

VIP Services: (888) 855-9856 | info@trustprovident.com
 7450 Arroyo Crossing Parkway, Suite 230, Las Vegas, NV 89113

Section 1

Recipient Information

First Name MI Last Name

Email Last Four Digits of Social Security Number

Accepting Account Number Account Type Traditional IRA SEP IRA SIMPLE IRA Inherited Traditional IRA
 Inherited Roth IRA Solo(k) Qualified Retirement Plan

If you have not already opened the accepting account with us, you must also complete and submit an Application to us with this form for processing.

Section 2

Relationship of Recipient to Plan Participant

Relationship Type (Select One)

- I am the plan participant.
- I am the former spouse of the plan participant
- I am the spouse beneficiary of the deceased plan participant, directly rolling over assets to my own IRA or plan.
- I am a spouse, nonspouse, or qualified trust beneficiary of the deceased plan participant directly rolling over assets to an inherited IRA.
- I am the IRA owner

Section 3

Current Account Information

If you are requesting a direct rollover from an employer-sponsored retirement plan, complete the Plan Information below. If you are requesting a direct rollover from an IRA, complete the Current IRA information below.

Plan Information

Participant's First Name MI Participant's Last Name Last Four Digits of Social Security Number

Name of Employer Phone

Address City State Zip

Mailing Address (If sending request to address other than Employer) City State Zip

Plan Name

Current IRA Information

Current Owner's First Name MI Current Owner's Last Name Last Four Digits of Social Security Number

Account Number Account Type Traditional IRA SEP IRA SIMPLE IRA

Current IRA Trustee/Custodian's Name

Current IRA Trustee/Custodian's Address City State Zip

Section 4

Processing Options for Accepting Custodian

1. Your direct rollover request will be processed and submitted to the plan administrator or IRA trustee or custodian within three business days unless you request expedited service by selecting an option below. See current Fee Schedule for applicable fees.

For "Next-Day" or "Same-Day" Service, all documents must be received, and in good order, by 10 a.m. PST.

Next-Day Service

Processed by 4 p.m. PST next business day.

Same-Day Service

Processed within the same day.

I elect to pay the fees related to this transaction with the credit card I have on file. (If you do NOT have a credit card on file, please add a credit card to your online profile. If no credit card is on file, fees will be paid from the cash in your account.)

2. Indicate below how this direct rollover request should be submitted to the plan administrator.

Option A: Submit via Fax to



Verify that the plan administrator accepts faxed requests prior to selecting this option.

Option B: Submit via Mail (Select one of the following mail processing options) See the current Fee Schedule for fees applicable to expedited processing.

Regular Mail (7-10 business days)

Expedited Delivery

Section 5

Direct Rollover Amount

Select One

Option A: Directly Roll Over the Entire Account Balance

Option B: Directly Roll Over a Portion of the Account Balance Identified Below

Cash to Roll Over

Dollar Amount to Roll Over

Assets to Roll Over

	Asset Description <i>(i.e. Cash Balance, Property Address, Policy ID, etc.)</i>	Dollar Amount to be Rolled Over	Units to be Rolled Over <i>(if applicable)</i>
Asset 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asset 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asset 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asset 4	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 6

Delivery Options for Plan Administrator

Send the requested direct rollover as indicated below. (Select one)

Check via Regular Mail

Provident Trust Group, LLC
P.O. Box 847470
Los Angeles, CA 90084-7470

Make check payable to:
Provident Trust Group, LLC
FBO: Client Name and Acct Type

Check via Overnight Mail

Lockbox Services 847470
ATTN: Provident Trust Group, LLC
3440 Flair Drive
El Monte, CA 91731

Make check payable to:
Provident Trust Group, LLC
FBO: Client Name and Acct Type

Wire Transfer

Wells Fargo Bank, N.A.
420 Montgomery St.
San Francisco, CA 94104

ABA Number 121000248

Account Number 4077370088

Please reference "Provident Trust Group" in the Bank Account Name and the Account Owner's Name and Account Number in the OBI section

Section 7

Withholding Election (Form W-4R/OMB No. 1545-0074)

Complete this section **ONLY** if you are rolling over a retirement plan (other than designated Roth account assets) to a Roth IRA, and you wish to have Federal and/or state taxes withheld on the rollover amount.

Federal Withholding

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% below. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions. (See the Withholding Instructions for more information.)

