FRANKLIN TEMPLETON

Beneficiary Transfer/ Distribution Request Form

IMPORTANT INFORMATION:

- Use this form to request a transfer or distribution of retirement assets to a beneficiary due to the death of a plan participant of a Franklin Templeton IRA; or
- To request a distribution from any inherited Franklin Templeton IRA.
- **IMPORTANT INFORMATION ABOUT PROCEDURES FOR BENEFICIARY ACCOUNTS.** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: We will ask for your name, address, date of birth and other information that will allow us to identify you. For estate or trust beneficiaries, we require this information for each executor or trustee. If you fail to provide all requested information, it may delay or prevent us from opening an account and making your requested investment(s), and if after your account is open we are unable to verify the information you provide, we may close your account.

If completing by hand, please print clearly in CAPITAL LETTERS using blue or black ink.

If applicable, provide any Franklin Templeton REFERENCE ID(S) related to your request:

1 ACCOUNT OWNER/PARTICIPANT (DECEDENT) INFORMATION

Decedent's first name | M.I. | Last name | Suffix | SSN/ITIN

TYPE OF RETIREMENT PLAN (CHECK ALL THAT APPLY):

☐ Traditional IRA ☐ Rollover IRA ☐ Roth IRA ☐ Roth Conversion ☐ SIMPLE IRA ☐ SEP/SARSEP IRA ☐ Beneficiary Plan Type(s) (specify)

2 BENEFICIARY INFORMATION

2A A SEPARATE FORM MUST BE COMPLETED BY EACH BENEFICIARY. PLEASE REFER TO INSTRUCTIONS FOR BENEFICIARIES ON PAGE 11.

Individual beneficiary[1]

First name | M.I. | Last name | Suffix | SSN/ITIN[2] | Date of birth (mm/dd/yyyy)

OR

Estate, trust or other entity beneficiary | TIN[2]

☐ US citizen ☐ Resident alien ☐ Nonresident alien

If you are a Nonresident alien, please indicate your country of citizenship and country of tax residence. | Country of citizenship | Country of tax residence

CONTACT INFORMATION

Street address of residence (no P.O. Box address) | City | State | ZIP

Mailing address (if different from above) | City | State | ZIP

Email Address[3] | Primary phone number ( ) | Alternate phone number ( )

IF ESTATE, TRUST OR OTHER ENTITY BENEFICIARY, PLEASE SEE NEXT PAGE FOR ADDITIONAL FIELDS

1. If the individual beneficiary's name does not match our records, a photocopy of the court document that authorizes the name change is required. If the name change is due to marriage, a photocopy of the document evidencing marriage issued by the appropriate city, county, or state governmental body is acceptable. A document evidencing marriage issued by a church or other entity is not acceptable. Alternatively, the individual beneficiary may complete the *Notification of Legal Name Change Form*.

2. You must provide your US Taxpayer Identification Number (TIN); a TIN includes the SSN, ITIN, ATIN and EIN. If you have never been issued a US TIN and are not a US citizen, in place of a US TIN please send us a copy of one of the following items: a resident-alien ID card, a current passport, a current foreign government-issued ID card, or other document evidencing nationality or residence that bears a photograph. If any document offered by non-US persons is unfamiliar and cannot be authenticated by reasonable means, the account will not be opened. Refer to Section 10 for additional certification requirements applicable to each registered owner.

3. If you currently receive any electronic communications/documents from Franklin Templeton, future communications/documents will be sent to the email address provided on this form, replacing any prior email address on file.

(continued)

2 BENEFICIARY INFORMATION (cont'd.)

2B PROVIDE THE NAME OF THE TRUSTEE OR EXECUTOR OR GUARDIAN/CONSERVATOR OR AUTHORIZED SIGNER IF THE BENEFICIARY IS A NON-INDIVIDUAL, MINOR OR CONSERVATEE (all customer identification required)

First name | M.I. | Last name | Suffix | SSN/ITIN[4] | Date of birth (mm/dd/yyyy)

Street address of residence (no P.O. Box address) (if different from 2A) | City | State | ZIP

First name | M.I. | Last name | Suffix | SSN/ITIN[4] | Date of birth (mm/dd/yyyy)

Street address of residence (no P.O. Box address) (if different from 2A) | City | State | ZIP

3 TRANSFER/DISTRIBUTION INSTRUCTIONS[5, 6]

Complete the applicable section to provide instructions for your transfer or distribution.

- If you want to transfer/rollover the assets, complete Section 3A.
- If you want to distribute the assets, complete Section 3B.

If the decedent was of Required Minimum Distribution (RMD) age, was the decedent's RMD taken in the year of death? ☐ Yes ☐ No/Unknown

NOTE: If the decedent was subject to an RMD and it was not taken in the year of death OR neither box is checked, the decedent's RMD will be distributed to the beneficiary only if the death occurred in the current or prior year.

3A TRANSFER/DIRECT ROLLOVER TO BENEFICIARY

Select only one distribution option:

Option 1 (SURVIVING SPOUSE ONLY)

☐ Transfer/Direct rollover all assets to a Franklin Templeton IRA in your name (no taxes will be withheld). If applicable, list the existing Franklin Templeton account number(s) below:

Fund-account number(s)

- **NOTE:** Unless otherwise indicated, the same fund investment as the decedent will be established.
- If you do not have an existing Franklin Templeton IRA we will establish the applicable IRA plan in your name using the information provided in Section 2A.

Option 2 (ALL BENEFICIARIES)

☐ Transfer/Direct rollover of the full inherited amount to a Franklin Templeton inherited beneficiary IRA account (see Beneficiary Account Information on page 12).

Fund-account number(s)

- **NOTE:** Unless otherwise indicated, the same fund investment as the decedent will be established.
- To designate a beneficiary for your new inherited beneficiary IRA account(s), complete Section 5.
- To establish a systematic withdrawal option, complete Section 6.

