or IRA distribution to qualifying individuals who are 55 years of age or older, disabled, or a surviving spouse of an individual who would have qualified.)
- ☐ I want state income tax withholding at the rate of _____% (State tax withholding must be at least your state's minimum tax rate and not more than 100% when combined with federal income tax withholding.)

Declaration: I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this document, and, to the best of my knowledge and belief, it is true, correct, and complete.

OR (OR-W4P)

OR Residents: If you opted out of Federal income tax withholding, state income tax withholding is deemed as opting out. Otherwise, choose one of the elections below or your state minimum will be withheld. If you choose to withhold state tax you must select one of the options below.

- ☐ I certify my income is exempt from withholding and I meet the conditions for exemption (See Form OR-W-4 Instructions).
  - Enter your exemption code _____ (see Form OR-W-4 Instructions)
  - Write "Exempt" _____
- ☐ I want state income tax withholding at the rate of _____% (State tax withholding must be at least your state's minimum tax rate and not more than 100% when combined with federal income tax withholding.)

Declaration: Under penalty of false swearing, I declared the information provided is true, correct and complete.

10. Investment Advisor ("IA") and Turnkey Asset Management Provider ("TAMP") Authorization (Optional)

Please select all that apply and initial below only if you want your IA and/or your TAMP to initiate distributions or contributions on your behalf as indicated in this form. You must initial below (an "X" is not sufficient). You may revoke this authorization by notifying Schwab. Note: You may not grant authority to your IA and/ or TAMP to move funds into your Schwab account if you are not an account owner on the Other Financial Institution account. **IAs and TAMP are not permitted to initiate ACH transactions for SIMPLE IRA Master Accounts.**

- ☐ **This authorization is for my IA. Account Holder Initial** _____
- ☐ **This authorization is for my TAMP. Account Holder Initial** _____

I have authorized my IA and/or TAMP, and I instruct Schwab to permit my IA and/or TAMP to transfer cash and/or securities into/out of my account in accordance with instructions I have designated on this form. IA's and/or TAMP's authority does not include designating or changing the identity of the payee(s), the address, or any other information about the payee(s) designated. I agree to indemnify and hold harmless Schwab, its affiliates, and their directors, officers, employees, and agents from and against all claims, actions, costs, and liabilities, including attorneys' fees, arising out of or relating to: (1) their reliance on this standing authorization and (2) Schwab's execution of my IA's and/or TAMP's instructions.

If I have selected the ACH Service, IA's and/or TAMP's authority includes giving Schwab instructions on my behalf and changing existing instructions regarding the amount or frequency of transfers for one-time (on-request) transfers and recurring transfers, stopping transfers, and canceling ACH and reestablishing it within 60 days of cancellation. IA's and/or TAMP's authority does not include authority to designate or change the destination of the transfer, the account number of the destination account, the address, or any other information about the destination contained in the client's instruction.

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11. Important Information About Your Distribution

Withdrawal of Assets

You may withdraw assets—funds or securities—from a Traditional/Rollover IRA, Roth IRA, Inherited IRA, Inherited Roth IRA, SEP/SARSEP IRA, or Roth SIMPLE IRA, or Traditional SIMPLE IRA at any time.

Taxation of IRAs

For more information, see IRS Publication 590-B or consult a tax advisor. In general, qualified withdrawals from a Roth or Roth SIMPLE IRA (including contributions and investment earnings) and distributions of the nondeductible contributions to a Traditional/Rollover IRA , Roth IRA and Roth SIMPLE IRA are free from federal income tax. All other IRA distributions, including deductible contributions and investment earnings, are subject to federal (and possibly state) income tax at ordinary income tax rates.

Rollover Exception. If you make a withdrawal from your IRA, you have 60 days from the date of the withdrawal to roll the same assets back into an IRA (at Schwab or elsewhere) in order to avoid taxes and penalties on the amount withdrawn. The rollover must be made into the same kind of IRA (e.g., a distribution from a Roth IRA may be rolled over only into another Roth IRA, not a Traditional IRA). You may do this only once in a rolling 12-month period. Rollovers are not allowed with Inherited IRAs; therefore, the 60-day rollover rule does not apply.

