# **IRA Distribution Form**



When complete please return to Selected Funds, P.O. Box 219662, Kansas City, MO 64121-9662. For overnight mail: Selected Funds, 430 W. 7th St, Suite 219662, Kansas City, MO 64105-1407. For assistance please call Investor Services at 1-800-243-1575.

TO ENSURE PROPER PROCESSING, PLEASE PRINT CLEARLY IN CAPITAL LETTERS USING BLACK INK

A. IRA HOLDER INFORMATION				
Owner's Name (First, MI, Last)				
Residential Street Address				Suite/Apartment
City	State	Zip Code	Daytime Telephone Num	nber
 Social Security Number	Date of Birth			
Check here if you are changing the address for th Guarantee Stamp in section H, to redeem money		your social security numl	ber. Your signature must be certif	ied with a 2000/Medallion
B. ACCOUNT INFORMATION				

Please indicate the fund(s) and account(s) you wish to take a distribution from. I understand the distribution instructions selected in section D will apply to all funds and accounts listed here.

Fund Number(s)	Account Number
Fund Number(s)	Account Number

#### C. REASON FOR DISTRIBUTION

#### Choose One:

□ **Normal Distribution**—I am 59 ½ years of age or older.

#### □ Premature Distribution

I am under the age of 59 ½ and not taking substantially equal payments. I understand that I may be subject to a 10% penalty unless an IRC 72(t) exception applies or the distribution is rolled over within 60 days of receipt to another IRA or retirement plan. For distributions from a SIMPLE IRA, I understand that the penalty will increase to 25% if taken within the first two years of my participation in the plan. If an IRC 72(t) exception applies you many need to complete IRS Form 5329 when you file your tax return.

Direct Rollover to an Eligible Employer-Sponsored Plan—Please provide alternate payee and address information in Section F.

П	Return	of	Excess—	\$
				r

	/
Date of	Contribution

Tax Year of Contribution

Please do not use this section for rollovers to an IRA. If you would like to move your IRA to a non-Selected Funds IRA, please initiate the request with the receiving institution.

#### D. DISTRIBUTION INSTRUCTIONS

#### Complete A or B:

- □ A. One Time Distribution
  - □ Dollar Amount: \$\_\_\_
  - □ Share Amount: \_\_\_\_
  - □ Entire Balance

#### D. DISTRIBUTION INSTRUCTIONS—Cont'd.

□ B. Set up a systematic withdrawal plan. Transactions will occur on the 25th of the current month unless otherwise specified below. If you do not indicate a frequency, the distribution will be made annually.

1. In the amount of: \$		or					or					%
Fixed Dollar	Amount		Fixed Share	e Amoun	ıt			Annual I	Percentag	ge		
2. Start making withdrawals:	Upon receipt of	of this request	t or 🗆 B	eginning	in the m	onth of _						
3. Frequency of withdrawals:	□ All Months or	□ □ Jan Fel	□ Mar	□ Apr	□ May	□ Jun	□ Jul	□ Aug	□ Sept	□ Oct	□ Nov	□ Dec

4. Choose a day of the month: \_

#### E. FEDERAL AND STATE WITHHOLDING ELECTION

#### Federal Tax Withholding:

The distributions you receive from your IRA are subject to a default federal income tax withholding rate of 10%. For Roth IRAs only, a default federal income tax withholding rate is not applied.

You can choose to have a different rate by entering a rate between 0% and 100% in the box below. Generally, you can't choose less than 10% for payments to be delivered outside of the United States and its possessions, or if your only address of record is a P.O. Box.

By providing a withholding percentage below and signing this distribution form, you acknowledge that you have read the attached IRS Form W-4R, including the complete instructions on page 1 and 2, the Marginal Rate Tables, and you would like a rate of withholding different from the default withholding rate.

**Important:** The instructions and Marginal Rate Tables on the attached sample IRS Form W-4R are valid for the tax year shown in the upper right corner of the Form W-4R. If you are submitting this distribution form in a subsequent calendar year, please see irs.gov for the most current version of Form W-4R.

