

QUALIFIED PLAN ACCOUNT DISTRIBUTION REQUEST

Institutional Advisor Services



SECTION 5: Withholding

IMPORTANT for withholding on in-kind security distributions:

There must be a sufficient cash balance to cover the withholding amounts specified. For withholdings specified as a percentage, the withholding amounts will be calculated on the gross cash amount plus the value of in-kind securities.

SECTION 5: Withholding Continued

A. FEDERAL WITHHOLDING

Select one:

Withhold federal income tax of _____% or \$ _____ from the amount distributed. *Note: The total must be no less than 20% unless your reason is Financial Hardship, Disability, or your amount is a RMD.*

I elect not to have any federal income tax withheld.

IMPORTANT: If no selection is made, federal tax withholding of 20% will be withheld. If your reason is Financial Hardship, Disability, or your amount is a RMD, you can elect to withhold an amount under 20% or elect not to have federal income tax withheld. If your distribution type has mandatory withholding requirements, federal withholding may be processed even if the 'I elect not to have federal income tax withheld' box is checked.

Even if you elect not to have tax withheld, you are liable for payment of income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your withholding or payments of estimated tax, if any, are not adequate.

B. STATE WITHHOLDING

IMPORTANT: For a list of states available for withholding and their withholding rules, refer to the Axos Advisor Services Withholding Information document found online at www.axosadvisorservices.com. *Note: The account's legal address of record at the time of the distribution determines the state withholding requirements.*

Select one:

Withhold state income tax of _____% or \$ _____ from the amount distributed for the state listed in the address of record. *Note: Amounts will be rounded to the nearest whole dollar.*

I elect not to have state income tax withheld.

If your state has mandatory withholding that allows you to opt out after certain conditions are met, please consult your tax advisor prior to checking the 'opt out' box on the distribution form to ensure that you have met the conditions.

SECTION 6: Systematic Distribution Frequency

Select one:

Systematic distribution. Provide the schedule information below.

Month to Begin Distributions Day of Month to Withdraw Distribution

Note: For annual Systematic RMD distributions, beginning in January, please select a date later than January 16, in the above field.

Frequency of Distributions

Select one: Monthly Quarterly Semi-annually Annually

SECTION 7: Distribution Method

Select all that apply:

IMPORTANT: Funds sent overnight, check, or wire may be subject to a fee, which will be deducted from your account balance. Your Investment Advisor can provide you with fee information regarding this transaction.

By electronic transfer. *Note: Allow 1-2 business days for delivery from the processed date for ACH, and the same or next business day for*

wires.

Select one: By ACH By Wire (fee may apply)

Select one: Checking account Savings account

Voided check provided in lieu of bank information

Axos Advisor Services Account Number

SECTION 7: Distribution Method Continued

Bank Name

ABA (Routing) Number

Name on Bank Account

Account Number

By check *Note: Allow 10 business days for delivery. Check fee may apply.*

Note: Allow 10 business days for check delivery. If no payment or mailing instructions are provided in Section 7, the address of record will be used as default instructions. Check fee may apply.

Select if applicable:

Send check via overnight delivery (not available for P.O. Box addresses). Fee may apply.

Select one:

- To the account owner (participant) at the address on record
 To the account owner (participant) at the address below
 To the third party payee at the address below

Payable To

For the Benefit of (FBO) if applicable

Mailing Address

City State Zip

By transfer/direct rollover. Move the requested cash specified in Section 4 into the account listed below.

Axos Advisor Services Account, if applicable:

Note: If the receiving account is not an existing account, include the appropriate Axos Advisor Services account application.

Select one: New account Existing account

Axos Advisor Services Account Number

Account Type

Account Title

Other Institution and address if applicable:

Name of Institution

Account Title

Account Number

Account Type

For the Benefit of (FBO) if applicable

Mailing Address

City State Zip

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IMPORTANT: If you want to make a direct rollover into your qualified plan account, please provide your written instructions as well as a signed acceptance letter from the qualified plan's authorized trustee or administrator.