Early Withdrawal Penalty. If you are not yet age 59½, a 10% early withdrawal penalty applies to the taxable portion of distributions from the Traditional/Rollover IRA, Roth IRA, SEP/SARSEP IRA, Roth SIMPLE IRA, or Traditional SIMPLE IRA unless the distribution qualifies for an exception to the penalty. In the case of a Roth SIMPLE or Traditional SIMPLE IRA the penalty increases from 10% to 25% for a distribution made within the first two years after the account is established.

Exceptions to the Early Withdrawal Penalty. The 10% penalty described above will not apply if the distribution is:

(1) used for qualified higher education expenses, qualified home purchase expenses, certain medical expenses, or certain health insurance expenses during periods when you are unemployed;
(2) made after your death or disability;
(3) paid in substantially equal payments over your life or life expectancy;
(4) paid on account of an IRS levy;
(5) a qualified reservist distribution;
(6) a birth/adoption excise tax exception;
(7) a federally declared disaster;
(8) domestic abuse; or
(9) an emergency expense.

If you convert your Traditional/Rollover IRA to a Roth IRA, the taxable portion of your Traditional IRA is not subject to the 10% penalty regardless of your age at the time of the conversion.

Repayment of Certain Penalty Free Distributions

For birth/adoption, federally declared disaster, domestic abuse or emergency expense distributions you have three years to repay the distribution.

Generally, the three year time frame starts the day after the distribution is received.

Required Minimum Distributions. When you reach the RMD age, you are required to begin taking distributions from your Traditional/Rollover IRA. This is not required for a Roth IRA or Roth SIMPLE IRA. Inherited IRAs, including Roth Inherited IRAs, have different RMD rules. For more information, consult your investment advisor or IRS Publication 590-B.

ACH Accounts (if applicable). You authorize Charles Schwab & Co., Inc. to direct transfers of money electronically according to the instructions outlined on this form to or from your Schwab account to your bank or Other Financial Institution Account as designated above, and authorize that bank or Other Financial Institution to credit and/or debit the same to such accounts, subject to the applicable terms and conditions contained in this form, your Schwab Account Agreement, and the Electronic Funds Transfer Terms and Conditions, which you will receive separately once you are enrolled in the ACH Service. You acknowledge that Schwab may rely on the account information you provide and shall have no obligation to verify additional recipient account registration information.

This standing authorization will remain in effect on your Schwab IRA until Schwab terminates the ACH Service or has received notification from you (or any of the account holders, IA, or TAMP) of termination in such time and in such manner as to allow Schwab and your other bank or financial institution a reasonable opportunity to act on it.

Custodial Accounts. If this is a custodial account, you acknowledge and agree that any funds or securities transferred out of the account, and into the account of the custodian or other account, shall be used or applied solely for the benefit of the minor.

Disbursement Authorization. If you have indicated on this form that your IA and/or TAMP will have disbursement authority over your account, you authorize Schwab to accept instructions from your IA and/or TAMP to transfer assets from your Schwab IRA to the account at the designated Other Financial Institution. IA's and/or TAMP's authority includes giving Schwab instructions on your behalf. If you have selected ACH Service, IA's and/or TAMP's authority also includes changing existing instructions for one-time (on-request) transfers and recurring transfers, stopping transfers, and canceling the ACH Service (and reestablishing it within 60 days of cancellation). IA's and/or TAMP's authority does not include requesting disbursements to other Schwab accounts or Other Financial Institution Accounts not identified above.

