

Beneficiary Distribution Request



Account Number

SECTION 1: Beneficial and Decedent Information

1a: BENEFICIAL OWNER

First Name	Middle Initial	Last Name
Date of birth	Social Security Number	Beneficial Portion (%)
Mailing Address 1	Mailing Address 2	
City	State	Zip Code

1b: DECEASED ACCOUNT OWNER

First Name	Middle Initial	Last Name
Relation to Beneficiary	Date of Birth	Date of Death
		Last Four Digits of Social Security Number

SECTION 2: Account Type

Select One:

- ☐ Traditional IRA ☐ Roth IRA ☐ SIMPLE IRA ☐ SIMPLE Roth IRA ☐ SEP IRA ☐ SEP Roth IRA ☐ SARSEP IRA
- ☐ Beneficiary IRA ☐ Beneficiary Roth IRA
- Qualified Plan ☐ Solo 401(k) ☐ Solo 401(k) Roth ☐ QP ☐ QP Roth
- ☐ Other, List: _____

Select One: ☐ Existing Account ☐ New Account

SECTION 3: Distribution Amount

Provide either full or partial distribution instructions.

IMPORTANT: To liquidate assets for a full or partial cash distribution, contact your Investment Advisor to initiate any asset liquidations required. If your Investment Advisor needs to liquidate assets to cover the requested cash, the distribution will not be processed until the settlement date for the liquidations.

A. FULL DISTRIBUTION INSTRUCTIONS, if applicable – Select One:

- ☐ **Full cash distribution.** Distribute my entire account balance and close my account.
- ☐ **Full in-kind distribution.** Distribute all cash and security balances in-kind and close my account.

B. PARTIAL DISTRIBUTION INSTRUCTIONS, if applicable – Select One:

- ☐ **Gross cash amount** of \$ _____. Note: Provide amount before tax withholding.
- ☐ **Net cash amount** of \$ _____. Note: Provide amount after tax withholding.
- ☐ **Beneficiary Life Expectancy Payment (LEP).** Applicable to Beneficiary IRA and Beneficiary Roth IRAs.

Type of LEP, select one:

- ☐ Full LEP amount for this account ☐ Remaining LEP balance for this account

Prior Year-end Value

TO BE CONTINUED

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☐ **Partial in-kind.** Enter the shared information.

Number of Shares

Security Description/symbol

Number of Shares

Security Description/symbol

☐ Additional security shares information attached

SECTION 4: Withholding

Even if you elect not to have tax withheld, you may be liable for payment of income tax on your distribution. You may also be subject to tax penalties and interest under the estimated tax payment rules if your withholding or payments of estimated tax, if any, are not adequate.

IMPORTANT: For withholding on in-kind security distributions, there must be a sufficient cash balance to cover the withholding amounts specified. For withholdings specified as a percentage, the withholding amounts will be calculated on the gross cash amount plus the value of in-kind securities.

A. FEDERAL WITHHOLDING:

Your withholding rate is determined by the type of payment you will receive. Please read the attached IRS "Form W-4R" for additional withholding requirements for your distribution.

IMPORTANT: IRA Distributions. If no federal withholding election is made, default federal withholding of 10% of any distribution will be withheld. The withholding election for this distribution will not replace the withholding election on any of your existing or future distributions.

IMPORTANT: Qualified Plan non-rollover eligible distributions. If no withholding election is made, default federal withholding of 10% of any distribution will be withheld. The withholding election for this distribution will not replace the withholding election on any of your existing or future distributions.

IMPORTANT: Qualified Plan rollover eligible distributions. Mandatory federal withholding of 20% will be withheld. You can elect an amount greater than 20%. You may not elect a rate less than 20% or waive the mandatory federal withholding. The withholding election for this distribution will not replace the withholding election on any of your existing or future distributions.

