Fiduciary Trust International

Periodic Distribution Form

Plan Name _____ Account Number _____

To: Fiduciary Trust International
100 Fountain Parkway
St. Petersburg, FL 33716
Attn: Pension Payroll

Date

AUTHORIZING SIGNATURE(S) OF PLAN REPRESENTATIVE(S):

X _____ Authorized Signature

X _____ Authorized Signature

X _____ Authorized Signature

1 PAYEE DATA

☐ Check here for change of address only. (Do not complete other sections, unless required.)

Participant first name (required) | M.I. | Last name | Date of birth (mm/dd/yyyy) (required) | Social Security Number (required)

Legal residence address (required) | City | State | Zip

Check address (optional) | City | State | Zip

Note 1: State income taxes are determined by the participant's legal residence. If the participant becomes a legal resident of a different state than we have on file, the state deduction, if any, will be discontinued. To begin state taxes for the new state, you must submit a new withholding form for that state.

Note 2: If the participant moves out of the United States, Non-Resident Alien Taxes may have to be deducted.

2 EVENT

CHECK ONE:

☐ **New Setup** ☐ **Change**

IRS DISTRIBUTION CODE TO BE USED: (Must Select One)

☐ **1** = Early (premature) distribution, no known exception

☐ **2** = Early (premature) distribution, exception applies

☐ **3** = Disability

☐ **Other**–Specify IRA Distribution Code to be used: _____

☐ **Death-Enter Date of Death:**

If the box above is checked, do not complete Sections 3 & 4. We will discontinue payments immediately, unless noted.

☐ **4** = Death

☐ **7** = Normal distribution

☐ **G** = Direct Rollover to IRA/Qualified Plan/TSA

3 PAYMENT DATA

☐ **Monthly (Periodic) Payment**	Begin Date		End Date	TAXABLE AMOUNT	NON-TAXABLE AMOUNT
Retroactive Payment: for the period		to		$	$
Regular Monthly Payment: to commence on		to		$	$
EE Contribution		to		$	$
☐ Supplement Payment		to		$	$
				$	$

☐ **Other**—Specify amount to be paid, frequency, start date and taxability below.

4 DEDUCTIONS

	Begin Date		End Date	AMOUNT
		to		$
		to		$
		to		$
		to		$
		to		$

5 ATTACHMENTS The following forms are enclosed with this authorization (check all that apply)

☐ **IRS Form W-4P (Revised 2022)**

☐ **State Withholding form from** _____ (name of state)

☐ **Direct Deposit Agreement**

FTI-NY PD 03/23