Option 3 (ALL BENEFICIARIES)

☐ Transfer/Direct rollover of the full inherited amount to a non-Franklin Templeton IRA, qualified plan or inherited beneficiary account. **A letter of acceptance from the receiving custodian is required for transfers.**

Plan type | Account number

Custodian/Trustee | Phone number ( )

Address | City | State | ZIP

SEE NEXT PAGE FOR ADDITIONAL DISTRIBUTION OPTIONS

4. You must provide your US Taxpayer Identification Number (TIN); a TIN includes the SSN, ITIN, ATIN and EIN. If you have never been issued a US TIN and are **not** a US citizen, in place of a US TIN please send us a copy of one of the following items: a resident-alien ID card, a current passport, a current foreign government-issued ID card, or other document evidencing nationality or residence that bears a photograph. If any document offered by non-US persons is unfamiliar and cannot be authenticated by reasonable means, the account will not be opened. Refer to Section 10 for additional certification requirements applicable to each registered owner.

5. Unless the annual maintenance fee has already been paid, it will be assessed if you are closing a fund-account, even if other fund-accounts remain open within the same account type.

6. If the amount requested is greater than the balance of the account at the time of the distribution, we will distribute 100% of the account.

3 TRANSFER/DISTRIBUTION INSTRUCTIONS[7,8] (cont'd.)

3B DISTRIBUTE THE INHERITED ASSETS

If this section is completed, a transfer/direct rollover of the inherited amount will be processed to a Franklin Templeton inherited beneficiary IRA account (see Beneficiary Account Information on page 12) and then distributed.

- **To make a tax withholding election, complete Section 7**

DISTRIBUTION OPTION

Select only one distribution option:

☐ One-time full distribution from all accounts under the beneficiary's SSN/ITIN in Section 2A.

☐ One-time full or partial distribution from the existing inherited beneficiary IRA account(s) listed below.

Fund-account number									
	$		OR		%	OR		Shares
	$		OR		%	OR		Shares
	$		OR		%	OR		Shares
	$		OR		%	OR		Shares

DELIVERY METHOD

Select only one delivery method:

NOTE: If a delivery method is not selected, we will default to the bank information identified in Section 4 or, if Section 4 is incomplete, to the mailing address provided in Section 2A or on the account(s).

☐ Deposit into non-retirement Franklin Templeton fund-account number:

NOTE: If you do not have an existing non-retirement Franklin Templeton account, attach a completed *Account Application*.

☐ Send to the bank account identified in Section 4.

☐ Send to the mailing address provided in Section 2A or on the account(s).

☐ Send check(s) to an alternate payee and/or mailing address:

NOTE: Do not select this option if mailing to the address provided in Section 2A or on the account(s).

Payee

Address | City | State | ZIP

4 BANK INFORMATION FOR ELECTRONIC SERVICES AUTHORIZATION

If you would like to establish banking information on your inherited IRA account or have distributions sent to a bank account, please select one of the options below.

NOTE: Requests to send proceeds electronically within 15 days of establishing or changing bank instructions may need to be signature guaranteed, otherwise your proceeds will be sent by check to your address of record.

☐ 1. **Use the Existing Bank Account**. Send the proceeds to the bank account currently linked to your Franklin Templeton account.

☐ 2. **Add a New Bank Account.** Send the proceeds to the new bank account identified below and establish/change electronic transfers to the new bank account. These bank instructions will be established for redemptions and any pre-established systematic withdrawals or dividend/capital gain payments.

☐ 3. **Add a New Bank Account For This One-Time Requested Distribution Only.** Send the proceeds to the bank account identified below and **DO NOT** retain this bank account for additional use.

If you've selected either option 2 or 3 above, please review and provide the information below:

- Any bank account owner who is not an owner of the Franklin Templeton fund account must sign in Section 10 and you, as the Franklin Templeton fund account owner, must also sign in Section 10.
- If the Franklin Templeton fund account and the bank account **DO NOT** include at least one common owner, you and all of the bank account owners must have your signatures guaranteed in Section 10.
- No checks? Include a preprinted savings account deposit slip or letter from your bank, on its letterhead and signed by an officer. The deposit slip or letter must include the bank account registration, account number, account type and bank routing number. Do not staple to the form. Handwritten information on the savings deposit slip or bank letterhead is not acceptable.

Select one of the following options:

☐ Use my enclosed letter from my bank.

☐ Use my enclosed preprinted voided check.

☐ Use my enclosed preprinted checking deposit slip.

☐ Use my enclosed preprinted savings deposit slip.

Bank routing number (9 digits) | Bank account number

7. Unless the annual maintenance fee has already been paid, it will be assessed if you are closing a fund-account, even if other fund-accounts remain open within the same account type.
8. If the amount requested is greater than the balance of the account at the time of the distribution, we will distribute 100% of the account.

5 BENEFICIARY DESIGNATION

- **This section is not applicable if the decedent's beneficiary is a trust, estate, or any other entity.**
- This beneficiary designation will only apply to your Franklin Templeton **inherited** beneficiary IRA account.
- **SURVIVING SPOUSE ONLY:** This designation will apply to the new Franklin Templeton IRA in your name or your existing Franklin Templeton IRA indicated in Section 3A. If you have any other existing FTIOS plan types, to update the beneficiary(ies), complete a *Designation of Beneficiary Form*.
- Please provide both a primary and contingent beneficiary designation. If no beneficiary is designated, your beneficiary shall be your spouse or, if you have no surviving spouse, your estate. Contingent beneficiaries will inherit as indicated ONLY IF all primary beneficiaries do not survive you. Consequently, the total primary and contingent beneficiary allocation should EACH equal 100%.
- Benefits shall be divided equally among primary beneficiaries (or contingent beneficiaries), unless otherwise specified.
- If you are married and designate a primary beneficiary other than your spouse, you may need to obtain your spouse's consent. You should consult with a legal advisor regarding your beneficiary designation and whether your spouse's consent is necessary. The Custodian is not responsible for determining whether your spouse's consent is necessary.
- If you name your spouse as a primary or contingent beneficiary, and you later divorce, that designation is automatically revoked and invalid upon your death, unless after your divorce you affirmatively elect to name your former spouse as your non-spouse beneficiary.

