

Distribution RequestQualified Retirement Plan

VIP Services: (888) 855-9856 | info@trustprovident.com 8880 W. Sunset Rd., Suite 250, Las Vegas, NV 89148

Section 1	Plan Partic	ipant intori	nation			
First Name		MI	Last Nam			Date of Birth (mm/dd/yyyy)
Email				Last Four Digits of Social Security Numbe	er Account Numbe	er
Section 2 Complete only if		y Informatio		ution from a qualifie	ed retirement plan	that you inherited.
First Name		MI	Last Na	me		Phone
Address			City		State	Zip
Tax ID (SSN/TIN)		Date of Birth (m	m/dd/yyyy)	Email Address		
Photo Identification	n	Identification No	umber	Please atta	ich a legible color cop	by of a valid photo ID.
Section 3	Processing	Options				
Processing fees will	be paid from the o	cash available in y	our accour		therwise. See current	nal Processing" will apply. Fee Schedule for applicable fees. r, by 10 a.m. PST.
☐ I elect to pay th	in three business one fees related to t	lays. Pro his transaction w	ith the cre	4 p.m. PST next busines:	s day. Processed (If you do NOT have	ay Service I within the same day. a credit card on file, please add a

Distribution Type and Instructions Section 4 Select one. Normal Distribution (Age 59½ or older) Required Minimum Distribution (Note that required minimum distributions are not eligible to be rolled over.) Termination of Employment Hardship (Note that hardship distributions are not eligible to be rolled over.) In-Service Distribution Plan Termination Death Excess Deferral (Indicate prior or current year and the amount of the excess and earnings to be withdrawn. Excess deferrals are not eligible to be rolled over.) Prior Year Excess Current Year Excess Excess deferral amount \$ Earnings \$ Direct Rollover to IRA or Employer-Sponsored Retirement Plan (Complete the information below.) MAKE PAYABLE TO as Trustee or Custodian of Name of Accepting Organization Name of Participant Traditional IRA Roth IRA SIMPLE IRA Employer-Sponsored Retirement Plan Accepting Organization Address City State Zip Account Number **Section 5 Distribution Amount** Distribute the requested amount as follows, provided there are no past-due fees on my account. See current Fee Schedule for applicable fees. Option A: Total Distribution of Entire Account and Close Account Termination and re-registration fees may apply. Option B: Partial Distribution

All accounts are required to maintain a minimum cash balance of \$500. If your request would drop your cash balance below this

Re-register the following asset Asset Name Amount \$ Check here If this is a defaulted loan from a Solo(k) Please complete the mailing information in Section 7 to indicate where to send Change of Ownership documents or, if you want them sent to your address that we have on file.

amount, your request may not be processed.

Cash (Gross amount) \$

Initial here

Section 6

Withholding Election (Form W-4R/OMB No. 1545-0074)

Federal Withholding

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% below. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate below. You may not choose a rate less than 20%.

See the Withholding Instructions for more information	n.			
Withholding Election. Complete this section if you See the instructions and the Marginal Rate Tables the Withhold %				
State Withholding (If applicable, select one) The following states do not allow withholding: AK, AZ	', FL, HI, NH, NV, NY, PA, S	SD, TN, TX, WA, WV, and W	Υ.	
Name of Withholding State				
☐ Withhold State Income Tax of %	from the amount withd	rawn.		
☐ Withhold State Income Tax of \$	from the amount			
DO NOT Withhold State Income Tax. (Varies by s I understand that I am still liable for the payment subject to penalties if my payments are insufficient	of state income tax on the			may be
Section 7 Payment Method				
See current Fee Schedule for applicable fees.				
Option 1: Mail a check to the following payee				
Payee Name		Payee Tax ID Numl	oer	
Address	City	State	Zip	
Check Delivery Options: Regular Mail	Expedited Delivery	I Will Pick Up		
Option 2: Wire or ACH funds directly to the paye If the ABA routing number provided accepts both wire. If the ABA routing number provided is not for	wire and ACH transaction		ot checked, funds will be	e sent as a
I have attached separate wire instructions.	Initial here			
If submitting separate wire instructions, initial abo	ve and sign instructions l	pefore submitting.		
Bank Name				
Bank Address	City	State	Zip	
Payee Name (On bank account)		Payee Tax ID Numl	oer	
Payee Address	City	State	Zip	
Account Number	ABA	Routing Number	e ACH	

Section 8

Plan Participant Agreement and Authorization

Important: Please read before signing.

I have read and understand the distribution notice provided to me. In addition, if I am eligible to waive the notice requirements under Internal Revenue Code Sections 402(f), 417(a)(3) and 411(a)(11), I hereby waive the 30-day notice period.

I certify that I am authorized to take distributions from this qualified retirement plan and that all information provided by me is true and accurate. No tax advice has been given to me by the custodian. All decisions regarding this distribution are my own, and I expressly assume responsibility for any consequences that may arise from this distribution. I agree that the custodian is not responsible for any consequences that may arise from processing this distribution request.

Plan Participant or Beneficiary Signature (if distribution is due to death)	Plan Participant or Beneficiary Name (if distribution is due to death) (Please type or print)	Date (mm/dd/yyyy)
x		
Plan Sponsor (Employer) Signature (Plan Sponsor must sign and date here only if different from participant)	Plan Sponsor Name (Please type or print)	Date (mm/dd/yyyy)



Congratulations! You are now able to submit your completed request.

Before you submit this form please review all completed information prior to signing. When ready, mail, email, or fax this completed form to:

Mail to: Provident Trust Group

8880 W. Sunset Rd., Suite 250

Las Vegas, NV 89148

Email to: distributions@trustprovident.com

Fax to: (702) 253-7565

Withholding Instructions

Form W-4R/OMB No. 1545-0074

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 or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See below 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.

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 in the Withholding Election section. 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-" in the Withholding Election section. 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% in the Withholding Election section. 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-" in the Withholding Election section. See Pub. 3920, *Tax Relief for Victims of Terrorist Attacks*, for more details.

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 the instructions for more information on how to use this table.

Single or Married Filing Separately			ng Jointly or rviving 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%		
14,600	10%	29,200	10%	21,900	10%		
26,200	12%	52,400	12%	38,450	12%		
61,750	22%	123,500	22%	85,000	22%		
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.

Specific Instructions

Withholding Election

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate in the Withholding Election section.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate in the Withholding Election section (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 in the Withholding Election section. (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 in the Withholding Election section. (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 in the Withholding Election section.

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" in the Withholding Election section.

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" in the Withholding Election section.

Privacy Act and Paperwork Reduction Act Notice. The IRS asks 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. The IRS 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, the IRS would be happy to hear from you. See the instructions for your income tax return.