

# RMD Election

Review the following content thoroughly and select how you would like to receive the required minimum distribution (RMD) from your IRA. Upon making your selections, sign the document and provide it to your financial organization to establish your requested distribution schedule.

## OWNER INFORMATION

Last Name First MI

Date of Birth Tax ID

Account Type Account Number

## FINANCIAL ORGANIZATION INFORMATION

Financial Organization

Email

Phone

## DISTRIBUTION INFORMATION

- ☐ Establish a schedule to automatically distribute money from this IRA.  
(Complete the remaining sections and sign this form.)
- ☐ Do not schedule automatic distributions to satisfy my RMD each year.  
(Skip to the Signature section of this form. You must still satisfy the RMD for this IRA, but you will be responsible for withdrawing the required amount every year.)

### Life Expectancy Table Method

Your RMD is calculated using a divisor from one of two life expectancy tables provided by the IRS. Check the box below that applies to you to determine the life expectancy table that will be used.

- ☐ My spouse is the **sole** primary beneficiary of my IRA for the entire distribution year **and** is more than 10 years younger than me. (Joint Life and Last Survivor Expectancy Table will be used.)  
Enter spouse's date of birth: (MM/DD/YYYY)
- ☐ My spouse is **not** the sole primary beneficiary for the entire distribution year **or** my spouse is **not** more than 10 years younger than me. (Uniform Lifetime Table will be used.)
- ☐ I am not married. (Uniform Lifetime Table will be used.)

## DISTRIBUTION SCHEDULE

Total Annual Amount

- ☐ RMD
- ☐ Specific Amount: \$  
(If the amount specified is less than the RMD, the RMD amount will be distributed to you.)

Frequency

- ☐ Annually
- ☐ Semi-Annually
- ☐ Quarterly
- ☐ Monthly

**Distribution Method**

- ☐ Check  
☐ Transfer to non-retirement account at

**Account Number:****Account Type:** (Checking, Savings, etc.)

- ☐ Transfer to non-retirement account at another organization

**Organization Name:****Account Number:****Account Type:** (Checking, Savings, etc.)**Federal Withholding**

Refer to the enclosed Form W-4R, *Federal Income Tax Withholding Certificate for Nonperiodic IRA Distributions*

**State Withholding**

State withholding may not be available in your state or if your organization does not conduct business in that state. If applicable, state tax will be withheld from the distribution according to your state's guidelines. You may be required to complete additional state tax withholding forms if you withhold taxes in Connecticut, Michigan, Minnesota, or North Carolina. Contact your organization for more information.

**Withholding State:**

- ☐ Withhold %  
☐ Withhold \$  
☐ Do not withhold

**Start Date**

Enter a date to begin receiving your RMD. (Must be before April 1 of the following year if you attain age 73 this year or before December 31 of the current year if you attain age 74 or older this year.)

(MM/DD/YYYY)

**SIGNATURE**

By signing this **RMD Election** document, I certify that the information I have provided is true and correct, and I authorize the Custodian/Trustee to distribute my IRA based on the elections made above. I understand that I am responsible for ensuring I am eligible to authorize these distributions and I assume all responsibility for any consequences as a result of my actions. I will indemnify and hold the Custodian/Trustee harmless from any consequences related to executing my instructions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian/Trustee. I understand that if information is missing from this **RMD Election** document, my elections may be updated to the default elections indicated on the RMD notification letter provided with this document, at the Custodian's/Trustee's discretion.

I authorize the Custodian/Trustee to withhold taxes from my IRA distributions as instructed above. I understand that I am responsible for paying all taxes on my IRA distributions and that I may be subject to penalties under the estimated tax rules if my withholding and estimated tax payments are insufficient. I will indemnify and hold the Custodian/Trustee harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian/Trustee.

**Print Account Owner Name****Account Owner Signature****Date**

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**Print Representative Name****Representative Signature****Date**

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# Federal Income Tax Withholding Certificate for Nonperiodic IRA Distributions

(IRS FORM W-4R/OMB NO. 1545-0074) DEPT. OF TREASURY, INTERNAL REVENUE SERVICE)

## Line 1: Recipient Information

1a. First name and middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_

1b. Social Security number: \_\_\_\_\_

See the General Instructions and Marginal Rate Tables (below) for more information.

**Line 2: Withhold Federal Income Tax of \_\_\_\_\_ %** (Must be a whole number between 0% and 100%.)

**Note:** Unless a previous withholding election is in place or you indicate a different withholding amount above, your IRA custodian/trustee will withhold federal income tax at the 10% default rate. Generally, you can't choose less than 10% for payments delivered outside the U.S. and its possessions. Your election is valid until you change it.

Print Account Owner Name

Account Owner Signature

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 2025 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See **"Suggestion for determining withholding"** below for more information on using this table.

Single or Married filing separately		Married filing jointly or Qualifying widow(er)		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

**Purpose of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment from your individual retirement arrangement (IRA). See below for the rules and options for the payment. 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 election will generally apply to any future payment from the same IRA. Submit a new Form W-4R to change your election.

**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. IRA distributions payable on demand are treated as nonperiodic payments. The default withholding rate may not be appropriate for your tax situation. You may enter "-0-" on Line 2 to have no federal income tax withheld. See the specific instructions section for more information. Generally, you can't elect to have federal income tax withheld at a rate of less than 10% (including "-0-") on any payments delivered outside the U.S. and its possessions.

**Note:** If you don't give Form W-4R to your payer, don't provide an SSN, or provide an incorrect SSN, the payer must withhold 10% for federal income tax and can't allow a lower (or no) amount withheld. Generally, for payments that began before 2025, your current withholding election (or default rate) remains in effect until you submit Form W-4R.

**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*.

## Specific Instructions

**Line 1b.** For an estate, provide the estate's employer identification number (EIN) in the area reserved for "Social Security number."

## Line 2

Enter a rate between 0 and 100 on Line 2. 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 (above) to help you select the appropriate withholding rate for this 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 tax rate on each additional dollar of income you receive above a particular income amount. Use the table to find a withholding rate for amounts above the total income level in the table.

For additional information about Form W-4R, such as legislation enacted after publication and examples, go to [www.irs.gov/FormW4R](http://www.irs.gov/FormW4R).