Withholding Election. Indicate the federal withholding percentage to be withheld, in a whole number, between 0% and 100%. Specify 0% if you want no federal tax withheld. Withholding must be entered in whole numbers (any decimals will be rounded up to the nearest whole number). By providing a withholding percentage below, signing and dating this distribution form, you acknowledge that you have read the attached IRS Form W-4R, including the complete instructions on pages 1 and 2 and the Marginal Rate Tables. Note: the attached W-4R is for informational purposes only. You are not required to complete the IRS Form W-4R.

☐ **Withhold** _____ % for federal income tax from the gross distribution amount.

B. STATE WITHHOLDING – Select One:

IMPORTANT INFORMATION:

- **State Withholding Rules:** For a list of states available for withholding and their withholding rules, refer to the Axos Advisor Services Withholding Information document found online at www.axosadvisorservices.com/Forms-and-Applications.
- **State Withholding Information:**
 - If your state has mandatory withholding that allows you to opt out after certain conditions are met, please consult your tax advisor prior to checking the 'Do NOT withhold' box on the distribution form to ensure that you have met the conditions.
 - If your state has mandatory withholding requirements, state withholding (including withholding on Roth IRA distributions) may be processed even if the 'Do NOT withhold' election box is checked.

I declare my permanent state of residence is _____. (If blank, default is address on record)

☐ **Withhold** _____ % or \$ _____ of state income tax.

☐ **Do Not Withhold** state income tax from the distribution. (Not applicable to all states)

You are responsible for the withholding selections you make on this distribution form. You agree and acknowledge that you will pay all taxes, interest or penalties imposed by the relevant governmental authority as a result of the distributions you have elected to take. You agree to indemnify and hold harmless Axos Advisor Services, its affiliates, and its and their directors, officers, employees, and agents from and against all costs, expenses fees (including attorneys' fees), damages, or any other liabilities, arising out of, or as a result, of Axos Advisor Services' reliance or inaction taken in reliance upon your withholding selections.

SECTION 5: Delivery Method

IMPORTANT INFORMATION:

- **Delivery Method:** Select one of the following delivery methods and complete all appropriate fields.
- **Delivery Method left blank:** If no delivery method is selected, Axos Advisor Services will default to send check to address of record.
- **Transaction Fees:** Funds sent via check, via overnight check or wire may be subject to a fee, which would be deducted from your account balance. Your Investment Advisor can provide you with fee information regarding this transaction.

- ☐ **By electronic transfer:** Note: Allow 1-2 business days for delivery from the processed date for ACH, and the same or next business day for wires. If electronic transfer is selected and ACH or wire is not selected, we will default to ACH checking account. For an ACH, if checking or savings account is not selected, we will default to checking account.

Select One: ☐ By ACH ☐ By Wire (fee may apply)

Select One: ☐ Checking Account ☐ Savings Account

Select One: ☐ Voided check provided ☐ Bank on File ☐ Bank information provided below:

Bank Name

Name on Bank Account

ABA (Routing) Number

Bank Account Number

- ☐ **By check and/or in-kind delivery:** Note: allow 10 Business days for check delivery. If no payment or mailing instructions are provided, Axos Advisor Services will default to sending a check to the address in section 1a.

Select if applicable:

☐ Send check via overnight delivery (not available for a P.O. Box address).

Select One:

- ☐ By check to Account owner at the address of record
☐ By check to Account owner at the address below
☐ By check to the third-party payee at the address below

Payable To

For the Benefit of (FBO) if applicable

Account Type

Mailing Address

City

State

Zip Code

☐ If payment is for a charitable distribution, please include my name on the check.

- ☐ **Transfer or Direct Rollover internally to an eligible Axos Advisor Services account:** Move the requested cash and securities specified in Section 3 into my account listed below. Note: If the receiving account is not an existing account, include the appropriate Axos Advisor Services account application. **IMPORTANT:** For a direct rollover to an employer plan (only available to spouse beneficiaries), please verify that the plan will accept a direct rollover from this IRA.