Complete sections 5A and 5B with your primary and contingent beneficiary designation:

5A DESIGNATE YOUR PRIMARY BENEFICIARY(IES)

Primary Beneficiary(ies) will receive benefits upon your death. If no Primary Beneficiary(ies) survives you, benefits will be distributed to the Contingent Beneficiary(ies) as listed in Section 5B.

Name or Name of Trust (trust date **required** mm/dd/yyyy) | Percentage %

SSN | Date of birth (mm/dd/yyyy) | ☐ Spouse | ☐ Non-Spouse (Relationship to you)

Street address | City | State | ZIP

Name or Name of Trust (trust date **required** mm/dd/yyyy) | Percentage %

SSN | Date of birth (mm/dd/yyyy) | ☐ Spouse | ☐ Non-Spouse (Relationship to you)

Street address | City | State | ZIP

Name or Name of Trust (trust date **required** mm/dd/yyyy) | Percentage %

SSN | Date of birth (mm/dd/yyyy) | ☐ Spouse | ☐ Non-Spouse (Relationship to you)

Street address | City | State | ZIP

Name or Name of Trust (trust date **required** mm/dd/yyyy) | Percentage %

SSN | Date of birth (mm/dd/yyyy) | ☐ Spouse | ☐ Non-Spouse (Relationship to you)

Street address | City | State | ZIP

TOTAL: 100%

IF NAMING MORE THAN FOUR BENEFICIARIES, PROVIDE INFORMATION ON A SEPARATE SHEET.

SEE NEXT PAGE FOR CONTINGENT DESIGNATION FIELDS

5 BENEFICIARY DESIGNATION (cont'd.)

5B DESIGNATE YOUR CONTINGENT BENEFICIARY(IES)

Primary Beneficiary(ies) will receive benefits upon your death. If no Primary Beneficiary(ies) survives you, benefits will be distributed to the Contingent Beneficiary(ies) listed below.

Name or Name of Trust (trust date **required** mm/dd/yyyy) | Percentage %

SSN | Date of birth (mm/dd/yyyy) | ☐ Spouse | ☐ Non-Spouse (Relationship to you)

Street address | City | State | ZIP

Name or Name of Trust (trust date **required** mm/dd/yyyy) | Percentage %

SSN | Date of birth (mm/dd/yyyy) | ☐ Spouse | ☐ Non-Spouse (Relationship to you)

Street address | City | State | ZIP

Name or Name of Trust (trust date **required** mm/dd/yyyy) | Percentage %

SSN | Date of birth (mm/dd/yyyy) | ☐ Spouse | ☐ Non-Spouse (Relationship to you)

Street address | City | State | ZIP

Name or Name of Trust (trust date **required** mm/dd/yyyy) | Percentage %

SSN | Date of birth (mm/dd/yyyy) | ☐ Spouse | ☐ Non-Spouse (Relationship to you)

Street address | City | State | ZIP

TOTAL: 100%

IF NAMING MORE THAN FOUR BENEFICIARIES, PROVIDE INFORMATION ON A SEPARATE SHEET.

6 SYSTEMATIC WITHDRAWAL PLAN[9, 10]

- **To make a tax withholding election, complete Section 7.**
- If the frequency or withdrawal date are not selected, we will default to monthly on the 20th.
- If the withdrawal date falls on a non-business day, the transaction will be made on the following business day.
- Allow up to 3 business days if the proceeds are being sent electronically. Your first distribution may be sent by check to your address of record while bank information is established for your account.
- January RMD may be delayed if the first or fifth is chosen.

SYSTEMATIC WITHDRAWAL INSTRUCTIONS

START MONTH _____ **START YEAR** _____

FREQUENCY (select one)

☐ monthly ☐ every other month ☐ semiannually
☐ quarterly ☐ annually

WITHDRAWAL DATE

☐ 1st ☐ 10th ☐ 20th
☐ 5th ☐ 15th ☐ 25th

DISTRIBUTION OPTION

Select one distribution option:

NOTE: Refer to Beneficiary Minimum Distribution Requirements on pages 12 and 13 for available options.

☐ RMD; minimum based on eligible named beneficiary's life expectancy or, if applicable, the decedent's life expectancy.

☐ Distribution of a Fixed Amount: $ _____ **OR** for period certain over _____ years.

ACCOUNT INFORMATION

Select only one of the following options:

☐ Apply the above instructions to all accounts under the beneficiary's SSN/ITIN in Section 2A.

☐ Apply the above instructions to only the account(s) listed below.

Fund-account number

	$
	$
	$
	$

NOTE: If an account number(s) is not provided, we will establish the systematic distribution on all applicable inherited beneficiary IRA accounts for the beneficiary.

DELIVERY METHOD

Select only one delivery method:

NOTE: If a delivery method is not selected, we will default to the bank information identified in Section 4 or, if Section 4 is incomplete, to the mailing address provided in Section 2A or on the account(s).

☐ Deposit into non-retirement Franklin Templeton fund-account number: _____

NOTE: If you do not have an existing non-retirement Franklin Templeton account, attach a completed *Account Application*.

☐ Send to the bank account identified in Section 4.

☐ Send to the mailing address provided in Section 2A or on the account(s).

☐ Send check(s) to an alternate payee and/or mailing address:

NOTE: Do not select this option if mailing to the address provided in Section 2A or on the account(s).

Payee _____

Address _____ City _____ State _____ ZIP _____

9. Unless the annual maintenance fee has already been paid, it will be assessed if you are closing a fund-account, even if other fund-accounts remain open within the same account type.
10. If the amount requested is greater than the balance of the account at the time of the distribution, we will distribute 100% of the account.

