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When to use this form:

Use this form to take a distribution from one of the following accounts:

- Traditional IRA
- Roth IRA
- SEP IRA
- SIMPLE IRA
- Inherited/Beneficiary IRA

NOT for HSA, ESA, or 401(k) plans.

To complete your Distribution Request:

1. CAREFULLY FILL OUT ALL SECTIONS

Pay close attention to the Federal and

State income tax withholding elections.

You may want to ask your tax specialist.

2. SIGN & DATE

3. SUBMIT TO CAMAPLAN

• Completed Distribution Request Form, including line 2 of Form W-4R.

Please be sure your account has sufficient funds to cover the distribution, fees, and minimum balance.

ORIGINAL FORM REQUIRED

RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS

If you have questions about your distribution request, contact us:

call: (866) 559-4430

or email: Operations@CamaPlan.com

Mail your Distribution Request:

CamaPlan 122 E. Butler Ave, Suite 100 Ambler, PA 19002

What's next?

Your request will be processed within 2 business days of receiving all required documents.



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1. Participant Details	Distribution Type (Continued) Substantially Equal Periodic Payments (code 1)*** Higher Education Expense (code 1)*** IRS Levy (code 2)***		
Legal Name (must match SSN card)			
Mailing Address (must match address on file) Street City State ZIP Account No. Soc. Sec. No. *** - ** - Date of Birth	3. Disability Distribution*** 4. Required Minimum Distribution (code 7) 5. Death Distribution (code 4) 6. Removal of Excess/Nondeductible Contribution plus earnings BEFORE tax filing deadline Tax year contribution was made: Is the contribution plus earnings being removed in the same calendar year? Yes (code 8) No (code P) 7. Removal of Excess Contribution		
Name of Deceased (Death Distributions Only): Relationship Soc. Sec. No. *** - ** - Date of Birth	(Principal only) AFTER tax-filing deadline Under 59 ½ (code 1) Over 59 ½ (code 7) 8. IRA to Employer's plan (code G) 9. Qualified Distribution from Roth IRA (code Q Disabled Over 59 ½ Deceased		
2. Distribution Type 1. Normal Distribution(Traditional, SEP) (Age 59 ½ or older) (code 7) 2. Early Distribution (under 59 ½) No Known Exception (code 1) Roth IRA(code J) SIMPLE IRA in the first 2 years (code S) First Time Homebuyer(code 1)*** Health Insurance Premiums (code 1)***	5 Year holding period met 10. Roth Distribution, exception applies (code T) Disabled Deceased 5 Year holding period met 11. Other Specify reason:		
_	***Fill out IRS Form 5329		



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3. Withholding Election

Notice of Withholding on Nonperiodic Distributions:

Certain distributions you receive from your individual retirement account established at this institution are subject to Federal income tax withholding unless you elect not to have withholding apply.

You may elect not to have withholding apply to your distribution payments by completing the "Withholding Election" in section 3 of this form.

If you do not complete the "Withholding Election" section by the date your distribution is scheduled to begin, Federal income tax will be withheld from the amount withdrawn at a minimum rate of 10%.

If you elect not to have withholding apply to your distribution payments, or if you do not have enough Federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Federal Tax

Enter your federal withholding election as
a whole percentage between 0-100% (no
dollar amounts, no decimals):

96

- You may choose to have no federal income tax withheld by entering "-0-".
- Please also enter your election on line 2 of Form W-4R (next page).

State Tax

Choose either Option 1 or Option 2:

Choose either Option 1 or Option 2.	
Option 1 Withhold State income tax	
at the rate of:	9
a flat dollar amount of: \$ (from the amount withdrawn)	
Option 2	
I elect not to have State income	tax

withheld. (US Residents only)

Withholding Election (continued)

Note:

- Many states require income taxes to be withheld from IRA Distributions.
- Mandatory withholdings should be reviewed if the residence of the IRA owner is located in the following states: CT, IA, KS, MA, MI, MN, NC, NE, OK, VT *Additional documentation may need to be submitted for processing*
- Mandatory withholding percentages, unless the owner elects no withholdings, should be reviewed if the residence of the IRA owner is located in the following states: AR, CA, DC, LA, MO, OR.
- State tax laws are subject to constant change, and this information is based on current laws as of the date of revision.
 Please consult your financial advisor or your state tax authority.

I understand that I am still liable for the payment of Federal and/
or State income tax on the taxable amount. I also understand that
I may be subject to tax penalties under the estimated tax payment
rules, if my payments of estimated tax and withholding, if any, are
not adequate

4. Distribution Payment

l instruct CamaPlan to distribute from my account:
The entire account balance I authorize CamaPlan to close my account. Partial distribution
Gross Distribution Amount \$ (reported on IRS Form 1099-R)
Fed. Income Tax Withheld -\$ (Calculate from section 3 or "0" if not withheld)
State Tax Withheld -\$ (Calculate from section 3 or "0" if not withheld)
Net Paid to Recipient



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.

2024

OMB No. 1545-0074

1a First name and middle initial

COMPLETED IN SECTION 1 OF FORM

Last name

COMPLETED IN SECTION 1 OF FORM

1b Social security number COMPLETED IN SECTION

Address

1 OF FORM

COMPLETED IN SECTION 1 OF FORM

City or town, state, and ZIP code

COMPLETED IN SECTION 1 OF FORM

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%. REMOVED BY CAMAPLAN

See page 2 for more information.

