IRA and Beneficiary IRA Systematic Distribution Request

AXOS ADVISOR SERVICES

Account Number _____

Section 1: Account Owner

First Name _____ Middle Initial _____ Last Name _____

Date of birth _____ Last Four Digits of Social Security Number _____

Section 2: Account Type

Select One:

☐ Traditional IRA ☐ Roth IRA ☐ Beneficiary IRA ☐ Beneficiary Roth IRA ☐ SIMPLE IRA ☐ Roth SIMPLE IRA
☐ SEP IRA ☐ Roth SEP IRA ☐ SARSEP IRA

Select One: ☐ Existing Account ☐ New Account

Section 3: Systematic Distribution

IMPORTANT: If this form is received less than 8 business days before the next scheduled run date, the requested updates will not take effect until the subsequent scheduled run date.

Select One:

☐ Establish new systematic distribution request

☐ Modify existing systematic distribution request (only complete sections related to the changes being requested)

☐ Cancel existing systematic distribution request – Select one:

☐ Cancel all systematic distributions currently on file

☐ Cancel the specified systematic distribution listed below:

_____ _____
Cancel Scheduled Post Date Cancel Amount

Section 4: Reason For Distribution - Select One

This information must be completed for IRS reporting purposes. Note: If no selection is made, Axos Advisor Services will default to either "normal" or "premature" distribution based on your age. Any tax reporting will be based on the election made.

☐ **Normal** (age 59½ or older) Also select for a Required Minimum Distribution (RMD). For Roth, Roth SIMPLE IRA and Roth SEP IRAs, provide year of first contribution _____ . If not provided, Axos Advisor Services will default to the year the account was opened.

☐ **Premature** (underage 59½) May be subject to 10% early withdrawal penalty. For SIMPLE IRAs and Roth SIMPLE IRAs and if first contribution was less than two years prior, may be subject to 25% early withdrawal penalty. For SIMPLE IRAs and Roth SIMPLE IRAs, provide year of first contribution _____. If not provided, Axos Advisor Services will default to the year the account was opened.

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Account Number: _____

☐ **Beneficiary Distribution.** This account is a Beneficiary/Beneficiary Roth IRA

☐ **Transfer to and from a like plan Internally.** This includes Traditional IRAs to SEP/SIMPLE IRAs and vice versa, and Roth IRAs to Roth SEP/ Roth SIMPLE IRAs and vice versa.

☐ **Roth Conversion** Note: The IRS deems Roth Conversions as irrevocable.

☐ **Qualified charitable distribution** By checking this box, I certify that this distribution meets all the requirements of the IRS Code for a qualified charitable distribution.

☐ **Disability** (underage 59½; distribution not subject to 10% penalty tax) By checking this box, I certify that this distribution meets all the disability requirements of the IRS Code.

☐ **Substantially Equal Periodic Payment (SEPP).**

Section 5: Systematic Distribution Frequency

Provide the complete start date for the systematic distribution below.

_____/_____/_____

Month **Day** **Year**

Frequency of Distributions - Select One:

☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

IMPORTANT: For annual Systematic Required Minimum Distribution (RMD) and Life Expectancy Payments (LEP) scheduled to run in January, the day of withdrawal will always be set to January 31.

Section 6: Distribution Amount

IMPORTANT: For systematic 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 systematic distribution may not be processed.

SYSTEMATIC DISTRIBUTION INSTRUCTIONS

Select One:

☐ **Gross cash amount** of $ _____. Note: Provide amount before tax withholding.

☐ **Net cash amount** of $ _____. Note: Provide amount after tax withholding.

☐ **Required Minimum Distribution (RMD) amount.** Provide the following information for the calculation.

Type of RMD, select one:

☐ Full RMD amount for this account ☐ Remaining RMD balance for this account

_____

Prior Year-end Value

☐ **Spouse beneficiary more than 10 years younger than I.** I have designated my spouse or a qualifying trust (where my spouse is the sole primary beneficiary of the trust) as sole primary beneficiary of my account AND my spouse is at least 10 years younger than I.
If the above statement is true, enter your spouse's Date of Birth:

_____/_____/_____

☐ **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

Account Number: _____

Section 7: 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.