7 MANDATORY ELECTION FOR TAX WITHHOLDING

Distributions are subject to federal and, possibly, state income tax. If you have established a systematic withdrawal or requested a distribution, please complete the withholding election below. You are responsible for paying any tax due on the taxable portion of your distribution, regardless of your withholding election.

- **If no election is made,** federal taxes will be withheld at a rate of 10%[11] and, when applicable, the minimum required state taxes will be withheld (see additional bullets for more state tax details).
- You may be subject to penalty taxes if federal and state taxes are due and either your estimated tax payments or the amount of tax you have withheld is insufficient under IRS rules or your state's rules.
- Your state of residence will determine your state income tax withholding requirements, if any.
- Although states with voluntary withholding allow individuals to elect to withhold state tax, we can only accommodate voluntary state tax withholding for residents of Delaware, Indiana, Missouri, Montana, New Jersey, New Mexico, Utah and Virginia (IRA Only).
- States with voluntary withholding allow individuals to elect to withhold state tax.
- Some states have no income tax on retirement payments.
- Some states only allow for state tax withholding on systematic distributions.
- **Arkansas, Michigan, Minnesota, North Carolina, and Oregon:** State tax will be withheld at the state required minimum. To make a different withholding election, you **MUST** complete and attach your state-specific withholding form.
- **Maryland and Montana:** To make a state tax withholding election, you **MUST** complete and attach your state-specific withholding form.
- **Please consult with a tax advisor or your state's tax authority for additional information on your state requirements.**

FEDERAL TAX WITHHOLDING

You are responsible for reviewing the sample Form W-4R and the marginal rate tables on page 15 to ensure you are requesting the appropriate amount of federal withholding from your distribution. Once the withholding amount is determined, use the below options to opt in or out of withholding.

1. ☐ **NO** federal tax withholding on my distribution.
2. ☐ Withhold federal taxes from my distribution at the rate of _____ % (minimum 1%).

NOTE: Enter the withholding rate as a whole number. Do not use decimals.

STATE TAX WITHHOLDING

1. ☐ Withhold **NO** state tax on my distribution (only for residents of states that do not require mandatory state tax withholding).
2. ☐ Withhold state taxes from my distribution at the state minimum.
3. ☐ Withhold state taxes from my distribution in the amount of $ _____. Percentages are NOT allowed.

NOTE: If you elect a dollar amount that is below the minimum state tax withholding determined by your state, then the state minimum will be applied.
NOTE: If you elect a dollar amount, that amount will be withheld from each transaction. If there are multiple fund accounts, and you want different amounts withheld per fund account, please include a letter of instruction.

8 TELEPHONE TRANSACTION PRIVILEGES FOR BENEFICIARY ACCOUNTS

You and your financial professional automatically have the convenience of Telephone Exchange and Redemption Privileges unless you check below.

☐ I do NOT want Telephone Exchange Privileges.

☐ I do NOT want Telephone Redemption Privileges.

NOTE: Telephone redemptions are not permitted for minor beneficiary accounts. If the beneficiary is a non-individual (e.g., trust, estate) any one authorized signer acting alone has the ability to perform telephone transactions.

9 BROKER-DEALER INFORMATION

At the time the beneficiary account is established, the broker-dealer or financial professional of record on the participant's account will be carried over to the beneficiary account(s). If the beneficiary wishes to remove or change this broker-dealer, the beneficiary must indicate to remove the existing broker-dealer or have his/her new broker-dealer complete the information below.

☐ I do not want a broker-dealer or financial professional on my account.

Broker-Dealer Use Only

This request complies with the terms of our selling agreement with Franklin Distributors, LLC ("Distributors") and with the current prospectus(es) for the fund(s) identified in Section 1. We agree to notify Distributors of any purchases of shares which may be eligible for reduced or eliminated charges.

This section must be signed by a FINRA registered principal of the firm for the listed securities dealer.

SECURITIES DEALER

Dealer name | Broker identification number

FINANCIAL PROFESSIONAL

First name, middle initial, last name | Suffix | Telephone number ( )

Email | Dealer number | Branch number | Representative number

Branch address | City | State | ZIP

X _____ Title

Authorized signature (Registered Principal for the Securities Dealer listed above)

11. Not applicable to Roth IRA plans.

10 BENEFICIARY'S CERTIFICATION AND AUTHORIZATION

I hereby acknowledge that I have received and read the Beneficiary Minimum Distribution Requirements regarding plan distributions, if applicable. I expressly assume full responsibility for all tax implications of this distribution. I certify under penalty of perjury that all information contained herein is true and correct. I further certify that I am a US person (including a US resident alien). *(Nonresident aliens should cross out the preceding sentence and, if claiming treaty benefits, attach a completed Form W-8BEN with a tax identification number provided by the US Internal Revenue Service.)*

IF BENEFICIARY/INHERITED ASSETS WILL BE TRANSFERRED TO A FRANKLIN TEMPLETON IRA OR BENEFICIARY IRA:

