

# IRA Required Minimum Distribution



Complete this form to request a one-time withdrawal and/or set up an automatic withdrawal plan for your IRA required minimum distribution (RMD) from your Traditional, Rollover, SEP, SARSEP and SIMPLE IRAs, as applicable. RMDs do not apply to a Roth IRA.

If your IRA is a Beneficiary IRA or Beneficiary Roth IRA, please call us instead of completing this form. These types of accounts have "as beneficiary of" in the registration.

If you moved assets from another financial institution during the year and the RMD for those assets was not satisfied prior to the transfer or rollover, please call us for instructions.

**Please print clearly in CAPITAL letters using black ink and sign on page 4.** If a signature guarantee is required in step 9, this form must be returned by mail. Otherwise, you may return it by mail or fax.

## 1 Provide Your Account Information

Owner's first name

Middle initial

Owner's last name

Owner's U.S. Social Security number

Owner's date of birth (month-day-year)

Telephone number (daytime)

Telephone number (evening)

## 2 Tell Us What You Want to Do

**Choose one of the following options:**

- I only want to take a one-time withdrawal now. **Proceed to step 3.**
- I want to take a withdrawal now and set up an automatic withdrawal plan for future withdrawals. **Proceed to step 3.**
- I want to set up an automatic withdrawal plan without taking a withdrawal now. **Skip to step 4.**

## 3 Request a Withdrawal Now

**To receive a payment now, complete option A or B.** If you mark option A but do not indicate a year, we will calculate and redeem your RMD for this year.

**A. Calculate and redeem my RMD for:**

- This year
- Last year

*\*If you need to withdraw RMDs for years prior to last year, please call us for assistance.*

**B. Redeem the following amount:** \$ \_\_\_\_\_

**To add an automatic withdrawal plan for future payments, proceed to step 4. Otherwise, skip to step 5.**

## 4 Establish an Automatic Withdrawal Plan

To establish an automatic withdrawal plan for future payments, provide the amount, frequency and beginning date.

<b>Payment amount (Required)</b>	<input type="checkbox"/> The RMD amount (calculated by American Century®) <input type="checkbox"/> Fixed amount: \$ _____
<b>Payment frequency</b>	<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Semiannually
<b>Date of first payment</b>	_____ - _____ - _____ month                      day                      year

If you chose to have each year's RMD amount withdrawn, the amount will be automatically recalculated each year. If you chose a fixed dollar amount, you must contact us to update the amount, if needed. If you do not indicate a payment frequency, we will default to quarterly. If you do not indicate a date, we will default to the 15th. If the payment date is on a weekend or holiday, the payment will be made the following business day.

## 5 Confirm Life Expectancy Method

If you elected to have us calculate your RMD in steps 3-4, we will use the Uniform Lifetime Table for your RMD calculation unless you mark the box below and are eligible.

- I want to use the Joint Life Expectancy Table Method. I understand that for this to apply, my spouse must be more than 10 years younger than me and must be my sole primary beneficiary for the entire RMD year. I understand I must notify American Century® if I become no longer eligible.

## 6 Choose the Payment Accounts

We will withdraw the payment amount(s) requested in steps 3-4 proportionately from all applicable IRAs (Traditional, Rollover, SEP, SARSEP and SIMPLE).

**If you want to have the payment amount withdrawn from select account(s)**, provide instructions below. If account/Plan ID are provided but percentages are not, we will withdraw proportionately. Attach a separate page if needed.

	%		%
Account number or Plan ID/fund name	Percentage	Account number or Plan ID/fund name	Percentage

## 7 Provide Withholding Instructions

**Federal Tax Withholding:** If your withdrawal is a qualified charitable distribution (QCD), withholding does not apply. We will not withhold even if a rate is indicated below. For all other withdrawals, please review the enclosed [IRS Form W-4R](#) then complete the section below. You may keep the W-4R form for your records. Please consult a tax advisor if you need assistance determining the federal withholding rate that is appropriate for your situation.

Your withholding rate is determined by the type of payment you will receive. For nonperiodic payments, **the default withholding rate is 10%**. (For American Century Investments IRAs, nonperiodic payments include both one-time and automatic withdrawals.)

You can choose to have a different rate from 0% to 100%. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions. If you would like a rate of withholding that is different from the default withholding rate, complete the line below. See the instructions and the [Marginal Rate Tables](#) on the enclosed IRS Form W-4R for additional information.

**Enter the rate as a whole number (no decimals)** \_\_\_\_\_ % (If left blank, 10% will be withheld.)

**State Tax Withholding:** State tax will be withheld according to state regulations if, at the time of your withdrawal, your tax residency is within one of the mandatory withholding states.

**8****Select Your Payment Method**

**Select your payment method(s).** If you do not choose a payment method, we will send a check payable to you at your address of record.