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: 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.

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 8: Delivery Method

- **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

☐ **By ACH.** If checking or savings account is not selected, we will default to checking account.

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 Account Number

☐ **By check**. Note: allow 10 Business days for check delivery. If no payment or mailing instructions are provided, the address of record will be used as default instructions.

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 Qualified Charitable Distribution (QCD), please include my name on the check

☐ **Transfer internally to an eligible Axos Advisor Services account**. Move the requested cash specified in Section 6 into my account listed below. Note: If the receiving account is not an existing account, include the appropriate Axos Advisor Services account application.

Select One: ☐ Existing Account ☐ New Account

Account Number	Account Title	Account Type

If reason for distribution is beneficiary distribution, are you the spouse of the original deceased account owner? ☐ Yes ☐ No

☐ **Transfer to an eligible account at another Institution.** Move the requested cash specified in Section 6 into my account listed below.
Account type at receiving institution (select one):

☐ Traditional, SEP, SARSEP or SIMPLE IRA ☐ Roth, Roth SEP or SIMPLE Roth IRA

☐ Individual, Joint, Trust, Estate, Custodial ☐ Beneficiary/Inherited IRA or Roth IRA

If reason for distribution is beneficiary distribution, are you the spouse of the original deceased account owner? ☐ Yes ☐ No

Name of Institution	Account Title	For the Benefit of (FBO) if applicable	
Account Number			
Mailing Address	City	State	ZIP Code

Section 9: 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

END OF FORM

Account Number: _____

GENERAL INSTRUCTIONS

Use these instructions to complete the IRA and Beneficiary IRA Systematic Distribution Request form made available by Axos Advisor Services.

Purpose of this form.
Use this form to request a systematic distribution from your IRA/Roth account, or 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 your Axos Advisor Services IRA/Roth account to another IRA/Roth account in your name at another trustee or custodian. Use the new custodian's transfer form to complete this type of transaction.

IMPORTANT: Do not use this form to request a one-time distribution from a deceased account owner's retirement account or your beneficial/inherited IRA/Roth account. Use the Beneficiary Distribution Request form to request a one-time distribution.

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: Account Owner

Enter the account owner information for this account exactly as it appears on your Axos Advisor Services account. For new accounts, enter the account name exactly as it is written on the application form.

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: Systematic Distribution

IMPORTANT: If this form is received less than 8 business days before the next scheduled run date, the requested updates will not take effect until the subsequent scheduled run date.
Select either to establish a new, modify an existing, or cancel an existing systematic distribution. When modifying an existing systematic distribution, only complete sections related to the changes being requested. When cancelling an existing systematic distribution, select the applicable systematic distribution to be cancelled. If cancelling a specific systematic distribution, complete the Cancel Scheduled Post Date and Cancel Amount sections.

SECTION 4: Reason for Distribution

This information is required for IRS reporting purposes. It is your responsibility to pay all taxes, interest and penalties that may be imposed by the relevant governmental authority. Please consult your tax advisor or the IRS to determine the requirements for any of the listed distribution types. 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. Note: If no selection is made, Axos Advisor Services will default to either "normal" or "premature" distribution based on your age. Additional information for each type of distribution can be found on the form. For additional information, consult your tax advisor or the IRS.

Check the appropriate box to indicate the type of action you want to take with this form.

- Normal (age 59½ or older).
- Premature (underage 59½). Also used for Early SIMPLE and Roth SIMPLE IRA distributions. Note: The two-year period begins on
- the day contributions were first deposited into your SIMPLE and Roth SIMPLE IRA.
- Beneficiary Distribution. This account is a Beneficiary/Beneficiary Roth IRA.
- Transfer to and from a like plan Internally. Note: If the receiving account is not an existing account, attach the appropriate Axos Advisor Services account application.
- Conversion to a Roth IRA. This method moves funds from a Traditional, SEP, or SIMPLE IRAs to a Roth IRA. By choosing this option, you are certifying that the conversion meets the requirements under law for a qualifying conversion contribution and that you understand the tax consequences of the transaction. The IRS deems Roth conversions as irrevocable.
- Qualified Charitable Distribution (QCD).
- Disability (underage 59½; not subject to 10% early withdrawal penalty). Under Internal Revenue Code an individual is deemed to be disabled if "he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long, continued and indefinite duration." Note: The Social Security definition of disability does not apply to this exception. Proof of disability may be required by the IRS.
- Substantially Equal Periodic Payment (SEPP). Use if the distribution is part of a series of a SEPP program. Important: Any contributions or distributions other than the SEPP program distributions will be considered a modification of the SEPP program and could be cause for exemption disqualification by the IRS.