- The information provided on this form is true, correct and complete. You may verify this information with others, including third-party credit reporting agencies and databases and US and/or foreign government agencies, and if you are unable to verify my information, you are authorized to close my account by redeeming shares at the then applicable net asset value.
- If an IRA or beneficiary IRA is established on my behalf, I hereby appoint Fiduciary Trust International of the South ("FTIOS") as Custodian of my IRA or beneficiary IRA, under the terms of the Traditional IRA Custodial Account Agreement. I have received and read the pertinent Agreement and the IRA Disclosure Statement, if applicable.
- I consent to a maintenance fee for any accounts opened by this application. For an IRA or beneficiary IRA, a $15 maintenance fee will apply to each account with a balance of less than $50,000; a $10 maintenance fee will apply for accounts with balances of $50,000 and over. I understand a maintenance fee will be assessed if I request a full distribution of the plan.
- I have received and read the prospectus for each inherited fund identified on this form.
- I have full authority and am of legal age (or an emancipated minor) to sell shares.
- The information in this form pertaining to account ownership and account options, as well as the broker-dealer information, applies to any new fund into which my shares may be exchanged. Periodic payments based on life expectancy will also be applied to the new fund.
- I have reviewed the Form W-4R to ensure I've selected the appropriate amount of federal withholding from my distribution, and I assume full responsibility for all tax implications of this distribution.
- When I call you regarding my shares and account(s) the telephone conversation may be recorded.
- If I request transfers to my bank account in this Distribution Form or at any time, including by telephone, electronically or otherwise, you are authorized to make those requested transfers (and to make, if necessary, adjusting transfers if any amounts are transferred in error). I agree that Franklin Templeton may make additional attempts to credit the account if the initial attempt fails and if a transfer is denied by my bank for any reason, Franklin Templeton will discontinue this authorization. I understand that I can end this authorization at any time by notifying you in writing or by telephone.
- You are authorized to provide any information about my account(s) to my broker-dealer or financial professional, and my broker-dealer or financial professional is authorized to provide any information about my account(s) to you.
- I will review all account statements and written notifications after each transaction affecting my account upon receipt, and will notify you immediately if there is a discrepancy.
- I request that any uncashed checks issued to the decedent after death be reissued to me in proportion to my beneficial interest at the address provided on this form.
- My property may be transferred to the appropriate state if no activity/communication occurs in the account within the time period specified under my state's unclaimed property laws.

I understand that mutual fund shares are not deposits or obligations of, or guaranteed or endorsed by, any bank, and are not federally insured by the Federal Deposit Insurance Corporation, the Federal Reserve Board, or any other agency of the US Government, and that an investment in mutual fund shares involves risks, including the possible loss of principal.

BENEFICIARY DESIGNATION

- I understand that I may revoke or change this beneficiary designation at any time by submitting a *Designation of Beneficiary Form* to Fiduciary Trust International of the South. This designation shall apply to all of my investment accounts under this IRA plan type. A Beneficiary Designation shall be valid only if dated and signed by me and filed with the Custodian before my death.
- Unless I indicate otherwise, if any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survive(s) me, the contingent beneficiary(ies) shall acquire the designated share of my account. If no ascertainable designation is set forth on this form my beneficiary shall be deemed to be my surviving spouse, or if there is no surviving spouse, my estate.
- If I am married and elect to designate a beneficiary other than my spouse, I should consult with my legal advisor as to any interest (community property, marital property, or otherwise) my spouse has or may have with respect to this plan and the effect of any such interest on this beneficiary designation. The Custodian is not responsible for determining whether your spouse's consent is necessary.
- If I am married and elect to designate a primary beneficiary other than my spouse, my spouse consents to the beneficiary designation, if my spouse's consent is necessary.
- If I name my spouse as a beneficiary and I later divorce, that designation is automatically revoked and invalid upon my death, unless after my divorce I affirmatively elect to name my former spouse as my non-spouse beneficiary.

Signature requirements:

- Signatures of all beneficiaries named in Section 2 are required on the next page
- For estates, trusts or other entity beneficiaries, each executor, trustee or authorized signer must complete and sign on the next page.

A signature guarantee/notary is NOT REQUIRED for the spouse if the assets will be:

- under $100,000 for each account **and**
- rolled over/transferred to the surviving spouse's new or existing non-retirement or FTIOS account at Franklin Templeton **and**
- distributed to the surviving spouse at the address provided in Section 2

(continued)

10 BENEFICIARY'S CERTIFICATION AND AUTHORIZATION (cont'd.)

FRANKLIN TEMPLETON BENEFICIARY SIGNATURE(S) ONLY

X _____ Date _____

Franklin Templeton Beneficiary Signature

X _____ Date _____

Franklin Templeton Beneficiary Signature

IF REQUIRED, PLACE NOTARY STAMP/SEAL, SIGNATURE GUARANTEE OR MEDALLION GUARANTEE STAMP HERE.*

IF REQUIRED, PLACE NOTARY STAMP/SEAL, SIGNATURE GUARANTEE OR MEDALLION GUARANTEE STAMP HERE.*

***A signature guarantee is REQUIRED if your assets will be:**

- liquidated and the redemption amount is over $250,000 per fund account ***or***
- transferred/rolled over to an outside custodian and the transaction value is $100,000 or more per fund account

*Please have each signature separately guaranteed by a bank, savings and loan association, trust company, credit union, broker-dealer, or any other "eligible guarantor institution" as defined under the rules adopted by the Securities and Exchange Commission. These institutions often participate in signature guarantee medallion programs such as the Securities Transfer Agent Medallion Program (STAMP). **A notary public cannot provide a signature guarantee.**

A notary stamp is acceptable if your assets will be:

- retained at Franklin Templeton and not immediately liquidated ***or***
- liquidated and the redemption amount is $250,000 or less per fund account ***or***
- transferred/rolled over to an outside custodian and the transaction value is less than $100,000 per fund account

The following items are required if a notary stamp is provided:

- Photocopy of a valid driver's license or government issued ID (must include picture and text of ID)
- Original notary stamp must come from a financial institution, broker dealer or attorney's office
- Photocopy of the notary's business card or photocopy of the attorney's business card

BANK ACCOUNT OWNER(S) SIGNATURE(S) ONLY

X _____ Date _____

Bank Account Owner Signature

X _____ Date _____

Bank Account Owner Signature

IF REQUIRED (SEE SECTION 4), PLACE SIGNATURE GUARANTEE OR MEDALLION GUARANTEE STAMP HERE.

IF REQUIRED (SEE SECTION 4), PLACE SIGNATURE GUARANTEE OR MEDALLION GUARANTEE STAMP HERE.

(For Use by Notary Public Only)

On _____ (Date) before me, _____ (Name of Notary Public) personally appeared

_____

(Name(s) of Signer(s))

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of _____ (Name of state in which Notary is licensed) that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. X _____

(Signature of Notary Public)

BEFORE YOU SUBMIT...

TO TRANSFER OR DISTRIBUTE ASSETS – DID YOU PROVIDE?