Termination of Authorizations (if applicable). The IA and/or TAMP authorization you have granted in this form will remain effective until you or IA and/or TAMP have revoked or terminated it by giving notice to Schwab, either by mail, telephone, facsimile, telegraph, messenger, electronic mail, voice mail, or otherwise, provided, however, that Schwab reserves the right to require written notice or confirmation that such authorization has been terminated or revoked. You understand that you may revoke or terminate the authorization conferred herein at any time. Unless revoked or terminated by you or IA and/or TAMP, authorization conferred herein to IA and/or TAMP shall continue to apply to IA's and/or TAMP's successors or assigns. Such revocation will not affect your obligation resulting from transactions initiated prior to Schwab's receipt of such notice. You understand that if Schwab terminates its service agreement with IA and/or TAMP, Schwab will not be obligated to honor any further instructions from IA and/or TAMP; you will have exclusive control over, and responsibility for, your account; and unless Schwab notifies you otherwise, your account will become a Schwab retail IRA subject to all terms and conditions applicable thereto, including fees and commissions for investment products and other services available to Schwab retail customers. Schwab will notify you as soon as reasonably possible after any such termination.

Indemnification for Authorizations (if applicable). You agree to indemnify and hold harmless Schwab, its affiliates, and their directors, officers, employees, and agents from and against all claims, actions, costs, and liabilities, including attorneys' fees arising out of or relating to (1) their reliance on authorizations granted in this form and (2) Schwab's execution of IA's and/or TAMP's instructions.

IMPORTANT DISCLAIMER: This summary is intended to provide a general statement of the rules affecting withdrawals from IRAs and is not intended to provide specific guidance. The rules affecting withdrawals from IRAs are complex and subject to change. Please consult your own financial, tax, or legal advisor regarding the application of the rules regarding your particular situation before requesting a distribution. For more information see IRS Publication 590-B.

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12. Authorization to Transfer Funds

Please distribute/contribute cash and/or securities into/out of my IRA in the manner and for the reasons stated above. I certify that the information on this form is correct. Schwab may rely on my certification without further investigation or inquiry.

Note: If Section 4 (mail to a different address or payable to a third party) or Section 6 is completed and if no federal or mandatory state income tax withholding is selected in Section 9, or if this is a first-time distribution request from this account, the account holder must sign below. The IA and/or TAMP may sign if the distribution method in Section 3 indicates a first-party internal transfer (journal) to a Schwab account or in Section 4, a first-party check mailed to the address listed on this account, and the advisor has check and internal transfer disbursement authority. The IA and/or TAMP may also sign if the distribution method in Section 5 indicates a first-party wire and the advisor has first-party wire disbursement authority. In other cases, the IA and/or TAMP may sign if the account holder has previously granted disbursement authority to the IA and/or TAMP in Section 10.

A. By signing below, I acknowledge that I have read and I understand the information in Section 11 of this form. I authorize Schwab to distribute/contribute cash and/or securities from my IRA according to the elections I made on this form, and I certify that (1) the information on this form is correct and (2) Schwab may rely on my elections and certification without further investigation or inquiry.

B. **ACH Authorization—Terms for Schwab account holders.** By signing this Agreement, I am signing up for the ACH Service (the "Service"). Terms and conditions for the Service will be sent to me when this form is processed. Those terms and conditions will govern all transactions initiated under the Service, and my use of such Service will confirm that I have received, reviewed, and agreed to be bound by the terms and conditions, including, without limit, any amendments, until I cancel the Service as described in the terms and conditions.

I represent and warrant that I have the authority, acting individually and without notice to any other account holder, to submit the enrollment request to Schwab as fully and completely as if I were the sole account holder of the Schwab account and the outside account and that all other owners of the account have authorized me to submit this request to Schwab. I hereby agree to indemnify and hold Schwab harmless from and against any loss, claim, damage, or liability arising out of or resulting from any action taken by Schwab in reliance upon this representation and warranty that Schwab in good faith accepts as genuine.

