

(IRA Rollover Distribution Sample for Schwab Paying Agent)

charles
SCHWAB

Important Notice to the Plan Sponsor: Schwab will process this distribution after collecting a **\$30 processing fee**, which must be deducted from your company's Schwab Master 401k Account. This processing fee cannot be deducted from the recipient's Schwab self-directed account. Please call us at (800) 660-0050 X3 for assistance.

Non-Periodic Distribution Directive*

*Also used for Broker-Dealer Enhanced Paying Agent Services.

NOTE: Financial Institution must be a federally-registered bank, brokerage firm, insurance company, or similar institution that offers IRA accounts to the public. Account number at institution must be provided. Private trust companies do not qualify.

Account Number: **1234-5789** Plan Name: **XYZ Company 401k Plan**

Participant/Beneficiary Information

Social Security Number: **123-45-6789**

Name: **John Smith**

Address: **123 Fourth Street**

City: **Anycity** State: **CA** Zip: **88000**

Financial Institution Information

Financial Institution for Direct Rollover: **Bank of America-Account 121212-343434**

Financial Institution or Alternate Participant Address:

Address: **123 Center Street**

City: **Sunnyplace** State: **CA** Zip: **80008**

Payment Detail

Total Gross Payment Amount \$ **10,600.00**
Less Federal Tax Withholding \$ **0.00**
Less State/Local Tax Withholding \$ **0.00**
Less Outstanding Loan Balance \$ **0.00**
Transfer in-Kind: Market Value \$ **0.00**
Transfer Detail (number of shares) **0**
Net Check Amount \$ **10,600.00**

Taxability

Taxable Income \$ _____
EE After-Tax Contribution/Roth Basis \$ _____
Gain/Loss \$ _____
First Year of Designated Roth Contribution _____
Cost Basis \$ _____ NUA \$ _____
Symbol _____ CUSIP _____
Total Distribution ☐ Yes ☐ No
Taxable Amount Not Determined ☐ Yes ☐ No

Payment Type: ☒ Check/Regular Mail ☐ Wire ☐ ACH/EFT (If ACH or Wire, fill out fields below.) ☐ Transfer to Schwab Account ☐ Tax Form Only

Name of Institution _____

ABA Number _____ Account Number _____ ☐ Checking ☐ Savings

FBO/FFC (further credit) _____

Schwab Account Number _____

For overnight delivery:

UPS®/FedEx® Number: _____
'Cannot deliver overnight to a post office box.

Recipient Phone Number (required): _____
Billing Zip Code (required for UPS): _____

Distribution Codes For use in preparation of the IRS tax form. (Select one or more.)

Payable to Participant

- ☐ 1. Early (premature distribution—no known exceptions, in most cases under age 59½)
☐ 2. Early (premature distribution—exceptions apply, under age 59½)
☐ 3. Disability
☐ 4. Death (spouse is eligible to roll over funds)
☐ 5. Prohibited Transaction
☐ 7. Normal Distribution (at least age 59½)
☐ 8. Excess Contributions Plus Earnings/Excess Deferrals Taxable in Current Year
☐ P. Excess Contributions Plus Earnings/Excess Deferrals Taxable in Prior Year
☐ E. Distributions Under Employee Plans Compliance Resolution System (EPCRS)
☐ A. May be eligible for 10-Year Tax Option
☐ U. Dividend distribution from Employee Stock Ownership Plan (ESOP) under sec. 404(k)
☐ B. Designated Roth Account Distribution

Payable to Rollover Institution

- ☒ G. Direct rollover of a distribution to a qualified plan, a section 403(b) plan, a governmental section 457(b) plan, or an IRA
Roth Conversion? ☐ Yes ☐ No
☐ H. Direct rollover of a Designated Roth Account to a Roth IRA

1099R Only

- ☐ L. Loan Default "Deemed Distribution" (See IRC Section 72(p).)
☐ 9. PS58 Costs
☐ M. Qualified Plan Loan Offset

Reason for Distribution

- ☐ Automatic Rollover to CSTB IRA ☐ In-Service Withdrawal—Non-Hardship ☐ Return of Employee Contributions/Earnings Under §414(w) ☐ Other
☐ Automatic Rollover to CSTB Roth IRA ☐ Pass-through Dividend ☐ Taxable Roth Conversion
☐ Death ☐ Qualified Domestic Relations Order (QDRO) ☒ Termination of Service
☐ Designated Roth Distribution ☐ Required Minimum Distribution at Age 70½ ☐ Withdrawal of EE After-Tax Contributions
☐ Disability ☐ Retirement ☐ Distribution at Age 70½ (amount above required minimum)
☐ Hardship Withdrawal ☐ Return of Excess Deferrals/Contributions ☐ Employee After-Tax Contribution

By signing below, the Authorized Party certifies that the Administrator has obtained such participant's and participant's spouse's waiver and/or consents and tax elections forms, including any necessary supporting documentation, for the above distribution as required by the Plan and the Internal Revenue Code and applicable regulations.

Authorized Signature

Signature(s) and Date(s) Required

X 
Authorized Signature

John Smith
Print Name

Date

Administrative Assistant
Title

XYZ Company Inc.
Company