

Individual Retirement Account (IRA) Withholding Election Form

Instructions:

- Please complete this form if you wish to change your tax withholding elections on your existing periodic distribution. If you would like to keep your existing tax withholding elections **DO NOT** complete this form.
- Complete a separate Individual Retirement Account (IRA) Withholding Election form for each SchoolsFirst FCU IRA plan type (e.g., Traditional or Roth)
- Send completed forms to SchoolsFirst FCU via:

FAX	Or	MAIL
714.258.4262		ATTN: MEMBER RETIREMENT SERVICES
		PO BOX 11547
		SANTA ANA, CA 92711

Section One: Participant/Decedent Information

First Name, Last Name		Member Number	Social Security Number	Date of Birth
Contact Number	Home Address	City	State	Zip

Section Two: IRA Beneficiary/Inheritor Information (Complete only if Participant is deceased.)

First Name, Last Name		Social Security Number / EIN	Date of Birth
Contact Number	Home Address	City	State / Zip

Section Three: Notice of Withholding Disclosure

The distributions you receive from your individual retirement account established at SchoolsFirst FCU 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 this form.

If you elect not to have withholding apply to your distribution, 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.

Section Four: Federal and State Withholding Election(s)

I wish to change my current Tax Withholding Elections to the following IRA plan. Traditional Roth

Select one of the options below:

- Note: Federal income tax withholding must be a whole number, minimum of 10%, and not more than 99%.
 California income tax withholding must be a whole number, minimum of 1%.
 SchoolsFirst FCU only remits state income tax withholding for California, contact a tax advisor for further information concerning your state income tax.
- Do Not** withhold federal or state income tax from this distribution.
 - Do Not** withhold Federal income tax and withhold _____ CA State income tax from this distribution.
 - Do** withhold _____ Federal and _____ CA State income tax from this distribution.

Section Five: Participant Signature

I certify that I am the proper party to authorize withholding elections on this account, and that all information provided is true and accurate. I have read the Notice of Withholding Disclosure above and have completed the withholding election in section four.

Participant/Beneficiary or Authorized Legal Representative Signature	Date
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Section Six: Witnessed and Accepted by SchoolsFirst FCU as Agent for Custodian By:

SchoolsFirst FCU Representative Name	SchoolsFirst FCU Representative Signature	Date	Representative User ID
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