



Premiere Select® Required Minimum Distribution (RMD) Calculation Request Form

Please use this form to request that Fidelity Brokerage Services LLC (FBS) calculate your current calendar year RMD amount for your Premiere Select IRA (this includes Premiere Select Traditional, Rollover, and SEP-IRAs).

FBS will mail you a response with the RMD amount for this account for the current year, which will be calculated based on the information you provide below and the information on file for your Premiere Select IRA.

Note: This form can be used to request the RMD **amount** ONLY. If you wish to request an RMD calculation for more than one Premiere Select IRA, you must complete a separate Premiere Select RMD Calculation Request Form for each Premiere Select IRA. If you would like to take a distribution in order to satisfy the RMD from your Premiere Select IRA, please complete a Premiere Select IRA Periodic Distribution Request Form or Premiere Select IRA One-Time Distribution Request Form, as applicable, which can be obtained from your investment advisor.

1 Premiere Select IRA Information

Name (First, Middle Initial, Last)

Address

City State Zip/Postal Code

Date of Birth Social Security Number

Account Number

Investment Advisory Firm Investment Party Number **G**

2 Please calculate my Required Minimum Distribution (RMD) amount using the following method

Your RMD amount will be calculated in accordance with the 2002 IRS Final RMD Regulations using the uniform distribution table provided by the Internal Revenue Service (IRS) unless you elect the spousal exception below. The uniform distribution table provides a factor based on your age and a beneficiary who is assumed to be 10 years younger regardless of the actual age(s) of your beneficiary(ies) and even if you have not named a beneficiary.

Spousal Exception – You may elect the spousal exception if your sole designated beneficiary for the entire distribution calendar year is your spouse who is more than 10 years younger than you. If you elect the spousal exception, your RMD will be calculated based on your and your spouse's joint life expectancies. **IMPORTANT:** If the beneficiary designation on file with FBS indicates that you do not qualify for the spousal exception, your RMD amount will be calculated using the uniform distribution table.

If you wish to include last year's 12/31 market value of an outstanding rollover, transfer, or recharacterization amount in the RMD calculation, check the box below and provide the amount.

Include last year's 12/31 market value of an outstanding rollover, transfer, or recharacterization amount of \$

3 If the investment advisor would like a copy(ies) of the response letter, please fill out this section.

I hereby request a duplicate copy of my RMD calculation response letter to be sent by FBS to the party indicated below.

Investment Advisor Name

Firm Name

Address

City State Zip/Postal Code



4 Signature

Please check to make sure you have completed all appropriate sections of this form, then sign and date below.

I authorize and request Fidelity Brokerage Services LLC to calculate my Required Minimum Distribution (RMD) amount for the Premiere Select IRA listed in Section 1 in accordance with the method chosen in Section 2. I understand that FBS will calculate my RMD amount for the Premiere Select IRA referenced in Section 1 only and that if I maintain any other retirement accounts that I am responsible for calculating the RMD amount for those retirement accounts separately.

I understand that if I would like to take a distribution and/or establish an RMD periodic distribution plan from my Premiere Select IRA that I will need to complete a Premiere Select IRA Periodic Distribution Request Form or Premiere Select IRA One-Time Distribution Request Form, as applicable, and submit it to my investment advisor.

I accept full responsibility for complying with the Required Minimum Distribution rules of Section 401(a)(9) of the Internal Revenue Code and related regulations. I indemnify Fidelity Management Trust Company and FBS and their agent(s), successors, affiliates, and employees from any liability in the event that I fail to meet the IRS requirements with regards to required minimum distributions.

Signature

Date

Please mail this completed form to your investment advisor or to:

Fidelity Investments
P.O. Box 5000
Cincinnati, OH 45277-8008