

IRA Required Minimum Distribution Form



When complete please return to Clipper Fund, P.O. Box 219167, Kansas City, MO 64121-9167.
For overnight mail: Clipper Fund, 430 W. 7th St, Suite 219167, Kansas City, MO 64105-1407.
For assistance please call Investor Services at 1-800-432-2504.

TO ENSURE PROPER PROCESSING, PLEASE PRINT CLEARLY IN CAPITAL LETTERS USING BLACK INK

A. IRA HOLDER INFORMATION

Owner's Name (First, MI, Last) _____

Residential Street Address _____ Suite/Apartment _____

City _____ State _____ Zip Code _____ Daytime Telephone Number _____

Social Security Number _____ Date of Birth _____

Fund Number _____ Account Number _____

Fund Number _____ Account Number _____

Fund Number _____ Account Number _____

Fund Number _____ Account Number _____

Check here if you are changing the address for the IRA accounts under your social security number. Your signature must be certified with a 2000/Medallion Guarantee Stamp in section G, to redeem money to this new address.

B. IRA ASSETS TRANSFERRED TO CLIPPER FUND

During the year for which you are requesting your RMD, did you transfer or rollover retirement assets into your Clipper Fund IRA? (Check one)

- No**
- Yes**—Was your RMD taken prior to the transfer or rollover?
 - Yes**
 - No**—Please provide us with the December 31 value of the IRA for the prior year so that we can calculate your RMD. \$ _____
If no amount is provided, we must use the amount that was transferred to us.

C. DISTRIBUTION INSTRUCTIONS

- A. Current Year Distribution:** Calculate and distribute my **current** year RMD upon receipt of this form. I understand that distributions will be applied to each IRA account listed under my social security number and that I am responsible for contacting the fund to request any future RMDs.
- B. Systematic Distribution:** Calculate and distribute my RMD amount **for this year and all subsequent years**. I understand that distributions will be applied to each IRA account listed under my social security number for this year and all subsequent years until such time that I notify you to discontinue payments.

1. Start Date: _____ / _____ / _____ (Generally, RMDs must be distributed by December 31 of each year.)

2. Frequency of withdrawals: All Months or Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

Transactions will occur on the 25th of the current month unless otherwise specified above. If you do not indicate a frequency, the distribution will be made annually.

C. DISTRIBUTION INSTRUCTIONS—Cont'd.

C. I have made my own calculations. Please make a one time distribution as detailed below. I understand that by selecting this option, it is my responsibility to contact Clipper Fund each year to request future RMDs.

_____ Fund Number _____ Account Number \$ _____ or _____%

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D. W-4R TAX WITHHOLDING ELECTION (Form W-4R/OMB No. 1545-0074 Dept. of Treasury, Internal Revenue Service)

Federal Tax Withholding¹:

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on the line below. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions.²
- Complete this line if you would like a rate of withholding that is different from the default withholding rate.²

Enter the rate as a whole number (no decimals)

_____ %

State Tax Withholding:

If federal income tax withholding is applied to your distribution, your state may also require state income taxes to be withheld. State laws regarding tax withholding are subject to change at any time without notice.

If your state requires withholding, Clipper Fund will withhold at least the required minimum state tax, regardless of your election.

Clipper Fund offers state tax withholding for the following states:

AR, CA, CT³, DE, DC, IA, KS, ME, MD, MA, MI³, MN⁴, MS, NE, NC³, OK, OR, VT and VA.

Choose one:

- Do NOT withhold state taxes unless required by law.
- Withhold state taxes at the applicable rate OR at a rate of:

Percentage

_____ %

1. For systematic distributions, the withholding elections indicated above will remain effective until you change them. You may change or revoke your elections at any time by calling Investor Services.
2. See the Marginal Rate Tables and instructions on pages 5 and 6 for additional information.
3. For Connecticut and Michigan residents: State withholding is mandatory unless a completed CT-W4P or MI-W-4P is submitted. For North Carolina residents, state withholding is required when federal withholding applies, unless a completed NC-4P is provided.
4. For Minnesota residents, state withholding is mandatory, and calculated using the wage tables, unless a W-4MNP is submitted.