Select One: ☐ Existing Account ☐ New Account

Account Number

Account Title

Account Type

- ☐ **Transfer or Direct Rollover to an account at another Institution:** Move the requested cash and securities specified in Section 3 into my account listed below. **IMPORTANT:** For a direct rollover to an employer plan (only available to spouse beneficiaries), please verify that the plan will accept a direct rollover from this IRA.

Account type at receiving institution (select one):

☐ Traditional, Roth, SEP, Roth SEP, SAR SEP, SIMPLE or SIMPLE Roth IRA
(spouse beneficiary only)

☐ Beneficiary/Inherited IRA or Roth IRA

☐ Individual, Joint, Trust, Estate, Custodial

☐ Qualified Plan

Name of Institution

Account Title

For the Benefit Of (FBO)

Account Number

Mailing Address

City

State

Zip Code

SECTION 6: Signature

By signing this form, you certify that you are the proper party to receive or direct payment(s) from this IRA and that all information provided is true and accurate. You further certify that no tax advice has been given by Axos Advisor Services. All decisions regarding this withdrawal are your own. You expressly assume responsibility of any adverse consequences which may arise from the withdrawal, including any taxes, interest and penalties that may be imposed by the relevant government authority as a result of the withdrawal, and you agree that Axos Advisor Services shall in no way be held responsible. You maintain all responsibility in monitoring these distributions to ensure that funds are available to be transferred and are received as requested.

You acknowledge that the origination of ACH transactions to your account must comply with applicable law, and that in the event an ACH entry is incorrect, Axos Advisor Services reserves the right to submit correcting entries.

You agree to indemnify and hold harmless Axos Advisor Services, its successors and assigns, its affiliates, and its and their directors, officers, employees, and agents (each an "Indemnified Party") from and against any losses, claims, liabilities, damages, actions, charges, costs, and expenses including attorneys' fees, and to pay any Indemnified Party's defense costs and expenses resulting from, in connection with, or incident to, your instructions, authorizations, representations, selections, or other statements or information provided in this request.

Account Owner or Authorized Party Signature_____
Print Name_____
Date**SECTION 7: Employer or Approved Provider Affirmation**

IMPORTANT: Required for 403(b), 403(b) Roth and all Qualified Plan account distributions due to a death.

The undersigned represents that he or she is authorized to act on behalf of the Employer or Approved Provider named below with respect to providing this affirmation and approving the distribution from the above-referenced 403(b), 403(b) Roth, Qualified Plan account. If signing as an Approved Provider, the undersigned further affirms that the Approved Provider named below has entered into an Information Sharing Agreement with the Employer. Furthermore, the undersigned agrees to hold Axos Advisor Services harmless for his or her approval of said transaction, and agrees and acknowledges that Axos Advisor Services is not a trustee or fiduciary of the above referenced 403(b), 403(b) Roth, Qualified Plan account. and shall be liable in the event that a request is deemed to be in conflict with ERISA, DOL or IRS Regulations.

Employer or Approved Provider Signature_____
Print Name_____
Date_____
Employer or Approved Firm Name**END OF FORM**

GENERAL INSTRUCTIONS

Use these instructions to complete the Beneficiary Distribution Request form for retirement accounts made available by Axos Advisor Services.

Purpose of this form.

Use this form to request a one-time distribution from either a deceased owner's retirement account or from your beneficial/inherited IRA/Roth IRA account. Note: Only one set of instructions should be submitted on this form.

- You must complete all required fields, unless designated as 'if applicable'. 'If applicable' indicates the section or entry is required only if certain conditions apply. These conditions are outlined in detail in these instructions.
- To expedite processing and to avoid requests for additional information, provide all required additional forms and documentation as detailed in these instructions.
- Print or type all entries. Print clearly in all CAPITAL LETTERS to complete this form. To type entries, use the fillable PDFs available through Liberty and at <https://www.axosadvisorservices.com/Forms-and-Applications/>.

