TRADITIONAL IRA POST-70½ PAYMENT ELECTION (FORM 2318)

Ple	ease Pri	nt or Type		
				Financial Organization Name
CIE	# (Organi	zation will complete.)		IRA Owner's Name (First, Initial, Last)
				TIA OWIGI 3 Name (Filst, Initial, East)
Social Security Number			IRA Suffix	Account Number
Α.	In orde	r for us to determin		red Minimum Distribution (RMD). ulating your RMD, you must read the three statements ing statements are correct.
	 All of the following statements are true: My spouse is the only primary beneficiary of this IRA. My spouse will be the only primary beneficiary for the entire calendar year. My spouse's birth year is more than 10 years after mine. If you check this box, please provide the following information: 			
	Sp	ouse's Name		Spouse's Year of Birth (YYYY)
	IR/ abo	A Beneficiary Desig	ınation form. If the above bo I your payment selection be	aries. To change beneficiaries, you must complete an x is checked, we will make payments based on the low. This may result in you owing additional taxes if any
B.	 How would you like to receive your required IRA distributions? (CHECK ONE OPTION ONLY) I do not want the financial organization to calculate and distribute my payment. I will be responsible for determining the total amount of my required payments each year, and withdrawing this amount from my traditional IRAs. (Skip C-F below.) I want a single lump-sum payment to close my IRA. (If you want to receive your payment immediately, do not return this form. Instead, complete a Withdrawal Instruction (Form 2306), which you can get at 			
	□ 3.	_		yment at a later date, complete C, E, and F below.) the time period used to compute my RMD, whichever is
				my RMD, whichever is more.
		•	MD (This is the minimum am	
C.	. When would you like your payments to begin (or, if applicable, your lump-sum payment to be made)? Date (MM/YYYY) (Fill in the month and year only. The date you indicate cannot be later than April 1 of the year you will reach age 71½. If you do not receive your first year's payment until the year you reach age 71½, you will receive two years' worth of payments in that year.)			
D.	How of	ften would you like	e to receive payments eac	h year? (check one box only)
		Monthly	2. Quarterly	☐ 3. Semiannually ☐ 4. Annually
E.	 How would you like to receive your payments? (check one box only) 1. By check/share draft. 2. Deposited directly into my account at the financial organization. Account #:			
F.	Do you	yes. Withhold 10 No. Do not withl Yes. Withhold (Not availab	ome taxes withheld from y 0% federal income tax from hold any federal income tax % federal income tax fr ole at all financial organization	our payment(s)? (check one box only) my payment(s). from my payment(s). om my payments. Cannot be less than 10%. ons).
		Complete an IRA	A State Income Tax Withho	olding Election (Form 2312), if applicable.
X _Ī	RA Owner	's Signature		Date (MM/DD/YYYY)
			WITHHOI DII	NG NOTICE

Payments from your IRA are subject to federal income tax withholding, unless you elect no withholding. You may change your withholding election at any time prior to your receipt of payment. Withholding from IRA payments, when combined with other withholding, MAY relieve

you from payment of estimated income taxes. However, your withholding election does not affect the amount of income tax you pay. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are insufficient.