- A typed form or form handwritten in capital letters using blue or black ink.
- A Franklin Templeton reference ID related to your request on page 1 (if you were provided with one).

SECTION 1

Information for the Decedent:

- Full first and last name
- Social Security Number/ITIN

Retirement Plan Type:

- Plan Type

SECTION 2

Information for the Beneficiary(ies):

- Full first and last name
- Street address (include any APT, BLDG, STE number)
- Social Security Number/ITIN
- Date of birth
- Email address

SECTION 3

- Transfer or distribution instructions (complete only one section)

SECTION 4 (if applicable)

- Pre-printed voided check, savings deposit slip or letter from your bank on the bank's letterhead

SECTION 5

Information for the Beneficiary(ies) on the account:

- The name, relationship and identifying information for the Beneficiary(ies)
- Percentages of Primary and Contingent Beneficiaries that equal to 100%

SECTION 6 (if applicable)

- Systematic withdrawal instructions
- Distribution option
- Delivery method

SECTION 7

- Withholding election

SECTION 10

- The signature of the beneficiary(ies) and date signed
- The signature of the bank account owner(s) and date signed (if applicable)
- Signature guarantee stamp (if required)

MAKE A PHOTOCOPY OF THE COMPLETED FORM FOR YOUR RECORDS

IMPORTANT: If an original signature guarantee or notary is required to process your request you may NOT email or fax your documents.

EMAIL	FAX	MAIL
• Emails **MUST** include an attachment (PDF preferred) of your request. • Sender's email address **MUST** match the email address on file, or the email **MUST** include a related reference ID(s) to be accepted. • If you have not been registered on franklintempleton.com for at least 15 calendar days, call (800) 527-2020 to request a reference ID to include in your email. • Digital communication channels are not necessarily secure. If you do choose to send confidential or sensitive information to us via digital communication channels (e.g., email, chat, text messaging, fax), you are accepting the associated risks related to potential lack of security, such as the possibility that your confidential or sensitive information may be intercepted/accessed by a third party and subsequently used or sold. **Financial professionals:** ftrequests.us.franklintempleton@fisglobal.com **Shareholders:** shrequests.us.franklintempleton@fisglobal.com	(855) 891-8377	You may use any of the below mailing addresses: **Regular Mail** • Franklin Templeton P.O. Box 33033 St. Petersburg, FL 33733–8033 **Overnight** • Franklin Templeton 100 Fountain Parkway N. St. Petersburg, FL 33716–1205

(continued)

Instructions for Beneficiaries

A INDIVIDUAL BENEFICIARY

If you are the beneficiary (or one of the beneficiaries) of the participant's retirement plan, the following documents are required for distribution:

1. Completed and signature guaranteed *Beneficiary Transfer/Distribution Request Form*. Please refer to the information in Section 10 regarding signature guarantees.
2. Photocopy of certified death certificate of the participant.
3. If you are signing as the parent of a minor beneficiary, please provide a copy of the minor's birth certificate. If you are signing as the guardian of a minor beneficiary, please provide a copy of your letters of guardianship. Additionally, please provide your name, residential street address, date of birth and Social Security number in Section 2B.
4. **Inheritance Tax Waiver** – please contact the appropriate agency of the state in which the participant resided to determine if an Inheritance Tax Waiver is required.

B SURVIVING SPOUSE BENEFICIARY

If you are the participant's surviving spouse beneficiary, the following documents are required for distribution:

1. Completed and signature guaranteed *Beneficiary Transfer/Distribution Request Form*. Please refer to the information in Section 10 regarding signature guarantees.
2. Photocopy of certified death certificate of the participant.
3. Should you decide to roll the balance of the plan over into an IRA in your name, and you do not have an existing FTIOS custodial IRA, please complete a *Franklin Templeton IRA Application*.
4. **Inheritance Tax Waiver** – please contact the appropriate agency of the state in which the participant resided to determine if an Inheritance Tax Waiver is required.

C TRUST BENEFICIARY

If the participant's trust was named as the beneficiary of the participant's retirement plan, the following documents will be required from the trustee(s) of the trust for distribution:

1. Completed and signature guaranteed *Beneficiary Transfer/Distribution Request Form*. Please refer to the information in Section 10 regarding signature guarantees.
2. Photocopy of certified death certificate of the participant.
3. Tax Identification Number for the trust.
4. A copy of the following "key" sections from the trust document: (1) the first ("title") page, (2) the page(s) naming the current (successor) trustee(s), and (3) the signature page(s).
5. **Inheritance Tax Waive**r – please contact the appropriate agency of the state in which the participant resided to determine if an Inheritance Tax Waiver is required.

D ESTATE BENEFICIARY

If the participant's estate was named as the beneficiary of the participant's retirement plan, the following documents will be required from the legal representative of the estate (e.g., administrator/executor) for distribution:

1. Completed and signature guaranteed *Beneficiary Transfer/Distribution Request Form*. Please refer to the information in Section 10 regarding signature guarantees.
2. Photocopy of certified death certificate of the participant.
3. Tax Identification Number for the estate.
4. Copy of the letters testamentary or letters of administration (must be dated within the last 180 days).
5. **Inheritance Tax Waive**r – please contact the appropriate agency of the state in which the participant resided to determine if an Inheritance Tax Waiver is required.

E CHARITY BENEFICIARY

If a charity was named as the beneficiary of the participant's retirement plan, the following documents will be required from the authorized signer of the charity for distribution:

1. Completed and signature guaranteed *Beneficiary Transfer/Distribution Request Form*. Please refer to the information in Section 10 regarding signature guarantees.
2. Photocopy of certified death certificate of the participant.
3. Tax Identification Number for the charity/entity.
4. Articles of incorporation, and corporate resolution, or proof of the existence of the charity/entity and of the signer's signing authority.
5. **Inheritance Tax Waiver** – please contact the appropriate agency of the state in which the participant resided to determine if an Inheritance Tax Waiver is required.