#### I want federal income tax withheld at the rate of

**Important:** If you do not provide a rate in the box above, the default withholding rate of 10% will be applied to your distribution (does not apply to Roth IRAs).

#### State Tax Withholding:

If federal income tax withholding is applied to your distribution, your state may also require state income taxes to be withheld. State laws regarding tax withholding are subject to change at any time without notice.

If your state requires withholding, Selected Funds will withhold at least the required minimum state tax, regardless of your election. Please see the State Withholding Chart for additional information.

Selected Funds offers state tax withholding for the following states:

AR, CA, CT, DE, DC, IA, KS, ME, MD, MA, MI, MN, MS, NE, NC, OK, OR, VT and VA.

#### Choose one:

 $\hfill\square$  Do NOT withhold state taxes unless required by law.

 $\hfill\square$  Withhold state taxes at the applicable rate OR at a rate of:

#### Percentage

%.\*

\_\_\_\_%

\*Please note that the withholding rate designation made above supersedes any previous designations. If you elect not to have withholding applied to your distributions, or if you do not have enough federal income tax withheld from your distributions, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

#### Choose one:

 $\hfill\square$  Standard mail to the address of record.

□ Mail check to a third party. Your signature must be certified with a 2000/Medallion Guarantee Stamp in Section H.

Name of Payee				
Address				
City			State	Zip Code
	bank account. If you are establishing or changin 1 Guarantee Stamp in section H.	g your bank instructions, please comple	ete section G. <b>You</b>	r signature must be certified with a
	bank account. <b>There is a \$5 fee for this service</b> s, please complete section G. <b>Your signature m</b>	-	,	с с с,
Account Applica	ribution into the Selected Funds non-retirement tion. If you are transferring shares to a Selected d with a 2000/Medallion Guarantee Stamp in	Funds account registered to someone c		
Fund Number	Account Number		_	
G. BANKING INST	RUCTIONS			
Please complete this	section if you wish to transfer funds electronical	ly to and from your bank.		
Bank Account Regis	stration			
Name of Banking In	stitution	Telephone Number of Ba	anking Institution	
ACH Routing Numb	er	Bank Account Number		
WIRE Routing Num	ber (If different than ACH Routing Number)	Please Indicate: 🗆 Cho	ecking 🗆 Saving	<u>i</u> s
	- The N A Er Please Note: Starter check	<b>a voided che</b> Check must be imprinted with: name of the Banking Institution ame of Bank Account Owners address of Banking Institution necoded Bank Account Number as or mutual fund/investment checks are n a personalized check please call Investor So	ot acceptable.	ſe.

#### H. SIGNATURE

By signing this form, I authorize UMB Bank and its service agents to redeem shares from my Selected Funds IRA. I understand that Selected Funds does not provide IRA distribution tax advice and that I am responsible for the payment of any taxes.

The undersigned individual authorizes the withdrawal specified above and the withholding election completed above. The undersigned acknowledges that the box checked under section C (above) is correct. It is the undersigned's responsibility to determine correctly the amount of tax that may be due based on all IRA accounts the undersigned may own (including those unknown by or not under the control of the Custodian). The undersigned agrees to indemnify and hold harmless the Custodian and its agents and service providers, including Selected Funds from any losses or expenses incurred if such information is not correct. The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the withdrawal specified above, and to file Form 5329 to claim any exemption from the early withdrawal penalty.

#### Your signature must be certified with a 2000/Medallion Guarantee Stamp\* if you are requesting any of the following:

- A distribution by check of greater than \$100,000.
- Adding or changing bank instructions.
- A distribution to an address other than the address of record.
- A distribution to any address of record changed within 30 days.
- A distribution to someone other than the IRA holder.

\*You may obtain a 2000/Medallion Guarantee Stamp from most banks, brokerage firms or other financial institutions. If a request requires a 2000/Medallion Guarantee Stamp, it will not be valid if this stamp is missing or illegible. No other forms of signature verification will be accepted.