SECTION 7: Distribution Method Continued

By security delivery. Re-register and/or deliver the securities designated in Section 4 as a distribution from my qualified plan. *Note: Must be in participant's name only.*

Deliver To _____

Participant Name _____

Social Security Number _____

Mailing Address _____

City _____ State _____ Zip _____

Note: Allow approximately four to six weeks to process distributions of securities in certificate form. Certificates of deposit, treasuries and some mutual funds and securities cannot be delivered in certificate form.

SECTION 8: Participant Signature

Although the participant and trustee of a Solo (k) can be the same individual, that individual must sign as both participant and trustee.

I certify that I am the proper party to receive payment(s) from this qualified plan account and that all information provided and the Plan Trustee is true and accurate. I further certify that no tax advice has been given by Axos Advisor Services. All decisions regarding this withdrawal are my own. I expressly assume the responsibility of any adverse consequences which may arise from the withdrawal and I agree that Axos Advisor Services shall in no way be held responsible.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law, and that in the event an ACH entry is incorrect, Axos Advisor Services reserves the right to submit correcting entries.

By signing, I hereby agree to indemnify and hold harmless Axos Advisor Services, their successors and assigns, from and against any losses, claims, liabilities, damages, actions, charges, and expenses including attorney fees, resulting from Axos Advisor Services compliance with this request, including but not limited to transfer to another party.

I hereby request payment from the qualified plan designated above in the manner indicated. In addition, if I am eligible to waive the notice requirements under Sections 402(f), 417 and 411(a)(11) of the Internal Revenue Code, I hereby waive the 30 day notice period.

I certify that all information provided by me is true and accurate, and I agree to submit additional information if requested by the Plan Administrator (employer), financial organization (Prototype Sponsor), or any Plan fiduciary. No tax advice has been given by either the Plan Administrator or Prototype Sponsor. All decisions regarding this distribution are my own. I expressly assume the responsibility for any adverse consequences which may arise from this distribution and I agree that the Plan Administrator, Prototype Sponsor, and any Plan fiduciary shall in no way be responsible for those consequences.

Participant Signature _____ Date _____

Print Name _____

Axos Advisor Services Account Number

SECTION 9: Plan Trustee or Administrator Affirmation

Important: Required for all distribution requests.

I am authorized to act individually, on behalf of the Plan Trustee or Administrator named below, with respect to providing the required affirmation. I hereby approve the requested distribution from this Qualified Plan account, including a divorce transfer, if applicable.

I certify that the spouse of the participant named above has consented to waive their right for benefits paid in the form of a Qualified Joint and Survivor Annuity.

Plan Trustee or Administrator Signature _____ Date _____

Print Name _____

Plan Title _____

SECTION 10: Divorce Certification, if applicable

Note: All information and required signatures must be submitted on one form. Do not send a copy of the Qualified Domestic Relations Order (QDRO) to Axos Advisor Services.

We, the Account Owner and the undersigned Account Owner's former spouse, hereby request the transfer of cash and/or assets to the retirement account of the former spouse. The cash and/or asset amounts indicated on this form have been agreed to by both the Account Owner and the Account Owner's former spouse and the amounts are in accordance with the QDRO. We attest that the requested transfer meets all requirements of law and Axos Advisor Services plan documents. We agree to indemnify and hold Axos Advisor Services harmless from and against any and all claims including, but not limited to, damages, court costs and legal fees resulting from reliance or action taken in reliance upon the information provided on this form as received by Axos Advisor Services and that Axos Advisor Services bears no responsibility for verifying the accuracy of the transfer instructions provided to it.

Former Spouse Name _____

Social Security Number _____ Date of Birth _____

Former Spouse Signature _____ Date _____

Account Owner Signature _____ Date _____

- End of Form -

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General Instructions

Use these instructions to complete the Qualified Plan Account Distribution Request form.

Purpose of this form. This form is required to request a one-time distribution from a qualified plan by ACH, check, or wire, internal transfer to another Axos Advisor Services account, or distribution of securities directly to the participant. It is also required to establish, change, or cancel a systematic distribution from a qualified plan account. *Note: Only one set of instructions should be submitted on this form.*

Important: If you are a beneficiary of a qualified plan account and are requesting a distribution due to death, complete the Beneficiary Distribution Request form.

