

Important instructions for completing this form

Use this form to request a withdrawal to satisfy your IRS Required Minimum Distribution (RMD). This form can be used to request a one-time RMD withdrawal or to set up automatic distributions to satisfy current and all future RMD withdrawals.

PLEASE NOTE: If you previously requested your RMD be distributed in the form of a systematic withdrawal from FTJ FundChoice, you do not need to resubmit this form unless you are requesting a change to your request.

If you would like a:

- **Change to your existing systematic withdraw** for your RMD; complete sections 1, 4, 6, 7, & 8
 - One-time RMD **disbursed to you** complete sections 1-3, 5-7, 8 & 9
 - One-time RMD disbursed **to an alternate payee or address** complete sections 1-3, 5-10
 - One-time RMD disbursed **to another FTJFC investment account** complete sections 1-3, 5-9
***Do not complete sections 6 & 7 if requesting an in kind transfer*
 - RMD disbursed **via a systematic withdrawal** schedule complete sections 1, 2, 4-9
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- Any withdrawals taken from your retirement plan during the current tax year may be counted toward meeting your RMD amount. Please take this into consideration if you are also participating in a systematic withdrawal program or have taken prior withdrawals during the current tax year.
- Signature Guarantees are required when a withdrawal check is being mailed to an alternate payee or address.

If you have questions on how to complete the RMD form please contact Customer Service at (800) 379-2513 option 4.

Please submit the completed form by Fax to (859) 426-2050, Secure E-mail, or Mail.

1. Account Holder Information:

Participant Name: (First)	(Middle)	(Last)	Daytime Telephone Number:
Address:		(City)	(State) (Zip)
FTJ Account Number:	Date of Birth (DOB):	Email Address:	

2. Calculating your RMD:

Calculate my RMD for: Current tax year: _____ Future tax years Both Current & Future Years

I want FTJ to calculate and distribute my RMD. The calculation will generally be made using the IRS Uniform Lifetime Table unless specified below.

Check here to use the Joint Life Expectancy calculation. To be eligible for this calculation your sole designated beneficiary at all times during the year must be your spouse who is more than 10 years younger than you. If you choose this option please include your spouse's date of birth. **Spouse DOB:** _____

I have calculated my RMD. Distribute \$ _____ from my account.

3. Frequency of Distribution:

Redeem immediately as one time distribution. (Please complete Payment Instructions below.)

Payment Instructions: (Check only one box)

Disbursements will be processed one business day after trade settlement. Please include a voided check for ACH or Wire.

A. Send directly to me (Include a copy of a voided check for ACH or Wire disbursements Note: Preprinted deposit slips may not have the proper routing number for your bank; please contact your bank for more information)

ACH Wire* Regular mail check to address of record* Overnight Check Delivery*

B. Transfer to my FTJFC nonretirement account: Account # _____

C. Send check to another address and/or payee other than address listed on my account

Make check payable and mail to charity listed below

Make check payable to:

Charity Name _____

Name _____

Address _____ City _____ State _____ Zip _____

Address provided above is my new address. Please update my account

*Disbursement Fees: Check \$5.00 * Overnight Check Delivery \$35.00 * Wire Transfer \$20.00 * ACH no charge



4. Systematic Withdrawal (SWD) (Choose One)

New SWD

Change Existing SWD

Terminate SWD

I authorize FTJ to automatically calculate my current and future RMD per the frequency selected until instructed otherwise. Periodic payments are made on or about the 15th of each period and paid directly to your checking account.

Monthly

Quarterly (January, April, July and October)**

Semi-Annually (January and July)**

Annually Enter Month: _____

**If paperwork is NOT received for January distribution we will disburse the full amount of the RMD with the remaining payments.

5. Liquidation Method The default method is pro-rata. (Choose One)

Liquidate Pro Rata

Liquidate from Largest Position

Liquidate from Money Market

Liquidate according to the following schedule:

Fund Name/Strategist Manager	Ticker/Model Name	Percentage/Amount
	TOTAL:	

6. Federal Tax Withholding (Choose One)

Do not withhold federal income tax.

Withhold _____% or \$_____ for federal income tax.

7. State Tax Withholding

If you are a resident of one of the states below, check the appropriate box and indicate your withholding election, if applicable. All state withholding will be rounded to the nearest whole dollar.

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

Residents of DE, IA, KS, MA, ME, NE or VA will have state taxes withheld when federal withholding applies.

Residents of AR, CA, GA, MI*, NC, OK, OR or VT will have state taxes withheld when federal withholding applies unless otherwise elected. These residents may elect to have state withholding while electing out of federal withholding.

Withhold _____% for state income tax

Do not withhold state income tax

*MI residents: Effective 10/01/2012, a mandatory minimum state withholding of 4.25% is required on ALL distributions. You may only opt out of Michigan withholding if a Michigan W4P form is received with this distribution request.

** We will not withhold state income tax from your distribution if you reside in the below states even if you elect to withhold.
AK, FL, HI, NH, NV, SD, TN, TX, WA OR WY

8. Account Holder Signature (REQUIRED)

I understand that my distribution may be subject to federal income tax. I certify that all information given by me is true and accurate. I further certify that no tax advice has been given to me by FTJ FundChoice, LLC and that all decisions regarding the distribution and withholding are my own. I expressly assume the responsibility for any consequences which may arise from my distribution and withholding election and agree that FTJ FundChoice, LLC in no way may be responsible for those consequences.

Account Owner Signature

Date

9. Authorized Signature (REQUIRED)

I acknowledge that the withdrawal requested is permitted under the terms of the employer's plan. In addition my name is on record with FTJ FundChoice, LLC to sign on behalf of the employer sponsoring this plan.

Plan Type: 403(b) 457 401(k) OTHER: _____

Name of Employer

Authorized Signature

Date

Print name of authorized individual signing above

Title/Association to Plan

E-mail

Phone #

Return to FTJ FundChoice by Fax (859)426-2050, E-mail contact us@ftjfundchoice.com or mail