Premiere Select® IRA

One-Time Distribution Request—Charitable Distribution

Use this form to request a one-time, tax-reportable Charitable Distribution ("CD") from your Premiere Select Traditional, Roth, Rollover, inactive SEP, inactive SIMPLE, IRA Beneficiary Distribution Account (BDA) or Roth IRA BDA, referred to as "IRA" or "account," held through National Financial Services LLC ("NFS").

Type on screen or fill in using CAPITAL letters and black ink. If you need more room for information use a copy of the relevant page and include the account number, your signature and the date.

Helpful to Know

- Do NOT use this distribution form for the purposes of purchasing an Alternative or Specialized Investment in your IRA.
- It is your responsibility to ensure that your IRA distributions comply with IRS rules, including qualifying as a Qualified Charitable Distribution ("QCD"). All transactions made using this form are reported to the IRS as an IRA distribution. You may want to consult a tax advisor as such distributions generally result in taxable income to you.
- If you are making withdrawals from more than one IRA, you must complete a separate form for each account. Note: The maximum total distribution amount that can be requested via this form is $100,000.
- Drawing your total IRA balance down to zero could trigger account-closing fees.
- All requests must be presented in good order 10 business days prior to the IRS deadline. Neither your Broker/Dealer nor NFS can assume responsibility for making your distribution by the April 1 IRS deadline for your initial required minimum distribution (RMD) or the December 31 deadline for subsequent year RMDs.
- For full distributions, a $125 termination fee and a final year annual maintenance fee, if applicable, as described in your Premiere Select Retirement Account Customer Agreement or in some other manner acceptable to the Custodian, if applicable, will be collected from the final distribution amount. If you request a distribution that will result in an account balance that is less than the amount of any fees due, which include the liquidation/termination fee and the annual maintenance fee, for a particular year, NFS may instead process a full distribution of your entire account balance and collect the applicable fees at that time. Note that this could result in a payment

amount that is less than the amount requested due to the payment of the applicable fees. In addition, your account may be closed.

- Additional correspondence cannot be coupled with the check(s). Please utilize memo or check stub to supply supporting information or consider mailing the check to the account address of record for special handling.
- Multiple checks cannot be combined into a signal envelope. Each check will mailed separately regardless of an identical delivering address.

Important to Know about making a Qualified Charitable Distribution ("QCD")

- You MUST be age 70½ or older on the date of the distribution.
- QCDs are federally tax free and are limited to the amount that would otherwise be taxed as ordinary income. State tax rules may vary.
- The maximum annual exclusion per individual is $100,000.
- The distribution must be made payable directly to the qualified charity by the custodian.
- The charity must qualify as a 501(c)(3) organization and be eligible to receive tax-deductible contributions.
- Certain charities do not qualify: sponsoring charities of donor-advised funds, private foundations, and supporting organizations.
- Any QCD from an Inherited IRA or Inherited Roth IRA will be reported as a death distribution on your 1099-R. A QCD from any type of non-inherited IRA will be reported as a normal distribution.
- Consult a tax advisor to discuss this option and for state-specific guidance.

1. Account Owner

First Name	Middle Name	Last Name

2. Distribution Method

All checks will be made payable to the charity indicated. It is recommended to have the check mailed to your address of record to avoid having the check returned to NFS if undeliverable to the charity.

Check Distribution 1

Indicate where you would like your check to be sent:

Check one. ▶ ☐ Send to YOUR address on file. *Default if no option is chosen.*   ☐ Send to the charity address provided below.

Check if applicable. ▶ ☐ Use standing instructions on file

Line Number

If you have multiple standing instructions, obtain the line number from your investment representative.

OR

Provide Charity Information *Not applicable when using standing instructions.*

Avoid any account number or SSN that compromises a customer's identity. If needed, use the Memo and Check Stub Information fields.

Charity Name	Amount
	$								.	

Attention *maximum 32 characters total including "Attn:"*	**OR**	Care of *maximum 32 characters total including "C/O"*
Attn:		C/O

Address

City	State/Province	Zip/Postal Code

Memo *maximum 30 characters*

Optional. Information provided in the Memo field will print on the check but will not appear visible in the window of the envelope.

Check Stub Information *maximum 100 characters*

Check Distribution 2

Indicate where you would like your check to be sent:

Check one. ▶ ☐ Send to YOUR address on file. *Default if no option is chosen.*   ☐ Send to the charity address provided below.

Check if applicable. ▶ ☐ Use standing instructions on file

Line Number

If you have multiple standing instructions, obtain the line number from your investment representative.

OR

Provide Charity Information *Not applicable when using standing instructions.*

Avoid any account number or SSN that compromises a customer's identity. If needed, use the Memo and Check Stub Information fields.

Charity Name	Amount
	$								.	

Attention *maximum 32 characters total including "Attn:"*	**OR**	Care of *maximum 32 characters total including "C/O"*
Attn:		C/O

Address

City	State/Province	Zip/Postal Code

Memo *maximum 30 characters*

Optional. Information provided in the Memo field will print on the check but will not appear visible in the window of the envelope.

Check Stub Information *maximum 100 characters*

continued on next page

2. Distribution Method *continued*

Check Distribution 3

Indicate where you would like your check to be sent:

Check one. ▶ ☐ Send to YOUR address on file. *Default if no option is chosen.* ☐ Send to the charity address provided below.

Check if applicable. ▶ ☐ Use standing instructions on file

| Line Number |
| | | | | | | | | | |

If you have multiple standing instructions, obtain the line number from your investment representative.

OR

Provide Charity Information *Not applicable when using standing instructions.*

Avoid any account number or SSN that compromises a customer's identity. If needed, use the Memo and Check Stub Information fields.

| Charity Name | Amount |
| | $ |

| Attention *maximum 32 characters total including "Attn:"* | **OR** | Care of *maximum 32 characters total including "C/O"* |
| Attn: | | C/O |

Address

| City | State/Province | Zip/Postal Code |

Memo *maximum 30 characters*

Optional. Information ▶ provided in the Memo field will print on the check but will not appear visible in the window of the envelope.

Check Stub Information *maximum 100 characters*

Check Distribution 4

Indicate where you would like your check to be sent:

Check one. ▶ ☐ Send to YOUR address on file. *Default if no option is chosen.* ☐ Send to the charity address provided below.

Check if applicable. ▶ ☐ Use standing instructions on file

| Line Number |
| | | | | | | | | | |

If you have multiple standing instructions, obtain the line number from your investment representative.

OR

Provide Charity Information *Not applicable when using standing instructions.*

Avoid any account number or SSN that compromises a customer's identity. If needed, use the Memo and Check Stub Information fields.

| Charity Name | Amount |
| | $ |

| Attention *maximum 32 characters total including "Attn:"* | **OR** | Care of *maximum 32 characters total including "C/O"* |
| Attn: | | C/O |

Address

| City | State/Province | Zip/Postal Code |

Memo *maximum 30 characters*

Optional. Information ▶ provided in the Memo field will print on the check but will not appear visible in the window of the envelope.

Check Stub Information *maximum 100 characters*

2. Distribution Method *continued*

Check Distribution 5

Indicate where you would like your check to be sent:

Check one. ▶ ☐ Send to YOUR address on file. *Default if no option is chosen.*　　☐ Send to the charity address provided below.

Check if applicable. ▶ ☐ Use standing instructions on file

Line Number

If you have multiple standing instructions, obtain the line number from your investment representative.

OR

Provide Charity Information *Not applicable when using standing instructions.*

Avoid any account number or SSN that compromises a customer's identity. If needed, use the Memo and Check Stub Information fields.

Charity Name	Amount
	$.

Attention *maximum 32 characters total including "Attn:"*	**OR**	Care of *maximum 32 characters total including "C/O"*
Attn:		C/O

Address

City	State/Province	Zip/Postal Code

Memo *maximum 30 characters*

Optional. Information provided in the Memo field will print on the check but will not appear visible in the window of the envelope.

Check Stub Information *maximum 100 characters*

Check Distribution 6

Indicate where you would like your check to be sent:

Check one. ▶ ☐ Send to YOUR address on file. *Default if no option is chosen.*　　☐ Send to the charity address provided below.

Check if applicable. ▶ ☐ Use standing instructions on file

Line Number

If you have multiple standing instructions, obtain the line number from your investment representative.

OR

Provide Charity Information *Not applicable when using standing instructions.*

Avoid any account number or SSN that compromises a customer's identity. If needed, use the Memo and Check Stub Information fields.

Charity Name	Amount
	$.

Attention *maximum 32 characters total including "Attn:"*	**OR**	Care of *maximum 32 characters total including "C/O"*
Attn:		C/O

Address

City	State/Province	Zip/Postal Code

Memo *maximum 30 characters*

Optional. Information provided in the Memo field will print on the check but will not appear visible in the window of the envelope.

Check Stub Information *maximum 100 characters*

3. Signature and Date *Form cannot be processed without signature and date.*

By signing this form, you:
- Authorize and request National Financial Services LLC ("NFS") to make the above distribution from the IRA indicated above.
- Certify that the information supplied on this form is complete and accurate.
- Acknowledge that you are responsible for ensuring this distribution meets the requirements of a Qualified Charitable Distribution ("QCD"). You acknowledge that NFS will only report the distribution as a Normal or Death distribution from an IRA or Inherited IRA account. You are responsible for any additional filing with the IRS.

- Confirm, if you are not a U.S. person (including a resident alien individual), you have previously submitted IRS Form W-8BEN.
- Indemnify Fidelity Management Trust Company and NFS, and their officers, directors, employees, agents, affiliates, shareholders, successors, assigns, and representatives, from any liability in connection with following the instructions in this form, including any liability in the event that you fail to meet the IRS requirements regarding the charity qualifying as an eligible charitable organization and distributions from your IRA.

- Acknowledge that any charitable distribution request that exceeds the $100,000 limit may not be processed, whole or in part.

Either the account owner or an authorized individual must print name, sign, and date.

Print Account Owner Name *First, M.I., Last*

Account Owner Signature   Date *MM - DD - YYYY*

SIGN ▶