Signature of IRA Owner

Date

Place 2000/Medallion Guarantee Stamp Here

#### I. STATE WITHHOLDING CHART

If your state requires withholding, Selected Funds will withhold **at least** the required minimum state tax, regardless of your election. Selected Funds does not withhold state taxes for all states.

AR, CA, DE, KS, NC, IA	<ul> <li>State withholding is required when federal withholding applies unless you instruct us to not withhold state taxes.</li> <li>AR: 3% of distribution amount.</li> <li>CA: 10% of the federal withholding amount.</li> <li>DE: 5% of the distribution amount.</li> <li>KS: 5% of the distribution amount.</li> <li>NC: 4% of the distribution amount. Form NC-4P is required in order to opt-out of withholding.</li> <li>IA: 5% of the distribution amount. Form IAW-4P is required in order to opt-out of withholding.</li> </ul>
CT, MI, MN	<ul> <li>State withholding is required whether or not federal withholding applies unless you instruct us to not withhold state taxes.</li> <li>CT: 6.99% of the distribution amount. Form CT-W-4P is required to opt-out of state withholding or to request a reduced amount.</li> <li>MI: 4.05% of the distribution amount. Form MI-W-4P is required to opt-out of state withholding or to request a reduced amount.</li> <li>MN: 6.25% of the distribution amount. Form MN- W4MNP is required to opt-out of state withholding or to request an alternate amount.</li> </ul>
ME, MA, NE, OK, OR, VT, and VA	<ul> <li>State withholding is required when federal withholding applies.</li> <li>ME: 5% of the distribution amount.</li> <li>MA: 5% of the distribution amount.</li> <li>NE: 5% of the distribution amount. State withholding is voluntary for IRAs.</li> <li>OK: 4.75% of the distribution amount.</li> <li>OR: 8% of the distribution amount.</li> <li>VT: 30% of the federal withholding amount.</li> <li>VA: 4% of the distribution amount. State withholding is voluntary for IRAs.</li> </ul>
MD	State withholding is voluntary for IRA distributions.
DC	State withholding has no relation to federal withholding. State withholding is mandatory for full distributions and voluntary for partial distributions.         • DC: 10.75% of the distribution amount (full distributions only).
MS	<ul> <li>State withholding is voluntary on Normal Distributions. State withholding is mandatory on Premature Distributions and Excess Contribution Returns.</li> <li>MS: 5% of the distribution amount.</li> </ul>

This tax information is for informational purposes only and should not be considered legal or tax advice. Always consult a tax or legal professional before making financial decisions.

We do not provide tax or legal advice and will not be liable for any decision you make based on this or other general tax information we provide.



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.

Last name



1b Social security number

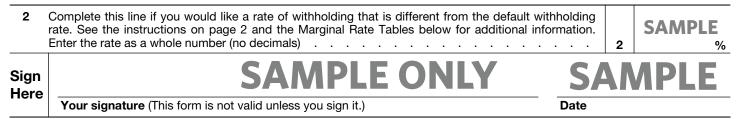


Your withholding rate is determined by the type of payment you will receive.

• 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.



# **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 pavers 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.

### 2024 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			filing jointly or urviving 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 dollar more		
\$0	0%	\$0	0%	\$0	0%	
14,600	10%	29,200	10%	21,900	10%	
26,200	12%	52,400	12%	38,450	12%	
61,750	22%	123,500	<b>22</b> %	85,000	<b>22</b> %	
115,125	24%	230,250	24%	122,400	24%	
206,550	32%	413,100	32%	213,850	32%	
258,325	35%	516,650	35%	265,600	35%	
623,950*	37%	760,400	37%	631,250	37%	

If married filing separately, use \$380,200 instead for this 37% rate.

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

# 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 2024, 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;

- Generally, 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.

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 \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, 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 \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700, is

greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18,050 that is in the lower bracket). Multiply \$18,050 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter "13" 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). 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.

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.