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Account Number: _____

SECTION 5: Systematic Distribution Frequency

Select the appropriate systematic distribution start date and frequency.
IMPORTANT: For annual systematic distributions scheduled to run in January, the day of withdrawal will always be set to January 31.

SECTION 6: Distribution Amount

Liquidate assets for cash distribution. To liquidate assets, contact your Investment Advisor to initiate any liquidations required. If your Investment Advisor needs to liquidate assets to cover the requested cash, the systematic distribution may not be processed.

IMPORTANT: The Required Minimum Distribution (RMD) 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.

IMPORTANT: Spousal beneficiary more than 10 years younger than you. If you have designated your spouse who is 10 or more years younger than you as your sole primary beneficiary, and you have provided your spouse's complete name, Social Security Number and DOB, your RMD calculation will be based off this information using the Joint Life Expectancy Table.

I**MPORTANT:** The Life Expectancy Payment (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 or outstanding transfers that are not reflected on the previous year-end statement.

Select one:

- **Gross Cash Amount.** The gross cash amount is the amount before any tax withholding has been applied. Provide the gross cash amount, including when requesting a Required Minimum Distribution (RMD) or 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 when requesting a RMD or LEP amount that has been calculated by you or your tax advisor.
- **Required Minimum Distribution (RMD) amount.** Axos Advisor Services will calculate your RMD amount based on the information provided in this section, using the Uniform Lifetime table.
    - **Full RMD amount.** Axos Advisor Services will calculate and distribute the total RMD amount for the year, regardless of any prior distributions taken in the current tax year.
    - **Remaining RMD balance.** Axos Advisor Services will calculate the total RMD 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 another custodian on December 31 prior to transfer to Axos Advisor Services, please provide the prior year-end value to calculate the RMD.

IMPORTANT: The RMD 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.

IMPORTANT: Spousal beneficiary more than 10 years younger than you. If you have designated your spouse who is 10 or more years younger than you as your sole primary beneficiary, and you have provided your spouse's complete name and DOB, your RMD calculation will be based off this information using the Joint Life Expectancy Table.

- **Life Expectancy Payment (LEP).** 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 another 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.

SECTION 7: 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.

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A. Federal Withholding

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. 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.

SECTION 8: Delivery Method

Select the appropriate distribution method. **IMPORTANT:** Funds sent overnight by check 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.

- **By ACH.**
  - If you select ACH box, then select either Checking Account or Savings Account. For an ACH, if Checking Account or Savings Account is not selected, we will default to Checking Account.
  - If you select the Voided Check Provided box, provide a blank check with this form.
  - If you select Bank on File box, Axos Advisor Services will use the bank on file as provided on the Advisor Authorization for contribution/distribution form or active systematic contribution/distribution record.
  - If you select Bank information provided below box, complete all four sections as requested.
    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.
  - **Bank Information Provided below.** Complete all four fields in this section.
- **By check**
  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.
- **Transfer internally to an eligible Axos Advisor Services account.**
  This method transfers cash 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.
- **Transfer to an eligible account at another Institution.** This method transfers cash 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.

SECTION 9: Signature

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

- Check withdrawal to an address different than the account owner's or 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) (not available on Beneficiary IRA/Roth accounts)
- Distributions in excess of $250,000.00 for ACH requests, and $1,000,000.00 for internal transfers and check to address of record requests
- Disability distributions
- Custodial IRA/Roth IRA distributions (custodian will sign)

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.

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Form **W-4R**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

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

OMB No. 1545-0074

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** [redacted] %

Sign Here

[redacted]

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.

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. We 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, we would be happy to hear from you. See the instructions for your income tax return.