✘ _____ _____

Signature: Account Holder **Today's Date** (*mm/dd/yyyy*)

_____

Print Name

✘ _____ _____

Signature: Investment Advisor or Turnkey Asset Management Provider (if applicable and so authorized) **Today's Date** *(mm/dd/yyyy)*

_____

Print Name

Please note: for ACH requests, signature and notary required on the next page for the Other Financial Institution Account Holder

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ACH Authorization—Terms Relating to the Other Financial Institution account. My signature below authorizes Schwab to (1) initiate credit entries to my account indicated on this form (the "Other Account") and credit that account; (2) initiate debit entries to the Other Account and debit that account; (3) initiate reversals to the Other Account of erroneous or duplicate credit or debit entries and credit or debit such account as appropriate; and (4) inquire from any source, including a consumer reporting agency, as to my identity or creditworthiness. This authorization will remain in full force and effect until Schwab receives written or verbal notification from me (or any of us) of its termination. Schwab may request a written confirmation if the notification is provided verbally. Schwab must receive this notification in a time and manner so as to give Schwab and the Other Financial Institution a reasonable opportunity to act on it.

SIGNATURE REQUIREMENTS:

If you indicated in section 6 that you are not an owner on the Other Financial Institution Account, at least one party authorized on the Other Financial Institution Account must complete this section, sign, and also notarize below.

✘ _____ _____

Signature: Other Financial Institution Account Holder **Today's Date** *(mm/dd/yyyy)*

_____ _____

Print First Name **Print Last Name**

_____ _____

Email Address of Other Financial Institution Account Holder **Phone Number**

An email address or phone number is required. Please note, if an email address or phone number is not provided for the Other Financial Institution account holder, this request will not be processed. Charles Schwab & Co., Inc. will only use the provided email or phone number to contact the Other Financial Institution account holder if the ACH instruction cannot be processed.

The Other Financial Institution Account Holder signature must be notarized.

Certificate of Acknowledgment of Notary Public*

_____ , _____ , _____ ,

State of **in the County of** **On** (*mm/dd/yyyy*)

the above-named individual(s) personally appeared before me and proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY that the foregoing paragraph is true and correct.

✘ _____ _____

Signature: Notary **Today's Date** (*mm/dd/yyyy*)

_____ _____

Print Notary Name **My Commission Expires** (*mm/dd/yyyy*)

*If your state law permits, notaries may attach the appropriate notarizing declaration in lieu of this notarization.

(NOTARY SEAL)

For faster processing and approval of money movement requests, ask your Advisor about eAuthorization.

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State Income Tax Withholding Information for Individual Retirement Accounts

This general information is provided to help you understand state income tax withholding requirements for Individual Retirement Account distributions. **While Schwab makes every effort to obtain information about state tax laws from reliable sources, Schwab cannot guarantee the accuracy or timeliness of state tax withholding information because state tax laws are subject to constant change and interpretation. Please make sure to properly estimate your withholding rate based on your tax status. You will be responsible for any under-withholding when you file your tax return. We recommend that you contact your tax advisor regarding your tax withholding elections or making estimated tax payments, and to answer any questions that you may have regarding your state's withholding laws.**

If your state of residency is:	Your withholding options are:
KS, MA[2], ME, NE, VT	If you have federal income tax withheld, Schwab is required to withhold state income tax. If you do not have federal income tax withheld, you may optionally elect to have state income tax withheld. You may provide a percentage amount equal to or greater than your state's withholding requirements; otherwise Schwab will automatically apply your state's applicable withholding requirements.
AR, CA, DE, IA, MI, MN, NC, OK, OR	If you have federal income tax withheld, Schwab is required to withhold state income tax unless you specifically elect not to have state income tax withheld. You may provide a percentage amount equal to or greater than your state's withholding requirements; otherwise Schwab will automatically apply your state's applicable withholding requirements.
AL, AZ, CO, CT[4], DC[1], GA, ID, IL, IN, KY, LA, MD, MO, MS[3], MT, ND, NJ, NM, NY, OH, PA, RI, SC, UT, VA, WI, WV	State income tax withholding is voluntary regardless of whether or not you have federal income tax withheld. Schwab will withhold state income tax only if you instruct us to do so.
AK, FL, HI, NH, NV, SD, TN, TX, WA, WY	State income tax withholding is not available. Schwab will not withhold state income tax even if you elect to withhold state income tax.

