## Reissue Non IRA to Individual Distribution Form Substitute IRS W-4P & W-9

This form is being provided to formally complete your request to change the distribution payee information. After reviewing the below information, complete section A, then sign your request below under section B.

Please mail this form, with your check marked VOID, to the address located on the face of the check.

A. Account Holder Information:		
Account Holder Name (First, M.I., Last)	Date of Birth	Reference #
Street Address (Physical Address)	APT # City	State ZIP
Check # received	Social Security Number	State of Residence
<b>B.</b> SIGNATURE – I understand that there Depending on my state of residency, I may distribution. I understand that I will not reconsequences, I will consult with my finate determine the appropriate tax treatment for is true and correct, and authorize SS&C Cothis form.	by be subject to federal and state to eceive IRS Form 1099-R. If I have incial advisor or tax professional for my particular situation. I hereb	ax on the taxable portion of my e any questions regarding my tax prior to cashing this check to y affirm that the information given
Under penalties of perjury, I certify that: The number shown on this form is my conissued to me), and I am not subject to backup withholding be been notified by the Internal Revenue Serfailure to report all interest or dividends, owithholding, and I am a U.S. person (including a U.S. residue)	ecause: (a) I am exempt from bactivice (IRS) that I am subject to batter (c) the IRS has notified me that	kup withholding, or (b) I have not ackup withholding as a result of a
You must cross out item 2 above if you have failed to re		
The Internal Revenue Service does not do than the certifications required to avoid ba		y provision of this document other
Signature of Account Holder	Printed Name	Date

1.

2.

3.