

Use this form only to request your initial Required Minimum Distribution (RMD) or to make a change with BOK Financial. All future RMD's will be automatically distributed from the Plan no later than December 15 each following year.

### MINIMUM DISTRIBUTION GUIDELINES

Code §401(a)(9) of the Internal Revenue Code requires qualified plans, 457 plans, and IRAs to commence distributions to you after you (1) attain age 72 (70-½ if you reach 70-½ before January 1, 2020) and have separated from service with the Company; or (2) attain age 72 (70-½ if you reach 70-½ before January 1, 2020) and are a 5% owner of the Company in the current or previous plan year whether or not you have separated from service. After the first RMD, minimum amounts based on life expectancy and account balance must be distributed annually.

If this is your first RMD, you may take your minimum distribution during the year you attain 72 (70-½ if you reach 70-½ before January 1, 2020) or you may defer this distribution to no later than April 1 of the following year. If you elect to defer your first distribution to April 1 of the calendar year following the calendar year in which you turn 72 (70-½ if you reach 70-½ before January 1, 2020), or separated from service (if you are not a 5% owner), you will be required to take two payments that year: one by April 1 following the year in which you turned 72 (70-½ if you reach 70-½ before January 1, 2020) or separated from service and one by December 31 of that same year. You must take a minimum distribution by December 31 of every calendar year thereafter.

**An RMD from a qualified plan cannot be satisfied by taking it from an IRA or another qualified plan.**

Your RMD amount will be calculated based on the IRS published Uniform Lifetime Table (ULT). The ULT assumes that either 1) your primary beneficiary is not your spouse, or 2) your primary beneficiary is your spouse, but your spouse is not more than 10 years younger than you. If your spouse is more than 10 years younger than you, your RMD may be calculated using the Joint Life Expectancy Table which will result in a lower RMD amount. Unless you notify us otherwise, we will use the ULT to calculate your RMD amount. The RMD amount is calculated by dividing your account balance as of December 31 of the prior year by the life expectancy factor in the Uniform Life Table based on your age in the year of distribution.

**Automatic Annual RMD Distributions:** Unless you take a complete distribution from the Plan, **your RMD will be automatically distributed each year from the Plan no later than December 15.** If you wish to make any changes to your tax withholding for next year, request a complete distribution from the Plan, or change your direct deposit instructions, please contact Participant Services at 800.876.9557 and request a new RMD Form.

It is your responsibility to comply with the RMD rules. **The IRS imposes a 50% excise tax on the underpayment for failure to take an RMD on a timely basis.** If your address changes, it is imperative that you notify Participant Services at 800.876.9557 immediately.

Your RMD is subject to a 10% federal income tax withholding rate unless you elect not to have withholding apply, or you elect a higher withholding rate. **The withholding election you make on the attached form will be used for all future RMD payments, unless you notify us in writing of a future withholding change.** Some states also require state income tax be withheld from a plan distribution regardless of an election to not withhold state taxes

There are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. You may want to refer to IRS Publication 505, Tax Withholding and Estimated Tax, which is available from the IRS website or most IRS offices. You should also consult with your tax advisor.

**If you wish to take any distribution other than your RMD, please call Participant Services at 800.876.9557 to request the appropriate forms.** The IRS requires your RMD be satisfied prior to a rollover to an IRA or another qualified plan. The RMD is not eligible to rollover.

**If you have any questions regarding your distribution options, please contact Participant Services at 800.876.9557.**

**OMNI # 910260 DISTR/RMD**

*(Please use black ink only.)*

**SECTION I: PARTICIPANT INFORMATION**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Date of Termination: \_\_\_\_\_ Are you or have you ever been a 5% owner?  No  Yes

**SECTION II: FIRST YEAR OR CHANGE TO PRIOR YEAR RMD ELECTIONS**

- This is my first year RMD. Please complete Sections I through VII below.
- Changes to my prior year RMD information and/or elections. Please check the appropriate box below.
  - I elect to change my payment option elections. Please complete Section III.
  - I elect to change my beneficiary information. Please complete Section IV. Please note, beneficiary information is for calculation purposes only. **This space is for calculation purposes only and does not constitute a beneficiary designation. To designate or modify your beneficiaries, please follow the procedures set by your Plan Administrator.**
  - I elect to change my income tax withholding elections. Please complete Section V.
  - I elect to change the method of payment of my required distribution. Please complete Section VI.
  - I elect to make changes to my contact information. Please complete the information below. Please note, to update the address on your account, or if any information in Section I changes, you will need to contact your (prior) employer or Participant Services at 800.876.9557.