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

Withhold %

State Withholding (If applicable, select one) The following states do not allow withholding: AK, AZ, FL, HI, NH, NV, NY, SD, TN, TX, WA, and WY.

Name of Withholding State

Withhold State Income Tax of % from the amount withdrawn.

Withhold State Income Tax of \$ from the amount withdrawn.

Section 8

IRA Account Owner Agreement and Authorization

1. I hereby agree to the terms and conditions set forth in this Direct Rollover Request and acknowledge having established an account with the accepting custodian.
2. I understand the rules and conditions applicable to a direct rollover. I understand that it is my responsibility to contact my current financial institution to determine whether a medallion signature guarantee is required. If a medallion signature guarantee is required, it is my responsibility to take this form to my bank or credit union for a medallion signature guarantee. (Failure to obtain a medallion signature guarantee could result in delays and/or rejection of this request by your current financial institution.)
3. I qualify for the direct rollover of assets listed on this form and authorize such transactions.
4. I understand that the accepting custodian does not have the authority to agree to anything different than my foregoing understandings of its policy.

I authorize the accepting custodian to Medallion Stamp this Form (Signature and address must match your photo I.D. on file.) See current Fee Schedule for applicable fees.

I have attached a statement dated within the last 60 days.

Medallion Signature Guarantee



Contact your current custodian to inquire if a Medallion is required.

A Medallion Signature Guarantee program is approved by the Securities Transfer Association that enables participating financial institutions to guarantee signatures. The Medallion programs ensure that the individual signing the certificate or stock power is in fact the registered owner as it appears on the stock certificate or stock power. A signature guarantee can be obtained from your bank. If your current custodian does not require a signature guarantee, please sign below and return this form to the receiving custodian.

Section 9

Authorization for Release of Information and Signatures

I, the undersigned, do hereby authorize the accepting custodian and its agents to request information regarding my account and the status of this direct rollover from the plan administrator. This authorization shall commence and be in full force as of the date listed below and shall remain in full force and effect thereafter until the completion of the direct rollover of the assets listed above.

I authorize the direct rollover of these assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this direct rollover qualifies under the rules that apply to such transactions and agree to comply with those rules, and I hereby irrevocably designate this contribution as a rollover contribution into the accepting account. I assume responsibility for any consequences that may result from this transaction and I agree that the custodian is not responsible for any consequences that may arise from executing this direct rollover request.

X

Account Owner Signature

Date (mm/dd/yyyy)

X

Accepting Officer Signature

Accepting Custodian Name (Please type or print)

Date (mm/dd/yyyy)

Congratulations! You are now able to submit your completed request.

Before you submit this form please review all completed information prior to signing. When ready, mail, email, or fax this completed form to:

Mail to: Provident Trust Group
P.O. Box 123
Fort Washington, PA 19034

Email to: transfers@trustprovident.com

Fax to: (702) 253-7565

State Income Tax Withholding Guide for IRA Distributions

This guide provides general information about state withholding requirements for IRA distributions. This material is for informational purposes only and is not intended to provide a complete overview of state withholding rules and regulations, and may not reflect their application in every circumstance for all individuals. The information on this guide is obtained from state revenue authorities, and every effort has been made to ensure its accuracy. Because state tax laws are subject to constant change and interpretation, often without prior notice, this guide's content reflects information available as of its revision date only and its timeliness and accuracy cannot be guaranteed. The information provided on this guide should not be relied upon, and is not intended, as tax, legal, or accounting advice.

General Rules

In most cases, state withholding applies to state residents only.

Financial organizations are required to offer state withholding for states in which they have a presence. Financial organizations that conduct business in a state in which they do not have a physical presence should review the withholding regulations in those states to determine if they are also required to comply with those states' withholding requirements.

If a state withholding election is not made and state withholding is required, state tax will be withheld.

A state withholding election may be changed at any time and will apply to payments made after the change.

Mandatory State Withholding

These states have mandatory withholding requirements, including states where withholding is voluntary for the IRA owner but becomes mandatory for the financial organization upon the IRA owner's election to have state withholding apply.

ARKANSAS. IRA distributions are subject to state withholding at 3.0% of the gross payment, unless the IRA owner elects no state withholding.

CALIFORNIA. California provides three withholding methods: (1) an amount determined using the California withholding schedules (see Form DE-4P); (2) a dollar amount designated by the IRA owner; (3) 10% of the amount of federal withholding. An IRA owner may also elect no state withholding. This form supports methods 2 and 3. To use method 1, the IRA owner should contact the financial organization to confirm they can support the method and furnish them with Form DE-4P. The form may be obtained from the California Employment Development Department.

