

# Pioneer Retirement Plans

## IRA Withdrawal Form

Use this form to request a withdrawal from your Pioneer IRA.

Mail to: Pioneer Investment Management Shareholder Services, Inc., P.O. Box 55014, Boston, MA 02205-5014

Questions? Call Pioneer's Retirement Plans Account Information line at 1-800-622-0176.

Please print in blue or black ink.

### 1 Investor Information

First Name, Middle Initial, Last Name

Social Security Number

Street Address

City

State

Zip Code

Daytime Telephone Number

Evening Telephone Number

Account Number/Plan ID Number

**Type of IRA:**  Traditional  Rollover  Roth  Inherited Traditional  Inherited Roth  SEP  SIMPLE

If you are under age 59½ and qualify for an exception to the 10% federal tax penalty on early withdrawals, check the reason below:

- I am taking a series of payments calculated in accordance with Section 72(t) of the Internal Revenue Code. Complete Section 2B. (See the reverse side of this form for further details.)
- I am fully disabled as defined in Section 72(m) of the Internal Revenue Code. (Additional requirements apply. Please call Pioneer for information.)
- I am the beneficiary of this account. (Additional requirements apply. Please call Pioneer for information.)

### 2 Payment Type Complete Section A or B.

**A. Non-periodic** – Withdraw my payment as follows (check one):

- Total withdrawal of all IRA assets  Partial withdrawal from the following Fund(s):

Fund Name	Amount	or	% of Total
_____	\$ _____	_____	_____ %
_____	\$ _____	_____	_____ %
_____	\$ _____	_____	_____ %
_____	\$ _____	_____	_____ %

**B. Periodic** – Check one:

- Fixed amount: \$ \_\_\_\_\_ Withdraw the following amount per period.  
Note: Your request cannot be processed unless you indicate a specific dollar amount.
- I am over age 70½. Please calculate and withdraw my required minimum distribution. Pioneer will determine this amount annually and automatically send it to you. (RMD requirements do not apply to Roth IRAs, unless you have inherited the account.)

**Important:** If your spouse is more than 10 years younger than you and is the sole beneficiary of your Pioneer IRA account(s) listed in Section 1, please complete the information below.

Name of Spouse Beneficiary

Social Security Number

Date of Birth (mo/day/yr)

- I am the beneficiary of this account. I want to receive the minimum amount.

Original Shareholder's date of birth: \_\_\_\_\_ Original Shareholder's date of death: \_\_\_\_\_

**Relationship to original shareholder:**  Spouse Beneficiary  Non-Spouse Beneficiary  Trust Beneficiary

**Send payments (check one):**  Monthly  Quarterly  Semi-annually  Annually

**Start payments on (mo/day/yr):** \_\_\_\_\_

Note: If you do not specify a date, your payments will be established the day received and will begin the following month. (Must start in the current year.)

### 3 Withholding Notice and Election (Form W4P/OMB No. 1545-0415) Dept. of Treasury, Internal Revenue Service

Check one box.

- I elect **NOT** to have federal income tax withheld from my payments. I understand that I will still be liable for payment of income tax on the amount received and that I may incur penalties under the estimated tax payment rules if my payments of tax and withholding are insufficient.
- I elect to have \_\_\_\_\_% (10% to 33%) withheld from my payments for federal income tax. **(If no percentage is indicated, 10% will be withheld.)**

**Important state tax withholding information:** If you elect to have federal income tax withheld from your withdrawal and your state of residence requires mandatory state tax withholding, Pioneer is also required to withhold state income tax.

Please contact your state Department of Revenue or a qualified tax advisor for additional information. There can be no assurance that current state tax laws and IRS rules will remain constant.

Note: Your election will remain in effect until changed or revoked, which you may do at any time.

### 4 Send Payments Choose one of the four options listed.

- To me at the address recorded on my IRA account.
- To a different name or address (requires a signature guarantee in Section 6):

Name of Payee

Address

City, State, Zip Code

- Directly to the following bank account (requires a signature guarantee in Section 6 if this is a joint bank account or if the name on the account differs in any way from the name on your IRA account):

**Check one:**

1.  This is a checking account. **(Attach a voided check.)**      2.  This is a savings account. **(Attach a preprinted deposit slip, if available.)**

Name on Account (Print all names exactly as shown on bank account.)

Bank Account Number

Bank Name

Branch

Bank Address

City, State, Zip Code

- To my Pioneer non-retirement account (requires a signature guarantee in Section 6 if this is a joint account or if the name on the account differs in any way from the name on your IRA account):

Account Number

### 5 Your Signature

Notice regarding substantial equal periodic payments under IRC Section 72(t): To qualify for an exception to the 10% federal tax penalty on withdrawals made before age 59½, you must take a series of payments that are: (1) substantially equal in amount; (2) paid at least once per year; (3) calculated based on a reasonable interest rate defined as the applicable federal mid-term rate for either of the two months preceding the month in which withdrawals begin; based upon the applicable account value and spread over your life expectancy or the joint life expectancies of you and your designated beneficiary; and (4) continued without modification until you reach age 59½ or have taken the distributions for at least five years, whichever is later. (Internal Revenue Code §72(t)(2)(A)(iv), IRS Revenue Ruling 2002-62).

Special rules apply to Inherited IRA accounts. Please consult a qualified tax advisor to determine if you are eligible to base your payouts from the Inherited IRA on life expectancy.

Note: Pioneer does not provide tax advice, nor does it assume any liability for the tax implications of this transaction. Nothing in this general information summary should be construed as tax or legal advice for a specific transaction. You should consult personal tax or legal counsel for advice concerning your specific situation.

I direct Pioneer Investment Management USA Inc., as IRA custodian; to (1) make distributions in the manner I have indicated on this form; and (2) that if I elect to have federal income tax withheld from my distribution and my state of residence requires mandatory state tax withholding, I understand and consent to Pioneer withholding state income tax and I assume sole responsibility for the tax consequences of this transaction. I certify that no tax advice has been given to me by PIM USA Inc. or any of its subsidiaries, affiliates or their employees.

X

Signature of Individual

Date

### 6 Signature Guarantee

A signature guarantee is required if you are requesting that your payments be sent to:

A payee or address other than the name and address on your IRA account, **or** a bank account or Pioneer non-retirement account where the name(s) on the receiving account differ(s) in any way from the name on your IRA account.

Pioneer accepts signature guarantees from the following institutions: banks, credit unions, savings associations, trust companies, national securities exchanges, registered securities associations and clearing agencies.

Also acceptable are broker/dealers whose net capital exceeds \$100,000. **A notary's seal does not serve as a signature guarantee.**

Use this space for signature guarantee, if required. I/We guarantee the signature of the applicant. To the best of my/our knowledge and belief, the investor is of full age and is legally competent.

X

Name and stamp or seal of bank or investment dealer

Signature of authorized person(s)