2

%

Sign Here

COMPLETED IN SECTION 7 OF FORM

COMPLETED IN SECTION 7 OF FORM

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.

2024 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%
14,600	10%	29,200	10%	21,900	10%
26,200	12%	52,400	12%	38,450	12%
61,750	22 %	123,500	22 %	85,000	22 %
115,125	24%	230,250	24%	122,400	24%
206,550	32 %	413,100	32 %	213,850	32 %
258,325	35 %	516,650	35 %	265,600	35 %
623,950*	37%	760,400	37%	631,250	37 %

^{*}If married filing separately, use \$380,200 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 2024, 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;
- Generally, 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 \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, 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 \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700, is

greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18,050 that is in the lower bracket). Multiply \$18,050 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter "13" 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.



**additional charges apply

IRA Distribution Request

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Distribution Payment (continued)	Payment Details (continued)		
I direct the Administrator to distribute the amount requested as follows:	Wire/ACH Information Account Name		
Frequency of Distribution:			
One-time	Name of Financial Institution		
Monthly			
Quarterly	Account Holder Address		
Semi-annually	Street		
Note: If recurring payment requested, this form	City		
must be renewed annually.	State		
Date payment(s) to commence (MM/DD/YY):	ZIP		
Date payment(s) to commence (www.bb/11).	Bank Name		
Note: If this date falls on a weekend, your	Bank Routing/ABA #		
distribution will be processed on the following business day.	Account #		
5. Payment Details	Additional Details		
5. Payment Details Specify how you would like your distribution sent to you (check, wire, ACH, or In-Kind).	Additional Details		
Specify how you would like your distribution sent	Additional Details		
Specify how you would like your distribution sent to you (check, wire, ACH, or In-Kind).	Additional Details		
Specify how you would like your distribution sent to you (check, wire, ACH, or In-Kind). Check to participant (\$10) Note: Check may only be sent to the	Additional Details 6. Transaction Fees		
Specify how you would like your distribution sent to you (check, wire, ACH, or In-Kind). Check to participant (\$10) Note: Check may only be sent to the participant's address on record at CamaPlan.	6. Transaction Fees		
Specify how you would like your distribution sent to you (check, wire, ACH, or In-Kind). Check to participant (\$10) Note: Check may only be sent to the participant's address on record at CamaPlan. Regular Mail	6. Transaction Fees How will transaction fees be paid?		
Specify how you would like your distribution sent to you (check, wire, ACH, or In-Kind). Check to participant (\$10) Note: Check may only be sent to the participant's address on record at CamaPlan. Regular Mail Overnight Courier**	6. Transaction Fees How will transaction fees be paid? Payment Method on File		
Specify how you would like your distribution sent to you (check, wire, ACH, or In-Kind). Check to participant (\$10) Note: Check may only be sent to the participant's address on record at CamaPlan. Regular Mail Overnight Courier** 2 Day Courier**	6. Transaction Fees How will transaction fees be paid?		
Specify how you would like your distribution sent to you (check, wire, ACH, or In-Kind). Check to participant (\$10) Note: Check may only be sent to the participant's address on record at CamaPlan. Regular Mail Overnight Courier** 2 Day Courier** Wire to participant (\$30) ACH to participant (\$10) In-Kind (Copy of asset valuation is required	6. Transaction Fees How will transaction fees be paid? Payment Method on File Entered via the online portal. Payment method can be added by logging in to		
Specify how you would like your distribution sent to you (check, wire, ACH, or In-Kind). Check to participant (\$10) Note: Check may only be sent to the participant's address on record at CamaPlan. Regular Mail Overnight Courier** 2 Day Courier** Wire to participant (\$30) ACH to participant (\$10)	6. Transaction Fees How will transaction fees be paid? Payment Method on File • Entered via the online portal. Payment method can be added by logging in to your portal at sys.camaplan.com. Credit Card (call the office)		
Specify how you would like your distribution sent to you (check, wire, ACH, or In-Kind). Check to participant (\$10) Note: Check may only be sent to the participant's address on record at CamaPlan. Regular Mail Overnight Courier** 2 Day Courier** Wire to participant (\$30) ACH to participant (\$10) In-Kind (Copy of asset valuation is required prior to distribution. The value assessed will	6. Transaction Fees How will transaction fees be paid? Payment Method on File • Entered via the online portal. Payment method can be added by logging in to your portal at sys.camaplan.com.		



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7. Signature Authorization

I certify that I am the proper party to receive payment(s) from this IRA, and that all information provided by me is true and

an information provided by the is true and accurate. I acknowledge that I have read the Notice of Withholding on
Distributions from IRAs in section 3 and have completed the Withholding Election. I further certify that no legal or tax advice has been given to me by the Administrator or Custodian, that distributions (except certain transfers) are reported to the IRS, and that all decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Administrator or Custodian shall in no way be responsible for those consequences.
I acknowledge that I have read Form W-4F for nonperiodic distributions, including the complete instructions and the marginal rate tables.
I will confer with my tax advisor prior to any distribution.
Participant's or Beneficiary's Signature
Date

Office Use Only		
Verified b	ру	
Method Date		