If your state of residency is:	Your tax rate is:
AR, VT	3%
CA	1%
DC[1]	10.75%
DE, KS, MA[2], ME	5%
IA	3.8%
MI	4.25%
MN	6.25%
MS[3]	4%
NC	4%
NE	3.5%
OK	4.75%
OR	8%
AL, AZ, CO, CT[4], GA, ID, IL, IN, KY, LA, MD, MO, MT, ND, NJ, NM, NY, OH, PA, RI, SC, UT, VA, WI, WV	There is no mandatory tax rate since these states are voluntary withholding states.
AK, FL, HI, NH, NV, SD, TN, TX, WA, WY	State income tax withholding is not available.

Schwab may be required to withhold state tax from your distribution based upon state tax law for your state of residency. Your state of residency is determined by the legal address of record on your account. In some cases, you may elect not to have withholding apply, or you may elect to increase the rate of withholding. In other cases, state tax withholding is not available. Please refer to the chart above.

1 DC - State income tax withholding is required on lump sum distributions, and opting out of state withholding is not allowed.

2 MA - On distribution amounts exceeding the aggregate amount of $1,083,150, withholding of 9% may be required.

3 MS - Income tax state withholding is required on early and excess distributions.

4 CT - As of January 1, 2025, CT income tax withholding is required for other (non-lump sum) distributions only if the payee requests it. Additionally, CT suspends income tax withholding requirement on lump sum distributions from July 1, 2025, through December 31, 2026.

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AEM15769898 (0426-WUKA) REG34287-14 (04/26)

Form **W-4R**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

Give Form W-4R to the payer of your retirement payments.

OMB No. 1545-0074

2026

1a First name and middle initial	Last name	1b Social security number

Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2	Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	**2**	%

Sign Here

Your signature (This form is not valid unless you sign it.) **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to *www.irs.gov/FormW4R*.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2026 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	**Tax rate for every dollar more**	*Total income over—*	**Tax rate for every dollar more**	*Total income over—*	**Tax rate for every dollar more**
$0	**0%**	$0	**0%**	$0	**0%**
16,100	**10%**	32,200	**10%**	24,150	**10%**
28,500	**12%**	57,000	**12%**	41,850	**12%**
66,500	**22%**	133,000	**22%**	91,600	**22%**
121,800	**24%**	243,600	**24%**	129,850	**24%**
217,875	**32%**	435,750	**32%**	225,900	**32%**
272,325	**35%**	544,650	**35%**	280,350	**35%**
656,700*	**37%**	800,900	**37%**	664,750	**37%**

*If married filing separately, use $400,450 instead for this 37% rate.

General Instructions *(continued)*

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering "-0-" on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including "-0-") on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2026, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including "-0-"). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying "hardship" distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions;
- Qualified long-term care distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter "-0-" on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for "Social security number."

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter "-0-".

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be $20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be $70,000 without the payment. Step 1: Because your total income without the payment, $70,000, is greater than $66,500 but less than $121,800, the corresponding rate is 22%. Step 2: Because your total income with the payment, $90,000, is greater than $66,500 but less than $121,800, the corresponding rate is 22%. Because these two rates are the same, enter "22" on line 2.

Example 2. You expect your total income to be $60,000 without the payment. Step 1: Because your total income without the payment, $60,000, is greater than $28,500 but less than $66,500, the corresponding rate is 12%. Step 2: Because your total income with the payment, $80,000, is greater than $66,500 but less than $121,800, the

corresponding rate is 22%. The two rates differ. $6,500 of the $20,000 payment is in the lower bracket ($66,500 less your total income of $60,000 without the payment), and $13,500 is in the higher bracket ($20,000 less the $6,500 that is in the lower bracket). Multiply $6,500 by 12% to get $780. Multiply $13,500 by 22% to get $2,970. The sum of these two amounts is $3,750. This is the estimated tax on your payment. This amount corresponds to 19% of the $20,000 payment ($3,750 divided by $20,000). Enter "19" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

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The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.