

IRA DISTRIBUTION REQUEST

IRA Trustee's or Custodian's Name and Address:
Regular Mail Delivery

FPA Funds
PO Box 2175
Milwaukee, WI 53201-2175

Overnight Delivery

FPA Funds
c/o UMB Fund Services, Inc
235 W Galena Street
Milwaukee, WI 53212

The IRA Distribution Request is used by IRA owners and Inherited IRA owners to request a distribution from a Traditional, Roth, SEP, or SIMPLE IRA.

PART I: IRA OWNER INFORMATION

Name: _____ Taxpayer ID Number: _____ Date of Birth: _____

Primary Phone: _____ Email Address: _____

IRA Account/Plan Number: _____

PART II: DISTRIBUTION TYPE

- Required Minimum Distribution:** Unless otherwise indicated below, the RMD will be calculated using the Uniform Lifetime Expectancy table. (Choose one):
 - My spouse is my sole beneficiary and greater than 10 years younger than me. Calculate my RMD using the Join-Life Expectancy table.
 - Please only send me the amount in Section III.
- Qualified charitable distribution** (Generally cannot be made from SEP or SIMPLE IRAs if the account owner's employer is currently maintaining the SEP or SIMPLE IRA plan. IRA owner/Inherited IRA owner must be age 70½ or older on date of the distribution. Medallion Signature Guarantee required to send to a payee other than the shareholder's address or bank of record. See Section VIII.)
Name of Charity: _____
- Normal Distribution:** Distribution to IRA owner age 59½ or older
- Premature Distribution:** Distribution to IRA owner under the age of 59½
- Distribution to Inherited IRA owner following death of IRA owner**
 - Single Life Expectancy Payments: I elect to deplete the account balance by taking payments over my single life. Please calculate the Required Minimum Distribution.
 - Please only send me the amount in Section III.
- Disability as defined under Internal Revenue Code Sec. 72(m)(7).** Enclose a statement on doctor's letterhead or certification of disability from the Social Security Administration.
- Substantially equal periodic payments:** Distributions are to be made at least annually. The distributions will be done using the Uniform Lifetime Expectancy table to calculate your payments unless you submit an alternative schedule of payment.
- Direct Conversion to a Roth IRA from a Traditional or SEP IRA:** If you do not currently have a Roth IRA with , FPA Funds, please complete an IRA application.
- Return of excess contribution with earnings.** Excess contribution made for tax year _____.
Excess Contribution Amount: \$ _____
 **Deadline to remove a contribution as an excess contribution with earnings, is the IRA owner's tax filing deadline (for the tax year of the contribution), plus any extensions.
 - Redeem and issue a check, ACH or wire payment for excess contributions and earnings.
 - Remove the excess contribution and earnings and reapply as a contribution for the current tax year (provided the amount is equal to, or less than, the maximum contribution for the calendar year). If the distribution amount is over the contribution limit, , FPA Funds will return the amount over the contribution limit to the IRA owner.
 - Remove excess contribution and earnings and invest in the , FPA Funds account listed in Section IV.
- Revocation:** The date the IRA is established is considered the date the IRA is opened. By signing below, you elect to revoke your IRA. (Please note: An IRA can only be revoked within 7 days of opening)

PART III: DISTRIBUTION AMOUNT/FREQUENCY (Select One)

ONE TIME DISTRIBUTION

- I wish to withdraw my entire account balance. Please list the fund(s) and account number(s) below.
- I wish to make a one-time, partial withdrawal of \$ _____. Please list the fund(s) and account number(s) below.
- I wish to withdraw the requested amount from my investments as indicated below.
- Special instructions: I wish to take the RMD for my entire account **ONLY** from the fund(s) and account number(s) listed below. Please list the percentage of RMD to come from each fund(s) and account number(s) desired, below.

Fund Name/Account Number	Amount \$
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Fund Name/Account Number	Amount \$
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Fund Name/Account Number	Amount \$
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Fee: A maintenance fee of \$15 will be charged on all fund accounts where a full liquidation is made unless you have already paid the Annual IRA Maintenance Fee. If the fee applies it will be deducted from the proceeds of the distribution unless the fee is paid in advance.

Fee payment options (select only one):

- Please deduct the \$15 maintenance fee from the proceeds of my distribution.
- Please do not deduct the \$15 maintenance fee from the proceeds of my distribution. I have enclosed a check made payable to FPA Funds.

PERIODIC DISTRIBUTION-SYSTEMATIC WITHDRAWL REQUEST

(Such payments will continue indefinitely until canceled)

- I wish to set up systematic withdrawals to be withdrawn as indicated below.
- Special instructions: I wish to take the RMD for my entire account **ONLY** from the fund(s) and account(s) listed below. Please list the percentage of RMD to come from each fund(s) and account number(s) desired, below.

