



Please return this form to:
GEBA Wealth Management
P.O. Box 206
Annapolis Junction, MD 20701-0206
Or fax (301)688-6694 or
email geba@geba.com

Member Number

Telephone:
(301) 688-7912 or (800) 826-1126

Stable Value Account (SVA) Withdrawal Form GEMBA Supplemental Retirement Form

General Information:

Applicant's Name (First, MI, Last)			Social Security Number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Single <input type="checkbox"/> Separated						
Street Address			Date of Birth (mm/dd/yyyy)		Home Email Address	
City	State	ZIP	Home Phone No.	Work Phone No.	Cell Phone No.	

Reason for Withdrawal:

- Retirement
- Disability
- Death
- Mandatory Distribution
- Excess Contribution
- Other: _____

Date of Withdrawal: (see annual withdrawal schedule for due dates)

- Next withdrawal date
- On specified withdrawal date: _____
- Quarterly on first date of the quarter
- Quarterly on last date of the quarter
- Annually (select Month): _____

Withdrawal Instructions: Traditional IRA Roth IRA Group Annuity

<input type="checkbox"/> Total Distribution – <i>Withdrawal of my Entire Account Balance</i>
<input type="checkbox"/> Partial Distribution: \$ _____ or Percent: _____
Check is to be made payable to: <input type="checkbox"/> Participant <input type="checkbox"/> Trustee <input type="checkbox"/> Beneficiary Other: _____
Mail To:
Name: _____ SSN: _____
Address: _____ City: _____ State: _____ Zip: _____ If
being sent directly to a bank on your behalf, please provide: Account Number: _____
Bank Routing Number: _____

<input type="checkbox"/> Total Trustee Transfer <input type="checkbox"/> 1035 Exchange
<input type="checkbox"/> Partial Trustee Transfer: \$ _____
I designate the following as recipient for a portion of my eligible trustee transfer distribution that I elected to directly transfer:
Name of Financial Institutions*: _____ Account No.: _____
Address: _____ City: _____ State: _____ Zip: _____
Note: In addition to this form, participants transferring funds to another financial institution must submit completed IRA transfer or 1035 Exchange paperwork from the new institution.

Tax Withholding Instructions:

STATE Tax Withholding

- Zero State Withholding
- 24% of the Federal Tax Amount (VT)
- 4% State Withholding (NC, VA)
- 5% state Withholding (ME, DE, OK, IA, KS, AR, NE)
- 7.75% State Withholding (MD)
- 8% State Withholding (OR)
- 10% of the Federal Tax Amount (CA)

FEDERAL Tax Withholding

- Zero Federal Withholding
- 10% Federal Withholding
- ___ % Federal Withholding

Even if you elect not to have income tax withheld, you are liable for payment of income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not accurate.

Important State Withholding Notice: If your state of residence is not listed, we cannot process state tax withholding on your withdrawal. If you elect state tax withholding, the appropriate 4P Form for your state must be on file with GEBA or accompany this withdrawal form in order to process your withdrawal with state tax withholding. Please see your local state tax office or tax advisor for forms.

Processing Information:

Withdrawals are processed according to the GEMBA annual contribution/withdrawal schedule. All withdrawal request forms must be received in the GEMBA office before the close of business on the Friday prior to the desired withdrawal date. A complete withdrawal form or written withdrawal request, including an original signature, must be received in order to process a withdrawal, no telephone or email requests will be accepted. Distributions are prorated over all applicable Annuity accounts (SVA) and may not be specified from a particular contract. All withdrawals are distributed by check and mailed from the custodian within 4 days of the withdrawal date, therefore, they should arrive within 7-10 days, depending on the postal service. **Once funds are requested of the custodian for the benefit of the member, the withdrawal request is final and cannot be rescinded.**

Applicable Penalties and Fees:

All withdrawals from a **SVA** are subject to a 5% withdrawal penalty UNLESS one of the following applies:

- Member has attained age 59 ½
- SVA has been open at least 5 years
- Disability
- Death

GEBA charges a \$20 fee for each withdrawal. This fee is paid directly to PNC, custodian of the funds, to cover their \$20 withdrawal fee. We waive the fee for the following:

- Your Supplemental Retirement Plan assets exceed \$500,000
- You transfer funds from the SVA to the Variable Annuity Contract (VAC)
- You transfer funds from the SVA to the GEBA MAX Fixed Annuity
- You withdraw funds due to the IRS required minimum distribution (Traditional IRA only, one time a year only)
- You withdraw funds due to the death or disability of the account holder.

IRS Penalties apply to withdrawals made before the member attains age 59 ½. Please consult your tax advisor on tax-related issues. **Required minimum distribution** for Traditional IRA's begins at age 70 1/2; the first distribution must be made by April 1 of the following year. No fees apply to a mandatory distribution. No mandatory distributions are required for a ROTH IRA.

Member Signature:

I hereby certify that I have read and understand the contents of this withdrawal request form, including information provided on processing information and applicable fees.

Signature: _____ Date: _____

GEMBA Authorized Signature: _____ Date: _____

For Office Use Only:

Tax Code: _____ 5% Penalty _____ Processing Fee: _____
Notes: _____