IMPORTANT: Do not use this form to request a transfer of assets from a deceased account owner's retirement account or your beneficial/inherited IRA/Roth account at Axos Advisor Service to another IRA/Roth account at another trustee or custodian. Use the new custodian's transfer form to complete this type of transaction.

IMPORTANT: Applicable distribution fees will be deducted from your account balance. This may include termination, check, overnight mailing, and wire fees. Note: For information on distribution fees for this request, contact your Investment Advisor.

IMPORTANT: The terms "employer," "plan trustee," and "plan administrator" are used interchangeably on this document.

IMPORTANT: It is your responsibility to pay all taxes, interest and penalties that may be imposed by the relevant governmental authority. In most situations, Axos Advisor Services is required to issue a Form 1099-R for distributions from your IRA. Depending on the nature of the distribution, the distribution may or may not be taxable. For additional information, consult your tax advisor or the IRS.

SECTION 1: Beneficial and Decedent Information

1a: BENEFICIAL OWNER: Enter the beneficial account owner information for this account exactly as it appears on your Axos Advisor Services Beneficiary IRA/Roth account. For new accounts, enter the account name exactly as it is written on the application form.

1b: DECEASED ACCOUNT OWNER: If this request is from a deceased IRA/Roth owner's account, enter the decedent's information exactly as it appears on the Axos Advisor Services IRA/Roth account.

SECTION 2: Account Type

Check the box indicating the retirement account type and then select if it is a new or existing account. For an existing account, provide the Axos Advisor Services account number. For a new account, provide the appropriate Axos Advisor Services account application with this form.

SECTION 3: Distribution Amount

Provide either full distribution instructions in Section 4A or partial distribution instructions in Section 4B.

Liquidate assets for cash distribution. To liquidate assets for a full or partial distribution in cash, contact your Investment Advisor to initiate any liquidations required. If your Investment Advisor needs to liquidate assets to cover the requested cash, the distribution will be processed after all liquidating trades have settled. Note: If you request to liquidate an asset that cannot be liquidated, we will return the paperwork to your Investment Advisor for clarification and no action will be taken on the request.

A. Full Distribution Instructions, if applicable – Select One: For full distributions, select either Full Cash Distribution or Full In-kind Distribution checkbox.

IMPORTANT: If you are requesting a full distribution, all systematic distributions for the account will be stopped upon receipt of this distribution request.

B. Partial Distribution Instructions, if applicable: For partial distributions, select the appropriate type of distribution and provide the requested information, if applicable.

- **Gross Cash Amount.** The gross cash amount is the amount before any tax withholding has been applied. Provide the gross cash amount, including requesting a beneficiary Life Expectancy Payment (LEP) amount that has been calculated by you or your tax advisor.
- **Net Cash Amount.** The net cash amount is the amount after any tax withholding has been applied. Provide the net cash amount, including requesting a LEP amount that has been calculated by you or your tax advisor.
- **LEP Amount.** Axos Advisor Services will calculate your LEP amount based on the information provided in this section, using the Lifetime or Joint Lifetime Expectancy table as applicable.
 - **Full LEP amount.** Axos Advisor Services will calculate and distribute the total LEP amount for the year, regardless of any prior distributions taken in the current tax year.
 - **Remaining LEP balance.** Axos Advisor Services will calculate the total LEP amount for the year, subtract any prior distributions taken in the current tax year, and distribute the remaining amount.
 - **Prior Year-end Value.** If the account was custodied at a prior custodian on December 31 prior to transfer to Axos Advisor Services, please provide the prior year-end value to calculate the LEP.

IMPORTANT: The LEP calculation will be based on the information available to Axos Advisor Services. The account owner is responsible for notifying Axos Advisor Services if there are any outstanding rollovers, outstanding transfers, conversions, or recharacterizations that are not reflected on the previous year-end statement.