Fund Name/Account Number	Amount \$
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- Monthly Quarterly Semi-Annually Annually
- 5th or 20th of the month, beginning the month of: _____, 20 ____

Fund Name/Account Number	Amount \$
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- Monthly Quarterly Semi-Annually Annually
- 5th or 20th of the month, beginning the month of: _____, 20 ____

Fund Name/Account Number	Amount \$
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- Monthly Quarterly Semi-Annually Annually
- 5th or 20th of the month, beginning the month of: _____, 20 ____

PART IV: PAYMENT METHOD

- Mail check to the address currently on file.
- Deposit to my existing non-IRA account number, including the fund number: _____
- Deposit to a new non-IRA account. (If you do not currently have a non-IRA account, please complete a New Account Application and include it with this form).
**If your existing or new non-IRA account is registered to a name other than your name only (e.g., joint account), a Medallion Signature Guarantee is required. (See Section VIII).*

Please send a check to a different address (requires Medallion Signature Guarantee. See Section VIII).

Name _____

Street Address _____ City _____ State _____ Zip _____

- Please send my distribution to the bank listed on my account via:
- Electronic Funds Transfer (2-3 business days; no fee)
 - Wire (1 business day)
- Please send my distribution to the bank account listed below (requires Medallion Signature Guarantee. See Section VIII):
- Electronic Funds Transfer (2-3 business days; no fee)
 - Wire (1 business day)

Please attach a blank, voided check from your bank account to this form.

Bank Name _____ Name(s) on Bank Account _____

Bank Address _____ City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Account Type: Checking Account Savings Account

Would you like this bank information to be added to your account? Yes No

PART V: WITHHOLDING NOTICE AND ELECTION (FORM W-4R/OMB NO. 1545-0074) DEPT. OF TREASURY, INTERNAL REVENUE SERVICE

Tax withholding does not apply to transfers, direct rollovers to employer plans, qualified charitable distributions, qualified HSA funding distributions, revocations, recharacterizations, or the amount returned as an excess contribution when removed with the earnings.

Line 1 (Recipient Information)

1a. First name and middle initial: _____ Last Name: _____

1b. Social Security Number: _____
Address: _____ City or town, state, and ZIP Code: _____

Your federal tax 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 (below). Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories. See the instructions and the Marginal Rate Tables (below) for more information.

Line 2

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

Note: Unless a previous federal income tax withholding election is in place, or you indicate a different withholding amount above, your IRA Trustee/Custodian will withhold federal income tax at a default rate of 10%. Your withholding election is valid until you change it.

Please see Part VI for options for state income tax withholding.

PART VI: STATE INCOME TAX WITHHOLDING ELECTION

Your payor cannot withhold an amount less than the required minimum for your state. If no election is made, the minimum withholding will be taken based on your state of residence on record with your payer.

Mandatory states that state withholding can be processed are Arkansas, California, Connecticut, Delaware, District of Columbia, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Nebraska, North Carolina, and Vermont

I file a state tax return with the state of _____

(Select one)

- Do not withhold state income tax, unless required.
- Withhold state Income Tax of _____ %
- Withhold State Income Tax of \$ _____

PART VII: ACKNOWLEDGEMENT

By signing this *IRA Distribution Request*, I certify that the information I have provided is true and correct, and I authorize the Trustee/Custodian to distribute my IRA as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this distribution and I assume all responsibility for any consequences resulting from my actions. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my instructions, including payments made in error. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee/Custodian. If this distribution involves a SIMPLE IRA, special rules apply, and I assume responsibility for my actions regarding those issues. I understand that if this is qualified charitable distribution (QCD) or HSA funding distribution, I certify that I understand the requirements for making such a distribution from my IRA and that I meet such requirements.

Signature of IRA owner/Inherited IRA owner (or other authorized person)

Date

PART VIII: MEDALLION SIGNATURE GUARANTEE

A Medallion signature guarantee is required if proceeds are going to a payee, address or bank account other than those listed on your account, or if you are depositing your distribution into a new non-IRA account which is registered to a name other than your name only.

A Medallion signature guarantee may be obtained from a member of a national securities exchange, a U.S. commercial bank, trust company or federally chartered savings and loan or another eligible guarantor institution. **A notary public is not an acceptable guarantor.**

(Stamp Here)

Medallion signature guarantee (if required)

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 “ Suggestion for determining withholding ” below 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

Section references are to the Internal Revenue Code.

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 from your individual retirement arrangement (IRA). See below for the rules and options for the payment. 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.

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 of this withholding certificate. 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 of this withholding certificate. 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; and
- Emergency personal expense distributions.

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 of this withholding certificate.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on Line 2 of this withholding certificate (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 (above) 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 of this withholding certificate. (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 of this withholding certificate. (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 of this withholding certificate.

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 \$65,000 but less than \$121,800, the corresponding rate is 22%. Because these two rates are the same, enter "22" on Line 2 of this withholding certificate.

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 of this withholding certificate.

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.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

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.