

**INDIVIDUAL RETIREMENT ACCOUNT  
PERIODIC PAYMENTS BEFORE AGE 70½ (FORM 2316)**

Please Print or Type

11379  
CID# (Organization will complete.)

KINECTA FEDERAL CREDIT UNION  
Financial Organization Name

Social Security Number IRA Suffix

IRA Owner's Name (First, Initial, Last)

\$  
Current IRA Balance

Account Number

**BEFORE AGE 59½**

COMPLETE THIS SECTION IF YOU ARE UNDER AGE 59½ AND ARE NOT DISABLED

**NOTE: The tax laws generally prohibit adding funds to or removing funds from this IRA after your payments have begun. Check with your tax advisor before making any such transactions. Carefully review the information on the reverse side before completing this form.**

Check this box to receive periodic payments that are exempt from the 10% early distribution tax. Payments will be computed under the annuity method pursuant to IRS guidelines.

**BETWEEN AGES 59½ AND 70½ OR DISABLED**

COMPLETE SECTIONS 1 AND 2 BELOW IF YOU ARE DISABLED OR ARE BETWEEN AGES 59½ AND 70½

**Section 1** (Check one)

- 1. I am disabled.
- 2. I am between ages 59½ and 70½.

**Section 2** (Check one)

- 1. Pay me \$\_\_\_\_\_ (minimum \$50 per payment).
- 2. Pay me the earnings from my IRA Investments (minimum \$50 per payment).

**PAYMENT COMMENCEMENT AND FREQUENCY**

I want these payments to start approximately: \_\_\_\_\_  
(MM/YYYY)

Please pay me:

- 1. Monthly
- 2. Quarterly
- 3. Semiannually
- 4. Annually

**PAYMENT METHOD**

- 1. I want to receive these payments by check/share draft.
- 2. Deposit these payments directly into my account at the financial organization.

Account #: \_\_\_\_\_

**FEDERAL WITHHOLDING ELECTION (Form W-4P/OMB No. 1545-0074)**  
Complete an IRA State Income Tax Withholding Election (Form 2312), if applicable.

Your withholding election will remain in effect for any subsequent withdrawal unless you change or revoke it.

(Check One)

- 1. **WITHHOLD** \_\_\_\_\_% (Must be 10% or greater.)  
**WITHHOLD ADDITIONAL** federal income tax of \$\_\_\_\_\_ (if applicable)
- 2. **DO NOT WITHHOLD** federal income tax.

**IRA OWNER'S SIGNATURE**

I certify that the information on this form is correct, that I am the proper party to authorize this payment and that I have received a copy of the Withholding Notice.

**X**  
IRA Owner's Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

# IRA STATE INCOME TAX WITHHOLDING ELECTION

The term IRA will be used below to mean Traditional IRA, Roth IRA, and SIMPLE IRA, unless otherwise specified. This form may only be used to supplement an IRA withdrawal form to make a state income tax withholding election.

## PART 1. IRA INFORMATION

### IRA OWNER

Name (First/Mi/Last) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Account Number \_\_\_\_\_ Suffix \_\_\_\_\_

### ACCOUNT TYPE (Select one)

- Traditional IRA     Inherited Traditional IRA     SIMPLE IRA  
 Roth IRA     Inherited Roth IRA

### FORM TYPE AND DATE (Complete and attach the supplemented form)

Form Type \_\_\_\_\_

Form Dated \_\_\_\_\_

## PART 2. WITHHOLDING ELECTION

This form provides general information about state withholding requirements for IRA distributions. It is not intended to provide a complete overview of state withholding rules and regulations. The information on this form is obtained from state revenue authorities and every effort has been made to ensure its accuracy. Because state tax laws are subject to constant change, often without prior notice, the accuracy of the information cannot be guaranteed beyond the revision date of the form. Seek professional tax advice if you have questions regarding state withholding requirements that apply to your IRA distribution.

Refer to page 2 of this form for a summary of applicable State Income Tax Withholding Rules. Withholding is based on your state of residence, unless noted otherwise.

### ARKANSAS

- Withhold 3.0%  
 Do not withhold

### CALIFORNIA

- Withhold 1.0%  
 Do not withhold

### CONNECTICUT

- Withhold \$ \_\_\_\_\_  
 Do not withhold

### DISTRICT OF COLUMBIA

- Withhold 8.95%  
 Do not withhold

### IOWA

- Withhold 5.0% because I elected federal withholding  
 Do not withhold because I did not elect federal withholding

### KANSAS

- Withhold 4.5% regardless of my federal election  
 Do not withhold because I did not elect federal withholding

### LOUISIANA

- Withhold \_\_\_\_\_% (Not greater than 4.8%)  
 Do not withhold

### MAINE

- Withhold 5.0% because I elected federal withholding  
 Do not withhold because I did not elect federal withholding

### MASSACHUSETTS

- Withhold 5.10% because I elected federal withholding  
 Do not withhold because I did not elect federal withholding or I am not required to pay Massachusetts income taxes

### MICHIGAN

- Withhold 4.25%  
 Withhold \$ \_\_\_\_\_ based on my election on Form MI W-4P  
 In addition to my election above, withhold an optional \_\_\_\_\_% based on my election on Form MI W-4P  
 Do not withhold based on my election on Form MI W-4P

### MONTANA

- Withhold \$ \_\_\_\_\_  
 Do not withhold

### NEBRASKA

- Withhold \_\_\_\_\_% (Must be 5.0% or greater) regardless of my federal election  
 Do not withhold because I did not elect federal withholding

### NEW JERSEY

- Withhold \$ \_\_\_\_\_ (Must be an even dollar amount)  
 Do not withhold

### NORTH CAROLINA

- Withhold 4.0%  
 Do not withhold based on my election on Form NC-4P

### OKLAHOMA

- Withhold 5.0% regardless of my federal election  
 Do not withhold because I did not elect federal withholding

### OREGON

- Withhold 8.0%  
 Do not withhold

### VERMONT

- Withhold 2.4% regardless of my federal election  
 Do not withhold because I did not elect federal withholding

### WISCONSIN

- Withhold \$ \_\_\_\_\_  
 Do not withhold

### OTHER

Use this section to elect a withholding rate not listed above.

I file a tax return in \_\_\_\_\_ (Name of state)

(Check and complete one box below.)

- Withhold \$ \_\_\_\_\_  
 Withhold \_\_\_\_\_%  
 Do not withhold

## PART 3. SIGNATURE

I have read and understand the applicable State Income Tax Withholding Rules on this form and agree to abide by those rules and conditions. All decisions regarding this withholding are my own and I expressly assume the responsibility for any consequences that may arise from this withholding election.

X

Signature of IRA Owner \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

IRA TRUSTEE OR CUSTODIAN INFORMATION: Name KINECTA FEDERAL CREDIT UNION, Organization Number 11379