- **Partial in-kind.** Provide the number of shares and the security description and symbol, if available. Note: The value of the distribution, including securities, is determined as of the closing price on the business date the distribution is issued. Certificates of deposit, treasuries, and some mutual funds and securities cannot be delivered in certificate form. **More than two securities.** For a partial distribution, if more than two securities are being requested, list the information for the additional securities on a separate piece of paper and check the 'Additional security shares information attached' checkbox at the end of the section.

SECTION 4: Withholding

IMPORTANT: The distributions you receive from your IRA account may be subject to federal and possibly state income tax. Even if you elect not to have tax withheld, you may be liable for payment of income tax on your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your withholding or payments of estimated tax, if any, are not adequate. Note: For additional information, consult your tax advisor or the IRS.

A. Federal Withholding

Indicate the federal withholding percentages to be withheld, in a whole number between 0% and 100%. Specify 0% if you want no federal tax withheld. Please read the attached IRS "Form W-4R" for additional withholding requirements for your distribution. You may also want to consult with a tax advisor. Axos Advisor Services must have a street address on file for your account for you to elect no federal withholding.

IMPORTANT: If no federal withholding election is made, federal withholding of 10% of any distribution will be withheld.

IMPORTANT: Specific dollar amount or non-whole number percentage of federal withholding requests will not be accepted. If a specific dollar amount was requested, federal withholding of 10% of any distribution will be withheld. If a non-whole number percentage was requested, federal withholding will be rounded up to the next whole number.

B. State Withholding

Declare your permanent state of residence. If none is given, then the address of record will be used. The account owner's legal address of record at the time of the distribution determines the state withholding requirements.

Check the box indicating the state withholding percent or amount to be withheld or check the box indicating that you want no state tax withheld. Note: Some state's withholding will be rounded to the nearest whole dollar. **IMPORTANT:** State withholding is not available for all states. For a list of states available for withholding and their rules, refer to the Axos Advisor Services Withholding Information document found online at

www.axosadvisorservices.com. **IMPORTANT:** If your state has mandatory withholding that allows you to opt out after certain conditions are met, please consult your tax advisor prior to checking the 'Do NOT withhold' box on the distribution form to ensure that you have met the conditions. **IMPORTANT:** If your state has mandatory withholding requirements, state withholding (including withholding on Roth IRA distributions) may be processed even if the 'Do NOT withhold' election box is checked.

Withholding on in-kind security distributions. For in-kind security distributions, there must be a sufficient cash balance to cover the withholding amounts specified. For withholdings specified as a percentage, the withholding amounts will be calculated on the total gross distribution amount.

SECTION 5: Delivery Method

Select the appropriate distribution method. **IMPORTANT:** Funds sent overnight via check, or wired, may be subject to a fee, which will be deducted from your account balance. Your Investment Advisor can provide you with fee information regarding these transactions.

Cash and in-kind instructions. For the cash portion of the distribution, select either the "By electronic transfer" box or the "By Check" box. The In-kind portion will use the delivery instructions provided in Section 6 (in-kind delivery, transfer/direct rollover internally or transfer/direct rollover to another institution).

- **By electronic transfer:** Select the type of electronic transfer and provide the bank information below. If you select either Checking Account or Savings Account, enter your banking information. If you select the Voided Check Provided box, provide a blank check with this form. Note: Allow 1-2 business days for delivery from the processed date for ACH, and the same or next business day for wires. If electronic transfer is selected and ACH or wire is not, we will default to ACH checking account. For an ACH, if checking or savings account is not selected, we will default to checking account.
- **Bank on File:** Bank of Record as provided on the Advisor Authorization for Distribution/Contribution form or active systematic distribution/contribution record.
- **By check and/or in-kind delivery:**

For the cash portion of the distribution, select either the "By electronic transfer" box or the "By Check" and/or in-kind delivery box.

Select the box requesting a check to be sent overnight, otherwise a check will be sent by regular mail.

Select the appropriate box to indicate where the check is to be sent. If applicable, enter the third-party payee/delivery information.

If payment is for a Qualified Charitable Distribution (QCD), select the box to include your name on the check.