Important: This form cannot be used to transfer assets from a qualified plan account at Axos Advisor Services to an account at another trustee or custodian. Use the new custodian's transfer form to complete this type of action. An affirmation signed by your plan trustee approving the transfer is required either by letter of instruction or on the new custodian's paperwork. *Note: You must include the participant's name, social security number, address and date of birth on the transfer paperwork.*

Distribution fees. There may be fees associated with your distribution request, including but not limited to:

- Wire fees
- Check fees
- Overnight mail fees

Important: Applicable distribution fees will be deducted from your account balance. *Note: For information on distribution fees for this request, contact your Investment Advisor.*

All fields are required unless noted. All fields are required unless designated as 'if applicable'. 'If applicable' indicates the section or entry is required if certain conditions apply. These conditions are outlined in detail in these instructions.

You must **complete all required fields and provide all required additional forms and documentation** to expedite processing and to avoid requests for additional information.

Print or type all entries. Print clearly in all CAPITAL LETTERS to complete this form. To type entries, a fillable PDF of this form can be found online at www.trustamerica.com/advisor-forms.

Section 1: Request Type

Check the appropriate box to indicate the type of action you want to take with this form. *Note: Allow up to 7 days from receipt of this form by Axos Advisor Services for the systematic distribution to be activated, changed, or cancelled.*

Establish or Change Provide account information in Section 2 and information to be changed in Sections 4, 5, 6, and 7 as applicable.

Cancel Select which type of systematic distribution should be cancelled. If the account has more than one systematic distribution, indicate the distribution amount and the withdrawal schedule of the systematic distribution to cancel.

Important: Axos Advisor Services will only accept one type of request per form. To provide a one-time distribution request and systematic distribution instructions, submit two forms.

Section 2: Account

A. Account Type

Check the box indicating the retirement account type, select if it is an existing or new account, and provide the name of the plan. For an existing account, provide the Axos Advisor Services account number. For a new account, provide the appropriate Axos Advisor Services account application with this form.

B. Participant Information

Enter the participant information for this account to facilitate tax reporting on your Axos Advisor Services account. For new accounts, enter the account name exactly as it is written on the application form.

Section 3: Reason for Distribution

Your qualified plan account is governed by the Plan documents. The Plan documents outline when and why you may take distributions from the account.

Important: The signature of your Plan Trustee or Plan Administrator is required in Section 9 to approve the distribution from the Plan.

Even with a signature granting approval, the reason for distribution must be completed for IRS reporting purposes. In most situations, Axos Advisor Services is required to issue a Form 1099-R for distributions from your qualified plan account. Depending on the nature of the distribution, the distribution may or may not be taxable.

Note: For additional information on approved reasons for distributions and their tax consequences, consult your employer or tax advisor.

Select one of the following distribution reasons.

- **Normal** Also used for Required Minimum Distribution (RMD) or if you intend to rollover the distribution to another retirement account within 60 days.
- **Separation from service** Use if you are no longer employed by the organization.
- **Financial hardship** Your Plan Trustee or Plan Administrator confirms if you have met the established financial hardship guidelines of your plan.
- **Disability** (under age 59½; not subject to 10% early withdrawal penalty) Under Internal Revenue Code an individual is deemed to be disabled if "he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration." *Note: The Social Security definition of disability does not apply here. Proof of disability may be required by the IRS. The 10% early withdrawal penalty is not imposed on distributions taken due to disability that meets the IRS definition.*
- **Divorce** (under age 59½, not subject to 10% early withdrawal penalty, one-time distribution only) Use this method to move all or a portion of your qualified plan account to a former spouse under a Qualified Domestic Relations Order (QDRO). *Note: Delivery method must be by internal transfer/direct rollover to a Axos Advisor Services account.*
Important: A divorce transfer requires your former spouse to complete their personal information and sign in Section 10. You must also sign as account owner in Section 10 (in addition to your signature in Section 8). *Note: All information and required signatures must be submitted on one form. Do not send a copy of the QDRO to Axos Advisor Services.*
- **Plan Termination** The Plan Trustee has notified the plan participants that the plan has terminated.