New Name: \_\_\_\_\_ New Phone Number: \_\_\_\_\_

**SECTION III: RMD DISTRIBUTION ONLY - PAYMENT OPTIONS**

Your Required Minimum Distribution will be set up as a recurring annual payment distributed from the Plan no later than December 15 on an annual basis.

- Required Minimum Distribution only.
- Postpone Required Minimum Distribution to no later than April 1 of the following year (first year RMD only). If you do not provide further instructions prior to March 1 of the following applicable year, we will automatically distribute your required distribution at applicable withholding rates no later than April 1.

**Alternative Payment Option:** You also have the option of taking your required minimum distribution and any other account balance you are entitled to under the terms of the Plan in the form of a lump sum or installments. If you would like to select this option, please contact a Participant Services Representative at 800-876-9557 or go to Start Right Online at [www.startright.bokf.com](http://www.startright.bokf.com) to request an Application of Benefits Form.

**SECTION IV: BENEFICIARY INFORMATION**

If your spouse is your sole beneficiary and is more than 10 years younger than you are, we will calculate your RMD using the Joint Life Expectancy Table. Please complete the following information:

Marital Status:  Married  Unmarried

Spouse is more than 10 years younger  No  Yes Spouse's Birth Date: \_\_\_\_\_

Sole Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Note: This space is for calculation purposes only and does not constitute a beneficiary designation. To designate or modify your beneficiaries, please follow the procedures set by your Plan Administrator.**

**Required Minimum Distribution Form**

**SECTION V: INCOME TAX WITHHOLDING**

Withholding election for Required Minimum Distribution payment (this election applies to this and all future RMDs).

- 10% (If you do not make an election, 10% in federal taxes will be withheld from your distribution).
- Federal withholding: \_\_\_\_\_ %
- Do not withhold federal income tax.

State income tax will be withheld from the taxable portion of your payment if you reside in a state that requires mandatory withholding. If you reside in a state where withholding is optional, please make a state withholding election below.

- Applicable state income tax (If you do not make an election, applicable state taxes will be withheld from your distribution).
- State withholding: \_\_\_\_\_ %
- Do not withhold state income tax.

**SECTION VI: METHOD OF PAYMENT**

Your RMD will be processed as soon as administratively possible after your form has been received by BOK Financial ("BOKF").

Please select the option in which you would like to receive your RMD distribution. If choosing a distribution via direct deposit or wire, please print legibly and make sure the information provided below has been verified by your financial institution. *(In the event that there is any uncertainty about your method of payment election, BOKF will issue your payment by check.)*

**Check** (This is the default option for all participants.)

**Direct Deposit**

Submit the Direct Deposit Authorization (ACH Transfer) form with this Form.

**Wire**

If your RMD is \$25,000 or more, you may choose to have the wire proceeds sent directly to your personal bank account. If you qualify for this option, please provide the following information (All information must be provided.) Receiving Financial Institution must be a U.S. Entity.

Financial Institution Name: \_\_\_\_\_ Routing # \_\_\_\_\_

Account Name \_\_\_\_\_ Account # \_\_\_\_\_

For further credit \_\_\_\_\_ Account # \_\_\_\_\_

**SECTION VII: PLEASE SIGN BELOW**

The information on this form applies to this and all future year RMD distributions.

PARTICIPANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**SIGN AND FORWARD THIS FORM TO:**

**BOK FINANCIAL  
CLIENT PLAN SERVICES  
P.O. BOX 22131  
TULSA, OK 74121-2131**

**OR FAX: CLIENT PLAN SERVICES  
918-280-4198**

**DIRECT DEPOSIT AUTHORIZATION (ACH TRANSFER)**

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**IMPORTANT:** In an effort to avoid identity theft, a BOKF Financial Representative will attempt to contact you to verify your direct deposit banking information. If BOKF is unable to verify your banking information within **24 hours** of attempting to contact you, **a check will be issued** as the default payment method.

**INSTRUCTIONS FOR DIRECT DEPOSIT INTO BANK ACCOUNT**

PARTICIPANT'S NAME: \_\_\_\_\_

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

BRANCH / ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ Zip: \_\_\_\_\_

BANK PHONE: (\_\_\_\_) \_\_\_\_\_ TYPE OF ACCOUNT  Checking  Savings

ABA / ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

(Please call your bank for verification)

**A VOIDED CHECK (checking account) OR DEPOSIT SLIP (savings account) MUST BE ATTACHED.**  
**The following preprinted information must be included: participant's (or alternate payee's) name and address.**  
**PLEASE NOTE that if this information is not received, then a check will be issued.**



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**AUTHORIZATION**

I hereby authorize payment using an automatic transfer by ACH to my account named above. The name on the check must match the participant's (or alternate payee's) signature. **NOTE: This option is not available for rollover distributions.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**