(Required Minimum Distribution (RMD) 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.

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

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

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 123-45-6789
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: Recipient Phone Number (required):
†Cannot deliver overnight to a post office box. 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
- ☐ Automatic Rollover to CSTB Roth IRA
- ☐ Death
- ☐ Designated Roth Distribution
- ☐ Disability
- ☐ Hardship Withdrawal
- ☐ In-Service Withdrawal–Non-Hardship
- ☐ Pass-through Dividend
- ☐ Qualified Domestic Relations Order (QDRO)
- ☑ Required Minimum Distribution at Age 70½
- ☐ Retirement
- ☐ Return of Excess Deferrals/Contributions
- ☐ Return of Employee Contributions/Earnings Under §414(w)
- ☐ Taxable Roth Conversion
- ☐ Termination of Service
- ☐ Withdrawal of EE After-Tax Contributions
- ☐ Distribution at Age 70½ (amount above required minimum)
- ☐ Employee After-Tax Contribution
- ☐ Other

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 J Smith — Authorized Signature
John Smith — Print Name
Date

Administrative Assistant — Title
XYZ Company Inc. — Company

SAMPLE

 CS18872-01 APP41655-03 (01/20) (0120-9L32) 00050920