Beneficiary Account Information

- A beneficiary account, registered to the participant for the benefit of the beneficiary, may be created for purposes of tax reporting.
- The beneficiary account will reflect the Social Security number or Tax Identification Number of the beneficiary. The segregation of shares from the participant's account to the beneficiary account is not a reportable transaction.
- The beneficiary is responsible for complying with applicable beneficiary distribution rules and for initiating distribution requests. Beneficiary distributions are processed from the beneficiary account and would be reportable to the beneficiary.
- The beneficiary (referred to as "Designator") may designate a beneficiary on his/her beneficiary account. Such designation shall be (a) in writing in Section 5, on a *Designation of Beneficiary Form*, or in such other written format acceptable to FTIOS, (b) signed by the Designator and (c) received by FTIOS prior to the Designator's death. To obtain a *Designation of Beneficiary Form*, please visit **franklintempleton.com** or contact Franklin Templeton Retirement Services at (800) 527-2020.

Beneficiary Minimum Distribution Requirements (For Deaths Prior to January 1, 2020)

I DESIGNATED BENEFICIARY (INDIVIDUAL NON-SPOUSE BENEFICIARY)

A. If the participant died on or *after* his or her required beginning date (generally April 1 following the year the participant attained age 70½):

1. An individual non-spouse beneficiary may take distributions over his/her single life expectancy (nonrecalculated) provided payments commence no later than December 31 following the year the participant died.
2. An individual non-spouse beneficiary may request a distribution based on the single life expectancy of the participant (if longer than the non-spouse beneficiary's life expectancy) commencing in the year after death.
3. The non-spouse beneficiary may request a full distribution at any time.

B. If the participant died *before* his or her required beginning date:

1. An individual non-spouse beneficiary may take distributions over his/her single life expectancy (nonrecalculated) provided payments commence no later than December 31 following the year the participant died; or
2. An individual non-spouse beneficiary may, under the 5-year rule, request a distribution at any time. The assets must be fully distributed to the beneficiary no later than December 31 of the fifth year following the participant's death (as long as the assets are completely depleted by this date, distributions need not be taken or may be taken in any amount during the 5-year period).

II DESIGNATED BENEFICIARY (SURVIVING SPOUSE BENEFICIARY)

A. If the participant died on or *after* his or her required beginning date (generally April 1 following the year the participant attained age 70½):

1. The surviving spouse beneficiary may roll over or transfer all or part of the plan balance (with the exception of the participant's year of death required minimum distribution which cannot be included in a rollover) to an IRA in his/her own name.
2. The surviving spouse beneficiary may take distributions over his/her single life expectancy (recalculated) commencing in the year after death.
3. The surviving spouse may request a distribution based on the single life expectancy of the participant (if longer than the surviving spouse beneficiary's life expectancy) commencing in the year after death.
4. The surviving spouse beneficiary may request a full distribution at any time.

Since other requirements may apply, including requirements for a spouse beneficiary who is not the sole beneficiary, the spouse beneficiary should consult with a tax advisor for further guidance.

B. If the participant died *before* his or her required beginning date:

1. The surviving spouse beneficiary may roll over or transfer all or part of the plan balance to an IRA in his/her own name.
2. The surviving spouse beneficiary may take distributions over his/her single life expectancy (recalculated) commencing in the year after death.
3. The surviving spouse beneficiary may, under the 5-year rule, request a distribution at any time. The assets must be fully distributed to the spouse beneficiary no later than December 31 of the fifth year following the participant's death (as long as the assets are completely depleted by this date, distributions need not be taken or may be taken in any amount during the 5-year period).
4. The surviving spouse beneficiary may delay any distribution until the participant would have attained age 70½, then take the distribution over the single life expectancy of the spouse beneficiary (recalculated).

Since other requirements may apply, including requirements for a spouse beneficiary who is not the sole beneficiary, the spouse beneficiary should consult with a tax advisor for further guidance.

III NON-DESIGNATED BENEFICIARY (TRUST OR ESTATE OR OTHER ENTITY)

A. If the participant died on or *after* his or her required beginning date (generally April 1 following the year the participant attained age 70½):

1. The trust or estate (or other entity) beneficiary may take distributions over the participant's single life expectancy calculated in year of death, reduced by one for each subsequent year provided payments commence no later than December 31 following the year the participant died.
2. The trust or estate (or other entity) beneficiary may request a full distribution at any time.

B. If the participant died *before* his or her required beginning date:

1. A trust or estate (or other entity) beneficiary may, under the 5-year rule, request a distribution at any time. The assets must be fully distributed by the trust or estate (or other entity) no later than December 31 of the fifth year following the participant's death (as long as the assets are completely depleted by this date, distributions need not be taken or may be taken in any amount during the 5-year period).

(continued)

Beneficiary Minimum Distribution Requirements (For Deaths After December 31, 2019)

I DESIGNATED BENEFICIARY (INDIVIDUAL NON-SPOUSE BENEFICIARY)

A. If the participant died on or after his or her required beginning date (generally April 1 following the year the participant attained age 72 (if attained prior to 1/1/2023) or age 73 (if attained after 12/31/2022):

1. A Designated Beneficiary must continue to take life expectancy payments in years 1-9 following the death of the participant, and under the 10-year rule, they must fully deplete the account no later than December 31 of the tenth year following the participant's death. It is the responsibility of the beneficiary to ensure the account is depleted by the end of the tenth calendar year.
2. A Designated Beneficiary may request a full distribution at any time.

B. If the participant died before his or her required beginning date:

1. A Designated Beneficiary must, under the 10-year rule, fully deplete the account no later than December 31 of the tenth year following the participant's death. As long as the assets are completely distributed by this date, annual distributions need not be taken or may be taken in any amount and at any time during the 10-year period.
2. A Designated Beneficiary may request a full distribution at any time.

II ELIGIBLE DESIGNATED BENEFICIARY

An Eligible Designated Beneficiary is an individual beneficiary who is the surviving spouse, a minor child of the decedent, a disabled[14] or chronically ill[15] individual, or an individual that is less than 10 years younger than the decedent.

