



CERTIFICATION OF SUBSTANTIALLY EQUAL PERIODIC PAYMENTS AND HOLD HARMLESS STATEMENT

Account Owner Name

First Name: _____ MI: _____ Last Name: _____

PENSICO Trust Account Number: _____

Birth Date: ____/____/____

I have chosen to request or am currently receiving payments from my Individual Retirement Account with PENSICO Trust Company (PENSICO Trust) based on the "Substantially Equal Payments Exception" stated in Internal Revenue Code section 72(t)(2)(A)(iv) and Internal Revenue Ruling 2002-62.

In consideration of PENSICO Trust reporting this series of distributions on Tax Form 1099-R Box 7 as a code 2 (Exception Applies),* I certify that the account referred to above is the only account being used for this payment schedule and I further indemnify PENSICO Trust from any liability for any tax penalties that might be associated with the requested payments should the Internal Revenue Service contest the series of substantially equal payments.

I acknowledge that once this payment series begins that I may not alter the payment schedule for a period which is the longer of 5 years (60 months) or my attainment of age 59½ (except as provided for under Internal Revenue Ruling 2002-62).

I understand that I may not add or subtract funds from the account in any way including contributions, transfers in or out and distributions from the account other than the calculated payment until after the payment period is complete.

I understand that I must have sufficient cash in my PENSICO Trust IRA account to fund the distribution. I also understand that a missed payment not corrected before year's end constitutes an alteration of the schedule and will terminate the exception. I acknowledge that I have consulted with my financial or tax professional concerning this request, or I have waived my right to do so. Fax: 303-614-7096



Account Owner Signature

Date

***If you are over 59½ years old, Tax Form 1099-R will reflect a code "7" for Normal Distribution according to IRS instructions for the completion of the form.**

Please complete the Calculation Information Document informing PENSICO Trust how your substantially equal payments are calculated. Attach a copy of your calculation, the name of the calculation provider, or Internet site used.

CALCULATION INFORMATION DOCUMENT

Indicate the information below you used to calculate your payment schedule and attach a copy of your calculation.

1. This Certification applies to: (check whichever applies)

- A. **An initial request** to receive substantially equal payments pursuant to an exception to the 10% penalty rule as provided under Internal Revenue Code Section 72(t)(2)(A)(iv) and Internal Revenue Ruling 2002-62.
- B. **A request for a one-time change** in the calculation method of a previously established substantially equal payment schedule as provided for under Internal Revenue Ruling 2002-62 to use the life expectancy/RMD calculation method.
- C. **My annual calculation under the life expectancy method**, which requires that the calculated annual payment amount be re-calculated each year based upon current life expectancy and prior year-end account value. (Note: this option should only be used to annually update an already established schedule as required by the IRS.)

(continued)

2. Calculation Method

(Choose one method, A, B, or C)

A. Life Expectancy*: _____ . _____ Years
(check table used below)

Single Life expectancy

Joint Life expectancy

_____/_____/_____ (spouse's birth date)

***Account owners using the life expectancy method must complete this form and an IRA distribution request form each year.**

B. Amortization Method

C. Annuitization Method

3. Calculated Annual Payment Amount

\$ _____ (indicate the annual calculated amount)

4. Schedule Start Date

_____/_____/_____ (indicate the date payments began or you wish payments to begin)

5. Please attach a copy of your calculation or indicate the name of the company or Internet site that provided the calculator used:

IMPORTANT

If this is your initial request, please attach this form to your distribution request. This is not a distribution request form.

If this is a request for a one-time change to an existing payment schedule, please attach this form to your distribution request form that outlines the new payment schedule.

<p>For PENSICO Trust Regulatory Reporting Use Only:</p> <p>Schedule End Date: ____/____/____.</p> <p>Schedule Altered. Change 1099-R to code 1.</p> <p>Date: ____/____/____.</p>

Please save a copy of this document for your records.

INVESTMENT PRODUCTS: NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE

Upload forms to:
www.pensico.com/upload

Send mail to:
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Questions?
Call 1-800-962-4238

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