Utah Retirement Systems
PO Box 1590
Salt Lake City, UT 84110-1590
801-366-7720 | 800-688-4015
www.urs.org **Submit Online:** www.urs.org/us/messagecenter

Roth IRA Withdrawal Request

Instructions:

1. Use this form to request a withdrawal of funds from your URS Roth IRA.
2. Review all pages of this form and *IRS Publication 590-B*.
3. Withdrawals from a Roth IRA do not require tax withholding. For elective federal income tax withholding from your withdrawal, complete and return IRS *Form W-4R.* For elective State of Utah income tax withholding from your withdrawal, complete and return a *Request for State of Utah Income Tax Withholding for URS Savings Plans (DCTX-2).*
4. Sign in the presence of a Notary Public (A notary is not required if you have an available balance* (see page 3) of $5,000 or less or if you are reducing or cancelling a periodic withdrawal).
5. Updates to your address or bank account (ACH) information will delay your payment for an additional 14 days.
6. Original form is required unless sending through the myURS Message Center.

SECTION A » MEMBER INFORMATION

Name (First, Middle, Last)	Social Security # or Account #

SECTION B » WITHDRAWAL OPTIONS

Please note: Partial balance withdrawals will be taken on a pro rata basis from all core investment options held within the plan.

Indicate the type of withdrawal you are requesting:

☐ Withdrawal payable to me

1. Amount:
   - ☐ Full balance
   - ☐ Partial balance of $_____
2. Payment Date:
   - ☐ As soon as possible
   - ☐ Requested payment date _____ (mm/dd/yyyy)

☐ Periodic Withdrawal** payable to me

1. Type of Periodic Withdrawal (select only one):
   - ☐ Equal payments of $_____
   - ☐ Cancel my periodic payments: ☐ As soon as possible or ☐ Month of:_____
2. Payment Frequency (select only one):
   - ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually
3. Payment Date:
   - ☐ As soon as possible
   - ☐ Requested payment date** _____ (mm/dd/yyyy)

***Periodic withdrawals are issued the last working day of the month. If you are receiving a retirement check, payment will be combined with your retirement check.*

SECTION C » PAYMENT INSTRUCTIONS

Payment Method (select only one; if a selection is not made, a check will be mailed):

- ☐ Check
- ☐ ACH to Your Bank Account
  - ☐ ACH Using a New Financial Institution – If you select this option you must include a *Savings Plan Direct Deposit for One-Time Payments (DCEFT-1)* form.
  - ☐ ACH Using an Existing Financial Institution on File with URS - Enter last 4 digits of bank account number for verification:

    _____.

Please note: An update to your address or bank account (ACH) information will delay your payment for an additional 14 days. To update your address of record go to myURS at www.urs.org or fill out a *Change in URS Records (MECF-1)* form.

ACH to your bank account requires an additional 1-2 business days from the payment date for funds to post to your account.

SECTION D » SIGNATURE AND NOTARIZATION

By signing below, I:

- Certify that this request is being made pursuant to the 401(k) Plan Document and the instructions and information contained herein;
- Certify the information provided on this form is true, correct, and complete to the best of my knowledge;
- Understand any false or misleading information submitted on this form or any attached form may subject me to personal liability, and URS may exercise its rights against me if damaged by false or misleading information submitted by me;
- Understand that I am responsible for any income tax and/or penalties assessed by the Internal Revenue Service and/or state tax authorities for any request I have chosen;
- Certify that I am not a party to a divorce proceeding and am not subject to an injunction/order which prevents me from transferring or disposing of property, including funds in a Roth IRA;
- Understand withdrawals are subject to the processing time(s) described on page 3. URS is not responsible for market fluctuations that may decrease my expected payout due to declining financial markets occurring during the processing period.

Print Your Name Here	Primary Phone Number
Signature	Date

State of_____, County of _____

On this_____day of_____, in the year 20_____,
the above named individual personally appeared before me and proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument and acknowledged that they executed the same.

Notary Signature_____ My commission expires_____

IMPORTANT INFORMATION REGARDING ROTH IRA WITHDRAWAL REQUESTS

HOW TO SUBMIT THIS FORM

You can submit this form by mail or online through the myURS Message Center at www.urs.org. Return information is located on the front of this form in the top left corner. Original form is required unless sending through the myURS Message Center. Please type or print clearly using black ink.