Section 4: Distribution Amount

Complete either the full distribution instructions in Section 4A or the partial distribution instructions in Section 4B.

Liquidate assets for cash distribution. To liquidate assets for a full or partial distribution in cash, contact your Investment Advisor to initiate any liquidations required. If your Investment Advisor needs to liquidate assets to cover the requested cash, the distribution will not be processed until the settlement date for the sells. *Note: If you request to liquidate an asset that cannot be liquidated, we will return the paperwork to your Investment Advisor for clarification and no action will*

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be taken on the request.

A. Full Distribution Instructions, if applicable

For full distributions, select the Full Cash Distribution or the Full In-Kind Distribution checkbox. *Note: Distributions requiring the liquidation of assets will be processed after all liquidating trades have settled.*

Important: If you are requesting a full distribution, all systematic distributions for the account will be stopped upon receipt of this distribution request.

B. Partial or Systematic Distribution Instructions, if applicable

For partial or systematic distributions, select the appropriate type of distribution and provide the requested information, if applicable.

- **Gross cash amount.** The gross cash amount is the amount before any tax withholding has been applied. Provide the gross cash amount for any distribution reason, including requesting a RMD amount that has been calculated by you or your tax advisor. *Note: For a systematic distribution, enter the gross cash amount to withdraw each period.*
- **Net Cash Amount.** The net cash amount is the amount after any tax withholding has been applied. Provide the net cash amount for any distribution reason, including requesting a RMD amount that has been calculated by you or your tax advisor. *Note: for a systematic distribution, enter the net amount to withdraw each period.*
- **Required Minimum Distribution (RMD) amount.** Axos Advisor Services will calculate your RMD amount based on the information provided in this section. *Note: May be delivered one-time or by a systematic distribution.*

Full RMD amount. Axos Advisor Services will calculate and distribute the total RMD amount for the year. *Note: Any previous distributions for the year will be ignored.*

Remaining RMD balance. Axos Advisor Services will calculate the total RMD amount for the year, subtract any previous distributions for the year, and distribute the remaining amount.

Important: The RMD calculation will be based on the information available to Axos Advisor Services. The account owner is responsible for notifying Axos Advisor Services if there are any outstanding rollovers, outstanding transfers, or conversion recharacterizations that are not reflected on the previous year-end statement.

Important: Axos Advisor Services will calculate the RMD using the Uniform Lifetime Table unless the sole beneficiary is a spouse more than 10 years younger than the account owner. If the spouse beneficiary is more than 10 years younger, Axos will calculate the RMD using the Joint Life Expectancy Table.

- **Prior Year-end Value.** If the account was custodied at a prior custodian on December 31 prior to transfer to Axos Advisor Services, please provide the prior year-end value to calculate the RMD.
- **Partial security shares in-kind.** Provide the number of shares and the security description and symbol, if available. *Note: The value of the distribution, including securities, is determined as of the closing price on the business date the distribution is issued. Certificates of deposit, treasuries, and some mutual funds and securities cannot be delivered in certificate form.*

More than two securities. For a partial distribution, if there are more than two securities being requested, list the information for the additional securities on a separate piece of paper and check the 'Additional securities information attached' checkbox at the end of the section.

Section 5: Withholding

Important: The distributions you receive from your qualified plan account are subject to federal and possibly state income tax. Even if you elect not to have tax withheld, you are liable for payment of income

tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your withholding or payments of estimated tax, if any, are not adequate. *Note: For additional information, consult your tax advisor or the IRS concerning your withholding election.*

A. Federal Withholding

Check the box indicating the federal withholding and the percent or amount to be withheld or specify that you want no Federal tax withheld.

