

2021 REQUIRED MINIMUM DISTRIBUTION FORM

The Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE Act) became law on December 20, 2019. The Secure Act made major changes to the Required Minimum Distribution (RMD) rules. If you reached the age of $70\frac{1}{2}$ in 2019, the prior rule applies, and you must take your first RMD by April 1, 2020, and the second RMD by December 31, 2020, and every year thereafter. If you reach age 70 $\frac{1}{2}$ in 2020 or later, you must take your first RMD by April 1 of the year after you reach 72, and the second RMD by December 31^{st} and every year thereafter. If you are still employed and not a 5% owner, you may defer the start of your RMD distributions until the April 1^{st} after you retire.

Our office must receive this Form no later than December 1st, 2021, to ensure the distribution is completed by the end of the year. If you do not receive your RMD before the deadline, the IRS may penalize you. Please complete Section I, Section II OR Section III, and Section IV and sign the form. The form may be faxed, mailed, or e-mailed to distributions@planperf.com. You must complete this form each year unless you elect to receive your distribution automatically in Section III.

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SECTION I	
Plan Name:	
Employer:	
Participant Name:	
Address:	
City: State:	Zip:
Social Security No.: XXX-XX	Date of Birth:
Phone Number:	Email:
SECTION II □ Election to Defer RMD Distribut	ion - IMPORTANT: You must be still employed by the Plan
	e Company. Complete this Section only if you elect to defer
entitled to receive distributions from the Code section 401(a)(9) as in effect before of 1996. I understand that because I has been sectionally as a section of 1996.	age 70½ if born before July 1, 1949), I understand that I am me Plan in an amount necessary to satisfy Internal Revenue ore amendments were made by the Small Job Protection Act have yet to separate from service with the Employer and am no longer required by law to begin receiving distributions ervice with the Employer.
	enue Service Revenue Procedure 2003-10, I hereby elect to the terms of the Plan until such time as distributions from the law.
Participant Signature	 Date



SECTION III - Election to receive RMD. Select Option 1 or 2

Option 1
■ AUTOMATIC REQUIRED MINIMUM DISTRIBUTION: I elect to receive my RMD this year and then automatically each year with my current election for withholding as calculated by PlanPerfect, Inc. on the RMD calculation statement. I understand my RMD will be processed each year prior to July 31 st , unless and until I cancel this request. I understand my RMD check will be mailed to me and the current year RMD calculation statement. If I do not receive my RMD by July 31 st , I will contact PlanPerfect, Inc. at 1-877-960-6003. I understand the RMD is my responsibility and hold PlanPerfect, Inc. harmless for any missed RMD. I will contact PlanPerfect, Inc. with any address changes.
Option 2
■ ELECTION TO RECEIVE ONE-TIME RMD DISTRIBUTION : I elect to receive my RMD this year as calculated by PlanPerfect, Inc. on the RMD calculation statement.
SECTION IV – Withholding Election for Federal And State Taxes
PARTICIPANT'S FEDERAL WITHHOLDING ELECTION . The RMD is not eligible to be rolled over to another qualified plan or IRA. Although the RMD is not subject to the mandatory withholding, you may instead elect voluntary withholding:
 I do not want to have Federal income tax withheld from my benefit payment. I want to have Federal income tax withheld from my benefit payment. Please note we do not withhold any taxes on gross distributions less than \$200.00.
Please withhold% or \$ from my distribution.
PARTICIPANT'S STATE WITHHOLDING ELECTION FOR PARTICIPANTS WHO LIVE IN NORTH CAROLINA AND VIRGINIA. The RMD is not eligible to be rolled over to another qualified plan or IRA. Although the RMD is not subject to the mandatory withholding, you may instead elect voluntary withholding in North Carolina and Virginia:
 □ I do not want to have State income tax withheld from my benefit payment. □ I want to have State income tax withheld from my benefit payment. Please note we do not withhold any taxes on gross distributions less than \$200.00.
Please withhold% or \$ from my distribution.
Participant Signature Date