A. If the participant died on or *after* his or her required beginning date (generally April 1 following the year the participant attained age 72) (if attained prior to 1/1/2023) or age 73 (if attained after 12/31/2022):

1. An Eligible Designated Beneficiary may take distributions over the longer of his/her single life expectancy or the participant's single life expectancy (non-recalculated) provided payments commence no later than December 31 of the year following the participant's death.
2. An Eligible Designated Beneficiary may request a full distribution at any time.
3. A surviving spouse beneficiary may roll over or transfer all or a part of the plan balance (with the exception of the account owner's year of death required minimum distribution which cannot be included in a rollover) to an IRA in his/her name.
4. A minor child of the decedent may take distributions over their life expectancy beginning by December 31 of the year following the participant's death. Upon attaining the age of majority (age 21), the child of the decedent ceases to be an Eligible Designated Beneficiary and must distribute any remaining balance using the 10-year rule; all assets must be distributed by December 31 of the year the Eligible Designated Beneficiary turns 31.

B. If the participant died *before* his or her required beginning date:

1. An Eligible Designated Beneficiary may take distributions over his/her single life expectancy (non-recalculated) commencing payments by December 31 of the year following the participant's death.
2. An Eligible Designated Beneficiary may, under the 10-year rule, fully deplete the account no later than December 31 of the tenth year following the participant's death. As long as the assets are completely distributed by this date, annual distributions need not be taken or may be taken in any amount and at any time during the 10-year period.
3. An Eligible Designated Beneficiary may request a full distribution at any time.
4. A surviving spouse beneficiary may roll over or transfer all or a part of the plan balance to an IRA in his/her name.
5. A surviving spouse beneficiary may delay any distribution until the participant would have attained age 72 or age 73 (if attained after 12/31/2022), then take distributions over their single life expectancy.
6. A minor child of the decedent must begin taking distributions beginning by December 31 of the year following the participants death. Distributions must be made over the longer of the decedent's or Eligible Designated Beneficiaries' life expectancy. The account must be fully depleted by December 31 of the year the Eligible Designated Beneficiary attains age 31.

III NON-DESIGNATED BENEFICIARY (TRUST OR ESTATE OR OTHER ENTITY)

A. If the participant died on or *after* his or her required beginning date (generally April 1 following the year the participant attained age 72) (if attained prior to 1/1/2023) or age 73 (if attained after 12/31/2022):

1. The trust or estate (or other entity) beneficiary may take distributions over the participant's single life expectancy calculated in year of death, reduced by one for each subsequent year provided payments commence no later than December 31 following the year the participant died.
2. The trust or estate (or other entity) beneficiary may request a full distribution at any time.

B. If the participant died *before* his or her required beginning date:

1. A trust or estate (or other entity) beneficiary may, under the 5-year rule, request a distribution at any time. The assets must be fully distributed by the trust or estate (or other entity) no later than December 31 of the fifth year following the participant's death (as long as the assets are completely depleted by this date, distributions need not be taken or may be taken in any amount during the 5-year period).

14. An individual is considered disabled if their condition meets the definition of disabled under Internal Revenue Code Section 72(m)(7).
15. An individual is considered chronically ill if their condition meets the definition of chronically ill under Internal Revenue Code Section 7702B(c)(2).

Questions? Contact your financial professional, visit franklintempleton.com or call us at **(800) 527-2020.**
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Form **W-4R**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

Give Form W-4R to the payer of your retirement payments.

OMB No. 1545-0074

2026

1a First name and middle initial	Last name	**1b Social security number**

Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

• For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.

• For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2	Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	**2**	**%**

Sign Here	**Your signature** (This form is not valid unless you sign it.)	**Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to *www.irs.gov/FormW4R*.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2026 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		**Married filing jointly or Qualifying surviving spouse**		**Head of household**	
Total income over—	**Tax rate for every dollar more**	*Total income over—*	**Tax rate for every dollar more**	*Total income over—*	**Tax rate for every dollar more**
$0	**0%**	$0	**0%**	$0	**0%**
16,100	**10%**	32,200	**10%**	24,150	**10%**
28,500	**12%**	57,000	**12%**	41,850	**12%**
66,500	**22%**	133,000	**22%**	91,600	**22%**
121,800	**24%**	243,600	**24%**	129,850	**24%**
217,875	**32%**	435,750	**32%**	225,900	**32%**
272,325	**35%**	544,650	**35%**	280,350	**35%**
656,700*	**37%**	800,900	**37%**	664,750	**37%**

* If married filing separately, use $400,450 instead for this 37% rate.

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General Instructions *(continued)*

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering "-0-" on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including "-0-") on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2026, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including "-0-"). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying "hardship" distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions;
- Qualified long-term care distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter "-0-" on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for "Social security number."

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter "-0-".

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be $20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be $70,000 without the payment. Step 1: Because your total income without the payment, $70,000, is greater than $66,500 but less than $121,800, the corresponding rate is 22%. Step 2: Because your total income with the payment, $90,000, is greater than $66,500 but less than $121,800, the corresponding rate is 22%. Because these two rates are the same, enter "22" on line 2.

Example 2. You expect your total income to be $60,000 without the payment. Step 1: Because your total income without the payment, $60,000, is greater than $28,500 but less than $66,500, the corresponding rate is 12%. Step 2: Because your total income with the payment, $80,000, is greater than $66,500 but less than $121,800, the

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corresponding rate is 22%. The two rates differ. $6,500 of the $20,000 payment is in the lower bracket ($66,500 less your total income of $60,000 without the payment), and $13,500 is in the higher bracket ($20,000 less the $6,500 that is in the lower bracket). Multiply $6,500 by 12% to get $780. Multiply $13,500 by 22% to get $2,970. The sum of these two amounts is $3,750. This is the estimated tax on your payment. This amount corresponds to 19% of the $20,000 payment ($3,750 divided by $20,000). Enter "19" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

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