This tax information is for informational purposes only and should not be considered legal or tax advice. We do not provide tax or legal advice and will not be liable for any decision you make based on this or other generated tax information we provide. Always consult a tax or legal professional before making financial decisions.

E. DELIVERY INSTRUCTIONS

Choose one:

- Standard mail to the address of record.
- Mail check to a third party. **Your signature must be certified with a 2000/Medallion Guarantee Stamp in Section G.**

Name of Payee

Address

City

State

Zip Code

- ACH transfer to bank account. Please indicate your bank account in Section F.
- Wire transfer to bank account. **There is a \$5 fee for this service. Wire transfer is not an available option on systematic distributions.** Please indicate your bank account in Section F.
- Transfer the distribution into the Clipper Fund non-retirement account listed below. If this is a new account, please attach a completed Clipper Fund Account Application for Individuals.

Fund Number

Account Number

F. BANKING INSTRUCTIONS

Please complete this section if you wish to transfer funds electronically to and from your bank.

Bank Account Registration

Name of Banking Institution

Telephone Number of Banking Institution

ACH Routing Number

Bank Account Number

WIRE Routing Number (If different than ACH Routing Number)

Please Indicate: Checking Savings

G. SIGNATURE

By signing this form, I authorize UMB Bank and its service agents to redeem shares from my Clipper Fund IRA. I understand that Clipper Fund does not provide IRA distribution tax advice and that I am responsible for the payment of any taxes.

The undersigned individual authorizes the withdrawal specified above and the withholding election completed above. It is the undersigned's responsibility to determine correctly the amount of tax that may be due based on all IRA accounts the undersigned may own (including those unknown by or not under the control of the Custodian). The undersigned agrees to indemnify and hold harmless the Custodian and its agents and service providers, including Clipper Fund, from any losses or expenses incurred if such information is not correct. The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the withdrawal specified above.

Your signature must be certified with a 2000/Medallion Guarantee Stamp* if you are requesting any of the following:

- A distribution by check of greater than \$100,000.
- Adding or changing bank instructions.
- A distribution to an address other than the address of record.
- A distribution to any address of record changed within 30 days.
- A distribution to someone other than the IRA holder.

*You may obtain a 2000/Medallion Guarantee Stamp from most banks, brokerage firms or other financial institutions. If a request requires a 2000/Medallion Guarantee Stamp, it will not be valid if this stamp is missing or illegible. No other forms of signature verification will be accepted.

Signature of IRA Owner

Date

Place 2000/Medallion Guarantee Stamp Here

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See below for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments

at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2023 Marginal Rate Tables

You may use these table to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See *Specific Instructions* on the following page for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying widow(er)		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
13,850	10%	27,700	10%	20,800	10%
24,850	12%	49,700	12%	36,500	12%
58,575	22%	117,150	22%	80,650	22%
109,225	24%	218,450	24%	116,150	24%
195,950	32%	391,900	32%	202,900	32%
245,100	35%	490,200	35%	252,050	35%
591,975*	37%	721,450	37%	598,900	37%

*If married filing separately, use \$360,725 instead for this 37% rate.

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate in Section D. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” in Section D. See the *Specific Instructions* on the following page for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” in Section D. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate in Section D.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate in Section D (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 6 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate in Section D. (See *Example 1* below.)

If the two rates differ multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate in Section D. (See *Example 2*.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate in Section D.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Because these two rates are the same, enter “22” in Section D.

Example 2. You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$24,850 but less than \$58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. The two rates differ. \$16,075 of the \$20,000 payment is in the lower bracket (\$58,575 less your total income of \$42,500 without the payment), and \$3,925 is in the higher bracket (\$20,000 less the \$16,075 that is in the lower bracket). Multiply \$16,075 by 12% to get \$1,929. Multiply \$3,925 by 22% to get \$863.50. The sum of these two amounts is \$2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the \$20,000 payment (\$2,792.50 divided by \$20,000). Enter “14” in Section D.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy hear from you. See the instructions for your income tax return.