Important: If no selection is made, federal tax withholding of 20% will be withheld. If your reason is Financial Hardship, Disability, or your amount is a RMD, you can elect to withhold an amount under 20% or elect not to have federal income tax withheld. If your distribution type has mandatory withholding requirements, federal withholding may be processed even if the 'I elect not to have federal income tax withheld' box is checked.

B. State Withholding

Check the box indicating the state withholding and the percent or amount to be withheld or specify that you want no state tax withheld. *Note: All state withholding will be rounded to the nearest whole dollar. The account's legal address of record at the time of the distribution determines the state withholding requirements.*

Important: State withholding is not available for all states. For a list of states available for withholding and the withholding rules by state, refer to the TCA Withholding Information document found online at www.trustamerica.com/advisor-forms.

Important: If your state has mandatory withholding requirements, state withholding (including withholding on distributions) may be processed even if the 'I elect not to have state income tax withheld' box is checked or no state withholding box is checked.

Withholding on in-kind security distributions. For in-kind security distributions, there must be a sufficient cash balance to cover the withholding amounts specified. For withholdings specified as a percentage, the withholding amounts will be calculated on the gross cash amount plus the value of in-kind securities.

Section 6: Distribution Frequency

Select the appropriate distribution frequency.

Systematic distribution. Select the Systematic Distribution checkbox and complete the schedule information.

Important: Your first distribution may be delayed to the next scheduled date if this form is received less than 8 days before your first requested withdrawal.

Note: Systematic distributions will be withdrawn from the models in the account according to the account's model distribution percentages.

Section 7: Distribution Method

Select the appropriate distribution method.

Important: Funds sent via overnight, check, or wire may be subject to a fee, which will be deducted from your account balance. Your Investment Advisor can provide you with fee information regarding this transaction.

Cash and in-kind instructions. Check either the By Electronic Transfer or By Check box for the cash portion of the distribution and complete the By Security Delivery information for the in-kind portion.

- **By electronic transfer.** Select the type of electronic transfer and provide the bank information below. If you select either Checking Account or Savings Account, enter your banking information. If you select the Voided Check Provided box, provide a blank check with this form. *Note: Allow 1-2 business days from the processed date for ACH transactions and the same or next business day for wires for delivery. If the bank account type is not selected, Axos Advisor Services will default to checking account.*

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Important: All systematic distributions will be processed by ACH, even if the By Wire box is selected.

- **By check.** Select the appropriate box indicating the payee and address information for this request. *Note: Allow up to 10 business days for delivery of mailed checks. Overnight delivery is not available for P.O. Box addresses. If no election is made, a check will be sent to the address of record, payable to the account owner.*
- **By transfer/direct rollover.** This method transfers cash and securities to Axos Advisor Services and/or cash only to another retirement account at another institution in your name. Check the box indicating if it is a new or existing Axos Advisor Services account. For new accounts, enter the type of account and attach the appropriate Axos Advisor Services account application to this form. For existing accounts, provide the Axos Advisor Services account number, account type and account title. For other institutions, provide the institution name, account title, account number and account type.
Important: If you want to make a direct rollover into your qualified plan account, please provide your written instructions as well as a signed acceptance letter from the qualified plan's authorized trustee or administrator.
- **By security delivery.** Select this option to request that an in-kind distribution of securities be delivered in certificate or in electronic form to the participant. *Note: Allow approximately four to six weeks to process distributions of securities in certificate form. Certificates of deposit, treasuries and some mutual funds and securities cannot be delivered in certificate form. Must be in participant's name only.*

Section 8: Participant Signature

Sign and date the form.

Although the participant and trustee of a Solo (k) can be the same individual, that individual must sign as both participant and trustee.

Section 9: Plan Trustee or Administrator Affirmation

Provide signature of Plan Trustee or Administrator to authorize distribution, including a divorce distribution.

Section 10: Divorce Certification, if applicable

Provide your former spouse's name, social security number, and date of birth. Both you and your former spouse must sign and date the form. *Note: All information and required signatures must be submitted on one form. Do not send a copy of the QDRO to Axos Advisor Services.*

Return your completed form as instructed by your Investment Advisor or your client representative. Questions regarding this form should be directed to your Investment Advisor.