Allow 10 business days for delivery of mailed checks.

Note: For in-kind delivery, contact your Investment Advisor for information regarding any re-registration fees. Allow four to six weeks for security certificates.

- **Transfer or Direct Rollover internally to an eligible Axos Advisor Services account:**
This method transfers or rolls over cash and/or securities to another retirement or non-retirement account in your name at Axos Advisor Services. Check the box indicating if it is a new or existing Axos Advisor Services account. For existing accounts, provide the Axos Advisor Services account number, account title and account type. For new accounts, enter the account type and attach the appropriate Axos Advisor Services account application to this form. **IMPORTANT:** For a direct rollover to an employer plan (only available to spouse beneficiaries), please verify that the plan will accept a direct rollover from this IRA.
- **Transfer or Direct Rollover to an account at another Institution:** This method transfers or rolls over cash and/or securities to another retirement or non-retirement account in your name at another institution. Provide the institution name, account title, For the Benefit of (if applicable), account number, account type, and complete mailing address.
IMPORTANT: For a direct rollover to an employer plan (only available to spouse beneficiaries), please verify that the plan will accept a direct rollover from this IRA.

SECTION 6: Signature

Sign and date the form. Client signature is always required for the following instruction requests:

- Check withdrawal to an address different than the beneficiary's address of record.
- Distribution made payable to someone other than the account owner, unless the payee is eligible for Qualified Charitable Distributions (QCD).
- Distributions in excess of \$250,000.00 for ACH requests, and \$1,000,000.00 for internal transfers, wire and check to address of record requests.
- Rollover distributions.
- Custodial IRA/Roth IRA distributions (custodian will sign).

For qualified plan accounts, the plan administrator is required to sign all requests.

Advisor Authorization for Distributions. If your Investment Advisor has been preauthorized to sign IRA distribution requests for you (via an Advisor Authorization for Distribution form), and the distribution situation does not require a client signature, your Investment Advisor may sign in place of you. Please check with your Investment Advisor if they require a signature.

Return your completed form as instructed by your Investment Advisor or your client representative. Questions regarding this form should be directed to your Investment Advisor.

Department of the Treasury
Internal Revenue Service

Give Form W-4R to the payer of your retirement payments.

2025

1a. First name and middle initial

Last name

1b. Social security number

Address

City or town, state, and ZIP code

DO NOT COMPLETE OR RETURN.

THIS FORM IS FOR REFERENCE ONLY.

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.

2

Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)

2

%

Sign Here

Your signature (This form is not valid unless you sign it.)

Date

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 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.

2025 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		Married filing jointly or Qualifying surviving 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%
15,000	10%	30,000	10%	22,500	10%
26,925	12%	53,850	12%	39,500	12%
63,475	22%	126,950	22%	87,350	22%
118,350	24%	236,700	24%	125,850	24%
212,300	32%	424,600	32%	219,800	32%
265,525	35%	531,050	35%	273,000	35%
641,350*	37%	781,600	37%	648,850	37%

* If married filing separately, use \$390,800 instead for this 37% rate.

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 2025, 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;
- 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 \$65,000 without the payment. Step 1: Because your total income without the payment, \$65,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$85,000, is greater than \$63,475 but less than \$118,350, 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 \$61,000 without the payment. Step 1: Because your total income without the payment, \$61,000, is greater than \$26,925 but less than \$63,475, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$81,000, is

greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. The two rates differ. \$2,475 of the \$20,000 payment is in the lower bracket (\$63,475 less your total income of \$61,000 without the payment), and \$17,525 is in the higher bracket (\$20,000 less the \$2,475 that is in the lower bracket). Multiply \$2,475 by 12% to get \$297. Multiply \$17,525 by 22% to get \$3,856. The sum of these two amounts is \$4,153. This is the estimated tax on your payment. This amount corresponds to 21% of the \$20,000 payment (\$4,153 divided by \$20,000). Enter "21" 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).

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.

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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.