

Please read thoroughly the notices below, then choose your preferred tax withholding option.

Federal Tax Withholding: In accordance with Federal law, all non-periodic IRA distributions (with the exception of eligible rollover distributions or qualified Roth IRA distributions) are subject to an automatic withholding for tax purposes unless the withholding is adjusted or waived by the account holder. If you do not specify a percentage amount or elect to waive the withholding, the required minimum 10% will be automatically withheld from your distribution. Although you may elect not to have taxes withheld at the time of distribution, you may still be liable for Federal Income Tax due on this distribution. Additional penalties may apply for insufficient tax withholdings. At any time, you have the right to make, change, or revoke a withholding election through this distribution form or by submitting an IRS Form W-4P.

State Tax Withholding: Some states may also charge State Income Taxes on IRA distributions. You are responsible for any required State Tax withholdings or payments due. Please consult with your tax advisor or check your state's laws to determine applicability.

Federal Income Tax Withholding: *(Withholding election required. Remains in effect until changed or revoked.)*

- Withhold _____ % or \$ _____ (10% or more. Included in distribution amount in Section 4.)
- Do **not** withhold (I elect to waive Federal Income Tax withholding.)

State Income Tax Withholding: *(Acknowledgement required.)*

- I elect to waive State Income Tax Withholding and I understand that, despite this waiver, I may still be liable for State Income Tax on this distribution. I have been advised by Solera National Bank to seek advice from a tax professional regarding my state tax liability on this distribution.

Read the following disclosure carefully and sign below for acknowledgement.

I certify that I am the IRA Account Owner, the beneficiary, or individual legally authorized to complete this form and the proper party to receive payment(s) from this IRA. I certify that all information provided on this form is true and accurate. I acknowledge that I have read the above Tax Withholding Notices and have completed the withholding election above, which will remain in effect until revoked. I understand that I am responsible for any consequences resulting from this distribution, including taxes and penalties owed. I also accept responsibility for maintaining the appropriate cash balance for any recurring distributions. I understand that processing this request may result in applicable fees and account termination.

I certify that Solera National Bank has not provided me with tax, investment, or legal advice; and I will indemnify Solera National Bank, its affiliates, successors, and assignors, from any and all liability arising from this distribution request. I agree that all decisions regarding this are my own and assume responsibility for any consequences that may arise. My signature serves as legal authorization granting Solera National Bank authority to process this distribution request.

 Requestor Name

Requestor Signature

Date