**A. Reinvest in an American Century Investments taxable account**

Existing account number(s): \_\_\_\_\_

Establish a new account (provide fund name): \_\_\_\_\_

If your RMD is below the minimum required to establish a new account, which is \$2,500 for most funds, we will waive the fund minimum if you establish an automatic withdrawal plan **and** your total RMD for the year reinvests at least \$500 annually in the new account. If we cannot open a new account, we will send a check to your address of record.

Cost Basis for the New Account: After your RMD has been reinvested in a new taxable account, the Average Cost method will be used to calculate and report your cost basis on future redemptions you make from that account. If you would like us to use a different method, please complete and return a *Cost Basis Election Form* or change your method online after your account is established.

**B. Send electronically to a bank account**

Payments will be sent electronically via automated clearinghouse (ACH); please allow 2-5 days for receipt. If you do not already have a bank account on file with us that is authorized for redemptions, you may attach a voided preprinted check. There is a 7-day waiting period for new bank accounts; during this time, payments will be sent by check.

**C. Send a check payable to me**

We will mail your check to your address of record unless you provide alternate mailing instructions.

\_\_\_\_\_  
Alternate address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

**D. Make a qualified charitable distribution (QCD)**

This option is available for this year's and future RMDs; you may not make a QCD for last year's RMD. You **MUST** be age 70½ or older on the date of the distribution. The distribution must be made by check payable to a qualified charity; however, you may provide either your or the charity's mailing address. Please review additional QCD information in step 9. If more space is needed, or you have special instructions, please attach a separate page.

1) Select amount:     All of my RMD     \_\_\_\_\_% of my RMD     \$\_\_\_\_\_

\_\_\_\_\_  
Qualified charity name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

2) Select amount:     All of my RMD     \_\_\_\_\_% of my RMD     \$\_\_\_\_\_

\_\_\_\_\_  
Qualified charity name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

## Review Conditions and Sign Your Name

### By signing, I agree to the following:

- I authorize American Century Services, LLC (American Century) to calculate and withdraw my RMD (or the amount I have specified) from each of my accounts based on the information I have provided on this form. I understand that American Century will make every effort to calculate my proper RMD but it is ultimately my responsibility to ensure enough is withdrawn to satisfy my RMD each year.
- I have read and understand the *IRS Form W-4R* that was provided to me with this distribution form, and my withholding election is based on the W-4R form's instructions and Marginal Rate Tables. I have independently verified that the W-4R form I received is the most current IRS version available. My signature and date on this distribution form also serves as my W-4R form withholding election signature.
- If I have provided incomplete or inaccurate information, I agree to defend, hold harmless and indemnify American Century; the Custodian, State Street Bank and Trust Company; their officers; agents; employees; affiliates and successors from any liability should I fail to satisfy IRS minimum distribution requirements.

### For qualified charitable distributions (QCDs), I understand:

- It is my responsibility to understand and comply with IRS regulations for QCDs.
- I may not request a QCD from a SEP or SIMPLE IRA that is still receiving contributions.
- I must be age 70½ or older on the date of the QCD.
- American Century Investments does not verify that the recipient is a qualified charitable organization. It is my responsibility to contact the charity prior to requesting a QCD to confirm that they are a qualified charitable organization under Internal Revenue Code Section 408(d)(8).
- There is no special IRS tax distribution code for QCDs. The distribution will be coded as a normal distribution for Traditional, Rollover, SEP, SARSEP or SIMPLE IRAs.
- It is my responsibility to keep a copy of my confirmation statement and contact the charity directly to obtain a receipt of my donation for tax-reporting purposes, and I must consult my tax advisor or the IRS regarding how to report the QCD on my tax return.

### Before signing, determine if a signature guarantee is required

- A signature guarantee is required for the following:
  - Qualified charitable distribution(s) totaling \$50,000 or more to a single charity.
  - Sending a check payable to you to an alternate address, or to an address that has not been on file for at least 7 days, if your check is \$100,000 or more.
  - Reinvesting the RMD in an account for which you are not the sole owner, and the RMD is \$100,000 or more.
- A signature guarantee is a warranty by the guarantor that the signature is genuine and the person signing is competent and authorized to sign. Many domestic banks, trust companies, credit unions, brokers, dealers, national securities exchanges, registered securities associations, clearing agencies and savings associations can provide a signature guarantee for you. The signature must correspond in every way, without alteration, with the name printed on the current account registration. The guarantee must be an original ink stamp that states "Signature Guaranteed/Medallion Guaranteed"; we cannot accept it by fax.




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Signature

Date signed

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Printed name

**Please affix signature guarantee ink stamp (if required).**

**Acknowledgement by a notary public is NOT acceptable.**

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