

Substitute Form W-4P / W-4R

Independent Plan Coordinators, Inc.
P.O. Box 2899
Virginia Beach, VA 23450-2899
Phone: (800) 368-3515
Fax: (757) 431-8396

Overnight Mailing Address
616 Village Drive, Suite H
Virginia Beach, VA 23454

Name: _____

Address: _____

Please check here if this
is an address change

Acct #: _____ Please provide your Date of Birth ____/____/____

Please complete only one section below based upon the payment frequency selected on the "Request for Withdrawal" form. Complete the "Substitute Form W-4P" section if a payment frequency of quarterly, annual or semi-annual on the "Request For Withdrawal" form OR you have previously established a payment frequency and are changing your federal tax withholding percentage. Complete the "Substitute Form W-4R" section if a payment frequency of "One-Time Only" on the "Request for Withdrawal" form.

Substitute Form W-4P (Withholding Certificate for Periodic Pension or Annuity Payments)

You are liable for payment of Federal Income Tax on the taxable portion of your distribution. If you elect not to have withholding, or if you do not have enough Federal Income Tax withheld from your distribution, you may be responsible for payment of estimated taxes. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. The withholding instructions provided will remain in effect for all future withdrawals until you provide new instructions. For assistance in determining a withholding percentage, you may review the IRS Form W-4P Withholding Certificate for Periodic Pension or Annuity Payments available at [IRS Form W-4P](#).

No tax withholding I elect to have federal tax withholding from my distribution at _____ %

By signing below, you A) Authorize Independent Plan Coordinators, Inc. (IPC) to act on the instructions given on this form; B) indemnify IPC and its employees from any liability in the event that you fail to meet the IRS requirements; C) certify under penalties of perjury that you are a U.S. citizen or other U.S. person (including a resident alien individual) and that the tax identification number provided to IPC is your correct tax identification number; D) acknowledge that you may revoke this election at any time by filing a new federal income tax withholding election form; and E) acknowledge that IPC has made available to me the complete contents of IRS Form W-4P Withholding Certificate for Periodic Pension or Annuity Payments.

Signature: _____ Date: _____ Phone: _____

Substitute Form W-4R (Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions)

You are liable for payment of Federal Income Tax on the taxable portion of your distribution. If you elect not to have withholding, or if you do not have enough Federal Income Tax withheld from your distribution, you may be responsible for payment of estimated taxes. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. The withholding instructions provided will apply to the "One-Time Only" withdrawal requested. For assistance in determining a withholding percentage, you may review the IRS Form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions available at [IRS Form W-4R](#).

No tax withholding I elect to have federal tax withholding from my distribution at _____ %

By signing below, you A) Authorize Independent Plan Coordinators, Inc. (IPC) to act on the instructions given on this form; B) indemnify IPC and its employees from any liability in the event that you fail to meet the IRS requirements; C) certify under penalties of perjury that you are a U.S. citizen or other U.S. person (including a resident alien individual) and that the tax identification number provided to IPC is your correct tax identification number; D) acknowledge that you may revoke this election at any time by filing a new federal income tax withholding election form; and E) acknowledge that IPC has made available to me the complete contents of IRS Form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions.

Signature: _____ Date: _____ Phone: _____

Withdrawals are processed on the 15th and the last calendar day of the month. The completed forms must be received in our office, and in good order, no later than 5 business days prior to those dates in good order for your withdrawal to be processed.