CHARLES SCHWAB PERSONAL CHOICE RETIREMENT ACCOUNT (PCRA)

Funds invested in the PCRA cannot be distributed without first being transferred back to the URS Core Funds. In addition, if you are invested in the PCRA you must keep a minimum account balance in the URS Core Funds. For additional information, please see the *Personal Choice Retirement Account (PCRA)* brochure at www.urs.org or contact the Savings Plans Department for a copy.

TAXES ON WITHDRAWALS

For information regarding taxes on withdrawals, tax reporting, and the additional income tax on early distributions, consult a tax advisor and *IRS Publication 590-B.*

It is your responsibility to maintain records of your IRA in order to properly complete your federal and state tax return. URS does not provide tax, legal or accounting advice.

TAX WITHHOLDING ON ROTH IRAS

Withdrawals from a Roth IRA do not require tax withholding. For elective federal income tax withholding from your withdrawal, complete and return IRS *Form W-4R*. For elective State of Utah income tax withholding from your withdrawal, complete and return a *Request for State of Utah Income Tax Withholding for URS Savings Plans (DCTX-2)*. URS will only withhold state income tax for the state of Utah.

60-DAY (INDIRECT) ROLLOVER

If you take a withdrawal from your Roth IRA, you can rollover all or part of the withdrawal to a Roth IRA within 60 days from the date you receive the distribution.

You can make only one rollover from an existing IRA to another (or the same) IRA in any 12-month period, regardless of the number of IRAs that you own. For additional information see IRS *Publication 590-A, IRS Announcement 2014-15* and *IRS Announcement 2014-32.*

ADDITIONAL INFORMATION

Partial-balance withdrawals will be taken on a pro rata basis from all core investment options held within the plan.

Members without a vested benefit that are terminated (but not retired) from all URS participating employers are no longer eligible to participate in the URS Savings Plans. See the *401(k) Summary Plan Description* for details.

Withdrawals will not be issued for less than $25.00 for partial or periodic withdrawals.

PROCESSING TIME

Withdrawal requests received in good order may take approximately 10 working days to be processed.

An update to your address or bank account (ACH) information will delay your payment for an additional 14 days.

URS is not responsible for market fluctuations that may decrease your expected payout due to declining financial markets occurring during the processing period.

ACH to your bank account requires an additional 1-2 business days from the payment date for funds to post to your account.

*AVAILABLE BALANCE

Your available balance is the amount in your core funds plus your PCRA balance (if applicable).

Form **W-4R**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

Give Form W-4R to the payer of your retirement payments.

OMB No. 1545-0074

2026

1a First name and middle initial	Last name	**1b Social security number**

Address

City or town, state, and ZIP code

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 line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2	Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	**2**	%

Sign Here

Your signature (This form is not valid unless you sign it.) **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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 page 2 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.

2026 Marginal Rate Tables

You may use these tables 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 page 2 for more information on how to use this table.

Single or Married filing separately		**Married filing jointly or Qualifying surviving spouse**		**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%**
16,100	**10%**	32,200	**10%**	24,150	**10%**
28,500	**12%**	57,000	**12%**	41,850	**12%**
66,500	**22%**	133,000	**22%**	91,600	**22%**
121,800	**24%**	243,600	**24%**	129,850	**24%**
217,875	**32%**	435,750	**32%**	225,900	**32%**
272,325	**35%**	544,650	**35%**	280,350	**35%**
656,700*	**37%**	800,900	**37%**	664,750	**37%**

*If married filing separately, use $400,450 instead for this 37% rate.

General Instructions *(continued)*

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 on line 2. 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-" on line 2. See the specific instructions below 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 2026, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including "-0-"). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying "hardship" distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions;
- Qualified long-term care distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

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-" on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for "Social security number."

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (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 1 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 on line 2. (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 on line 2. (See *Example 2* below.)

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 on line 2.

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 $70,000 without the payment. Step 1: Because your total income without the payment, $70,000, is greater than $66,500 but less than $121,800, the corresponding rate is 22%. Step 2: Because your total income with the payment, $90,000, is greater than $66,500 but less than $121,800, the corresponding rate is 22%. Because these two rates are the same, enter "22" on line 2.

Example 2. 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 $28,500 but less than $66,500, the corresponding rate is 12%. Step 2: Because your total income with the payment, $80,000, is greater than $66,500 but less than $121,800, the

corresponding rate is 22%. The two rates differ. $6,500 of the $20,000 payment is in the lower bracket ($66,500 less your total income of $60,000 without the payment), and $13,500 is in the higher bracket ($20,000 less the $6,500 that is in the lower bracket). Multiply $6,500 by 12% to get $780. Multiply $13,500 by 22% to get $2,970. The sum of these two amounts is $3,750. This is the estimated tax on your payment. This amount corresponds to 19% of the $20,000 payment ($3,750 divided by $20,000). Enter "19" on line 2.

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 to hear from you. See the instructions for your income tax return.

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Federal Tax Withholding Plan Selection for Form W-4R

for URS Savings Plans

Instructions:
1. Use this form to identify a URS Savings Plan (401(k), 457(b), Roth IRA, Traditional IRA) for your federal *Form W-4R* tax withholding.
2. Type or print clearly using black ink.
3. Return this form with your completed *Form W-4R*.

SECTION A » MEMBER INFORMATION	
Name (First, Middle, Last)	Social Security # or Account #

SECTION B » PLAN SELECTION A separate form is required for each plan.

Indicate which plan this withholding election is for (select only one):

☐ 401(k) ☐ 457(b) ☐ Traditional IRA ☐ Roth IRA

Note: This form will not change tax withholding on your URS pension benefit.

SECTION C » MEMBER AUTHORIZATION

By signing below, I:
- Understand URS has not provided legal or tax advice and I should consult with my own legal counsel or tax advisor regarding the withholding election provided on this form and any accompanying forms;
- Understand I am responsible for any income tax and/or penalties assessed by tax authorities for the withholding election I have made;
- Certify that the information provided on this form and the accompanying Form W-4R is true, correct, and complete to the best of my knowledge.

Signature	Date

DCW4RPS | 12/1/2022

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Request for State of Utah Income Tax Withholding

for URS Savings Plans

Instructions:
1. Use this form to withhold State of Utah income tax for distributions from a URS Savings Plan (401(k), 457(b), Roth IRA, Traditional IRA).
2. For federal tax withholding, refer to Internal Revenue Service (IRS) *Form W-4R*.
3. URS will only withhold state income tax for the State of Utah.
4. Review the entire form before completing and type or print clearly using black ink.

SECTION A » MEMBER INFORMATION

Name (First, Middle, Last)	Social Security # or Account #

SECTION B » PLAN SELECTION A separate form is required for each plan.

Indicate which plan this withholding election is for (select only one):

☐ 401(k) ☐ 457(b) ☐ Traditional IRA ☐ Roth IRA

Note: This form will not change tax withholding on your URS pension benefit. Request Form RTTX-2 to make changes to your URS pension benefit.

SECTION C » STATE OF UTAH INCOME TAX WITHHOLDING I am requesting State of Utah income tax withholding as selected in this section:

Choose one of the following options for State of Utah income tax withholding (select only one):

1. ☐ Check here if you do not want State of Utah income tax withheld from your URS Savings Plan payment.
2. ☐ Check here if you want to withhold at the effective State of Utah income tax rate (currently 4.65%).*
3. ☐ Enter the percentage _____% you want withheld for State of Utah income tax.

Important Notes:

» *For 401(k) and 457(b) plans, State of Utah income tax will be withheld from the taxable portion of the payment.*

» *For Traditional and Roth IRAs, State of Utah income tax will be withheld from the total amount of the payment.*

» *If you leave this section blank, no State of Utah income tax will be withheld. If you check more than one box in this section, no State of Utah income tax will be withheld.*

*The effective State of Utah income tax rate is subject to change. If you would like a fixed percentage withheld for State of Utah income tax, complete line 3 above.

If you select line 2 above, State of Utah income tax will be withheld at the effective tax rate as of the date your payment is set up. For periodic withdrawals, the rate used for the initial payment will continue unless a new payment is requested or a new *Request for State of Utah Income Tax Withholding for URS Savings Plans* is submitted to URS.

SECTION D » MEMBER AUTHORIZATION

By signing below, I:
- Understand I am submitting this form to designate my withholding of State of Utah income tax from my URS Savings Plan (401(k), 457(b), Roth IRA, Traditional IRA) payment;
- Understand URS has not provided legal or tax advice and I should consult with my own legal counsel or tax advisor regarding the withholding election provided on this form;
- Understand I am responsible for any income tax and/or penalties assessed by state tax authorities for the withholding election I have made;
- Certify that the information provided on this form is true, correct, and complete to the best of my knowledge;
- Authorize URS to withhold State of Utah income tax as selected in the applicable section(s).

Signature	Date

DCTX-2 | 4/14/2023

STATE OF UTAH TAX WITHHOLDING

State of Utah income tax is withheld based on information provided on this *Request for State of Utah Income Tax Withholding for URS Savings Plans*, regardless of the type of distribution. URS will only withhold state income tax for the State of Utah. Consult a tax advisor regarding State of Utah income tax withholding. URS does not provide legal or tax advice.

ADDITIONAL INFORMATION

For periodic withdrawals, your *Request for State of Utah Income Tax Withholding for URS Savings Plans* stays in effect until you change or revoke it.

For information about federal tax withholding, refer to Internal Revenue Service (IRS) *Form W-4R*.

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801-366-7720 | 800-688-4015
www.urs.org **Submit Online:** www.urs.org/us/messagecenter

Savings Plans Direct Deposit for One-Time Payments

INSTRUCTIONS:
1. Use this form for a direct deposit of one-time payments from your URS Savings Plans (401(k), 457(b), IRAs).
2. Attach a voided check in Section B if you have not submitted a request before or if you are submitting a new bank account.
3. An update to your address or bank account (ACH) information will delay your payment for an additional 14 days.
4. Original form is required unless sending through the myURS Message Center.
5. If the direct deposit is rejected for any reason, the payment will be mailed to your address of record.

SECTION A » MEMBER INFORMATION

Name (First, Middle, Last)	Social Security # or Account #

SECTION B » DIRECT DEPOSIT INFORMATION

Type of Request:

☐ New Bank Account Information - If you have never requested a *Savings Plans Direct Deposit For One-Time Payments* or if you are submitting a new bank account, you must attach a voided check or official bank documentation below.*

☐ Existing Bank Account Information - Use this option if you have previously requested a *Savings Plans Direct Deposit For One-Time Payments*. Please verify your account by completing the bank account information below.

☐ Use Existing Defined Benefit (Pension) Bank Account - Use this option if you are a retired member and would like your savings plan payment sent to the same bank account as your monthly defined benefit (pension) payment.

Bank or Credit Union Name (If you are submitting new bank account information, a voided check or official bank documentation* must accompany this form.)

Bank Account Number

Bank Routing Number

Bank Account Type: ☐ Checking (tape voided check below*) ☐ Savings (tape pre-printed deposit slip below*)

*Official bank documentation showing the name of the bank account owner, the bank routing number, and the full bank account number will be accepted.

John Doe
123 Street
City, State 12345

Date: _____ 101

Pay to the order of _____ $ _____

Tape your voided check here.
(Use a pre-printed deposit slip for savings accounts.)

_____ Dollars

For: _____

VOID

⑆123040000⑆ 001 1234567⑈
Routing # Account #

SECTION C » MEMBER AUTHORIZATION

By signing below, I:

- Authorize and request URS to initiate and make credit entries to the bank or credit union account named in Section B without responsibility for correctness;
- Authorize and request the bank listed above to accept any credit entries by URS to such account and to credit the same to such account;
- Certify that the information provided on this form and on any attached forms is true, correct, and complete to the best of my knowledge;
- Authorize representatives of URS to verify any or all of the information submitted;
- Acknowledge and agree that any false or misleading information submitted on this form or any attached form may subject me to personal liability, and URS may exercise its rights against me if damaged by false or misleading information submitted by me.

Signature	Date