CONNECTICUT. Taxable lump-sum IRA distributions are subject to mandatory state withholding at 6.99% of the gross payment. Any other taxable distribution from an IRA is subject to state withholding at 6.99% of the gross payment, unless the IRA owner furnishes the financial organization with a completed Form CT-W4P. Form CT-W4P may be obtained from the Connecticut Department of Revenue Services.

DELAWARE. State withholding is required for IRA distributions that are subject to required federal withholding. A rate of 5.0% of the gross payment will apply by default. An IRA owner may elect state withholding at a rate of not less than 5% of the gross payment if they elect out of federal withholding.

DISTRICT OF COLUMBIA. Lump-sum IRA distributions (i.e., total distributions) are subject to mandatory state withholding at 10.75% of the gross payment, except for any after-tax amount in a lump-sum distribution or a trustee to trustee transfer between IRAs. Only nonresidents of DC (or those whose residential status is in question) may waive withholding by providing the financial organization with Form D-4A. For more information, refer to the DC Office of Tax and Revenue.

GEORGIA. IRA distributions are subject to state withholding only when the IRA owner elects state withholding. Use the Georgia Department of Revenue bonus rate table that applies to bonus wages to determine what percentage to withhold. The IRA owner must calculate an amount to withhold based on this percentage, and must furnish the financial organization with a completed Form G-4P. The form and the bonus rate table may be obtained from the Georgia Department of Revenue.

INDIANA. IRA distributions are subject to state withholding only when the IRA owner requests state withholding and the financial organization is located in Indiana. The request for withholding must be made in writing using Form WH-4P, which may be obtained from the Indiana Department of Revenue. If state withholding is elected, the financial organization is not required to withhold the amount specified if the withheld amount would be less than \$10 (per payment). Only flat whole-dollar amounts may be withheld.

IOWA. If the IRA owner does not qualify for the retirement income exclusion, IRA distributions are subject to state withholding at 5.0% of the gross payment if federal income taxes are withheld from the payment. Amount withheld must be at least \$10. The IRA owner must furnish Form IA W-4P to the financial organization indicating their qualification for the retirement income exclusion or withholding election. For more information, refer to the Iowa Department of Revenue.

KANSAS. IRA distributions are subject to state withholding at 5.0% of the gross payment if federal income taxes are withheld from the payment or if the IRA owner requests state withholding in writing. Withholding may not be waived unless federal withholding is not required.

MAINE. IRA distributions are subject to state withholding at 5.0% of the gross payment if federal income taxes are withheld from that payment. If an IRA owner opts out of federal withholding, they may request to have state tax withheld on Form W-4ME. The form may be obtained from Maine Revenue Services.

MARYLAND. IRA distributions are subject to state withholding only when the IRA owner elects state withholding. The IRA owner must furnish the financial organization with a completed Form MW507P indicating an amount to withhold. Form MW507P may be obtained from the Maryland Department of Revenue.

MASSACHUSETTS. IRA distributions are subject to state withholding at 5.0% of the gross payment if federal income taxes are withheld from the payment. If the total annual payment is more than \$1,053,750, the financial organization should withhold the lesser of (1) 9% of the amount of the distribution or (2) 9% of the total amount in excess of \$1,053,750 plus 5% of the amount that does not exceed \$1,053,750. An IRA owner may opt out of state withholding if the distribution is excluded from taxation under Massachusetts law; the IRA owner must provide their financial organization with Form M-4P. For more information, and to obtain Form M-4P, refer to the Massachusetts Department of Revenue.

Withholding Instructions

Form W-4R/OMB No. 1545-0074

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 below 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.

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 in the Withholding Election section. 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-” in the Withholding Election section. 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.

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-” in the Withholding Election section. See Pub. 3920, *Tax Relief for Victims of Terrorist Attacks*, for more details.

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 the instructions 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.

Specific Instructions

Withholding Election

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate in the Withholding Election section.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate in the Withholding Election section (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 above 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 in the Withholding Election section. (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 in the Withholding Election section. (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 in the Withholding Election section.

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" in the Withholding Election section.

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" in the Withholding Election section.

Privacy Act and Paperwork Reduction Act Notice. The IRS asks 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. The IRS 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, the IRS would be happy to hear from you. See the instructions for your income tax return.