



Please return completed form to:
 GEBA Wealth Management
 P.O. Box 206
 Annapolis Junction, MD 20701
 Or email: geba@geba.com

Member Number
 (if unknown, leave blank)

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Call us with questions:
 (800) 826-1126

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

General Information:

Applicant's Name (First, MI, Last)

Social Security No.

Gender

Male Female

Marital Status Married Domestic Partner Divorced Widow/Widower Single Separated

Street Address

Date of Birth

Email Address

City

State

Zip Code

Home Phone

Office Phone

Cell Phone

Reason for Withdrawal:

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

- Retirement
- Disability
- Death
- Required Minimum Distribution
- Excess Contribution
- Other:

- Immediately
- Annually (select Month):

Withdrawal Instructions: Traditional IRA Roth IRA Group Annuity

Total Distribution - Withdrawal of my Entire Account Balance

Partial Distribution: \$ or Percent:

Check is to be made payable to: Participant Trustee Beneficiary Other:

Mail To:

Name

SSN:

Address City State ZIP

If being sent to a bank on your behalf, please provide: Account Number:

Routing Number: Checking Savings

Total Trustee Transfer Total 1035 Exchange

Partial Trustee Transfer: \$

I designate the following as recipient for a portion of my eligible trustee transfer distribution that I elect to directly transfer:

Name of Financial Institutions* Account Number:

Address City State ZIP

Note: In addition to this form, participants transferring funds to another financial institution must submit completed IRA transfer paperwork from the new institution or completed 1035 exchange paperwork from the new institution.

Tax Withholding Instructions:

STATE Tax Withholding:

- Zero State Withholding
 State Required Withholding
 __% State Withholding

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.

Processing Information:

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 accounts (SVA) and may not be specified from a particular contract. All withdrawals are distributed by check and mailed from the custodian within 3 days of the withdrawal date, therefore, they should arrive within 6-10 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 (IRA and Group Annuity) are subject to a 5% withdrawal penalty UNLESS one of the following applies:

- Member has attained age 59 1/2
- 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 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 1/2. Please consult your tax advisor on tax-related issues. **Required minimum distribution** for Traditional IRA's begins at age 72 (born after June 30th, 1949); 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: