

IRA DISTRIBUTION REQUEST

(PLEASE READ THE ATTACHED INSTRUCTIONS)

SEP

Traditional IRA

Simple

I. Account Holder's Information (Complete all sections)

Name (please print):

Account Number:

Social Security Number: - -

Date of Birth:

 / /

II. Beneficiary (or Former Spouse) Information (Complete all sections)

NOTE: This section should be completed by a beneficiary taking a Death Distribution or a former spouse taking a distribution as a result of a property settlement. DO NOT use this section to name or change your beneficiary (ies).

Name (please print):

Account Number:

Social Security Number: - -

Date of Birth:

 / /

Relationship:

III. Type of Distribution (Select one)

- Normal (Age 59 ½ and older)
- Premature (Under age 59 ½)
- 72-T (customer should consult licensed tax advisor before choosing)
- Transfer to Identical IRA
- Direct Rollover to Employer Plan (Provide the Plan Name in Space below):

Qualified Plan type: _____

Address: _____

City: _____

- Excess Contribution Removal

Date on which excess contribution was made:

 / /

Tax year for which the excess contribution was made:

I am requesting this return of excess contribution:

- Before tax filing deadline After tax filing deadline

- Same Year Re-characterization (Re-characterizations that occur in the same year for which the contribution(s) being re-characterized were made)
- Prior Year Re-characterization (Re-characterizations that occur after the year for which the contribution(s) being re-characterized were made)
- Death
- Disability (Physician's statement or Disability Letter from IRS required)
- Early SIMPLE IRA Distribution (taken within first two years)
- Revocation (taken within 7 calendar days from the date account was opened)
- Prohibited Transaction (A prohibited transaction is a transaction between a plan and a disqualified person that is prohibited by law.)

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IV. Distribution Method (Select one distribution method)

A.) ONE-TIME DISTRIBUTION

1.) Payment in the amount of:

\$ _____

2.) Distribution of securities (Indicate symbol/cusip and quantity)

SYMBOL / CUSIP	QUANTITY

B.) SCHEDULED DISTRIBUTION (Complete applicable items)

1.) Select one:

- New Request Change of Instruction

2.) Frequency (Select one):

- Monthly Quarterly Annually Weekly Bi-Weekly

Beginning: _____ / _____ / _____

3.) Amount:

\$ _____ -OR- Dividends and Interest

C.) TOTAL ACCOUNT DISTRIBUTION (account will be closed)

V. Tax Withholding Election (Select applicable items)

1.) Federal Income Tax Withholding (Select one):

- Do **NOT** withhold federal income tax

(By selecting this, the account holder understands that they are still liable for the payment of Federal income tax on the amount of any distributions received. The account holder also understands that they may be subject to Federal income tax penalties under the estimated tax payment rules if their payments of the estimated tax and withholding are insufficient.)

- Withhold _____ % from the amount of the gross distribution (must be at least 10%)

- Withhold \$ _____ of federal income tax from the gross distribution amount

2.) State Income Tax Withholding (Select one):

- Do **NOT** withhold state income tax from the distribution. (Not applicable to all states.)

- Withhold _____ % from the amount of the gross distribution

- Withhold \$ _____ of state income tax from the gross distribution amount

VI. DELIVERY INSTRUCTIONS (Select applicable items)

- Address of Record

- Alternative Payee or Alternate Address (complete all sections):

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

(Notary Public/Signature Guarantee required if check is made payable to alternative payee)

- To the following Pension account:

Account Number: _____

- Special Payment Instructions:

- Overnight Delivery (Fees will be assessed)

- Federal Fund Wire (Fees will be assessed):

ABA Number: _____

Bank Name: _____

City, State: _____

Account Number: _____

For the benefit of: _____

Type of IRA account receiving: _____

Account Number: _____

Further credit to: _____

Account Number: _____

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VII. SIGNATURE (This request can not be processed without account holder's signature.)

I certify that I am the proper party to receive payment(s) from this IRA and that all information provided by me is true and accurate. I have read and understand the Rules and Conditions Applicable to Withdrawal on page 3 of this form and agree to abide by those rules and conditions. I further certify that no tax advice has been given to me by the Trustee or Custodian. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Trustee or Custodian shall in no way be held responsible.

(IRA Holder or Beneficiary)

(Date)

(Notary Public/Signature Guarantee)

(Date)

(Broker Approval Signature)

(Date)



(Notary Public Seal or Signature Guarantee Box)