

IRA/ESA Distribution Request

Please read the attached instructions. **Use of this form will result in a reportable distribution to the Internal Revenue Service and state tax authorities, as required.**

STEP 1. ACCOUNT OWNER INFORMATION

First Name	Middle Initial	Last Name
Account Number		State of Residence (for state tax purposes)

STEP 2. REQUEST REASON

- Normal** — age 59½ and older, including RMDs if applicable
- Early** — under age 59½, no known exceptions
- SIMPLE IRA Early** — use if “2 year rule” and account owner is under age 59½
- Education Savings Account** — no tax withholding, see instructions
- Death** — from an Inherited/beneficiary IRA or ESA
- Direct Rollover to an Eligible Employer-Sponsored Plan (e.g. 401(a) qualified plans, 401(k) plans, 403(b) plans, governmental 457(b) plans)** — Letter of Acceptance required from receiving employer plan, see instructions for more details
- Return of Excess Contribution for Tax Year** — all below must be completed (Please note: Return of excess SEP & SIMPLE employer contributions will require a letter of instruction from your employer. Contact your advisor for additional information.)
 - Tax year _____
 - If this is a prior-year excess, is this excess being removed prior to the extended tax return due date?
 - Yes No
 - Specify excess amount, month, day, and year contribution was made: \$ _____ / ____ / ____
 - Earnings attributable to excess contribution amounts (see instructions) \$ _____

DO NOT USE THIS FORM TO REQUEST A TRUSTEE-TO-TRUSTEE TRANSFER OF ASSETS TO ANOTHER IRA. SEE INSTRUCTIONS FOR FURTHER INFORMATION.

DO NOT USE THIS FORM TO PURCHASE AN INVESTMENT WITHIN YOUR ACCOUNT.

STEP 3. TRANSACTION TYPE

- Total Distribution** — select one, account will be closed:
 - Total distribution of the entire account in cash and securities.
 - Total distribution of the entire account in cash ONLY. Please arrange to have your advisor or financial institution liquidate all assets.
- One-Time Partial Distribution:**
 - Gross Net
 - Cash payment in the amount of \$ _____
 - Distribute securities (indicate symbol, description and quantity).

IF NEITHER GROSS NOR NET IS SELECTED, GROSS WILL BECOME THE DEFAULT.

IF “NET” IS ELECTED, APPLICABLE TAXES MUST BE AVAILABLE IN CASH.

SYMBOL	DESCRIPTION	SHARE CLASS	QUANTITY



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Account Number

Periodic Distributions

Please complete sections below for scheduled checks, ACH and journals.

Request Type

New request Change of instructions

Frequency

Semi-Monthly Monthly Quarterly Semi-Annually Annually

Start Date		End Date (optional)
<input type="text"/>		<input type="text"/>

Distribution Type

- Principal payment in the amount of \$ _____
- Income (dividends and capital gains) and interest
- Required Minimum Distribution due to reaching age 70½ (Scheduled RMD)
- Required Minimum Distribution due to death (Scheduled RMD from an Inherited IRA)

Periodic distributions will be calculated for spouse and non-spouse beneficiaries based on the single life expectancy of the original beneficiary of the IRA. In order to calculate your RMD, please ensure that you have provided your advisor with the following information, if you have not already done so.

Decedent's Date of Birth (original owner)		Decedent's Date of Death (original owner)
<input type="text"/>		<input type="text"/>
Original Beneficiary's Date of Birth (for RMD calculation)		Relationship to Decedent (relationship to original owner)
<input type="text"/>		<input type="text"/>

Important Information About Year-end RMD Distributions

By selecting the Required Minimum Distribution option, you agree to a "supplemental" distribution (up to the available cash in your account) to meet the RMD amount if the account's RMD obligations for the year has not been met by the last day of the year.

Please note: any additional distributions, either from one-time distribution(s) or additional periodic distributions plans, will not automatically reduce your annually calculated RMD schedule payment amount. In addition, other attributes of your periodic RMD payment schedule will not change. So you may end up distributing more than your required minimum distribution amount for the year.

PERIODIC DISTRIBUTION OR STANDING INSTRUCTIONS WILL EXPIRE WITHIN 15 MONTHS OF NON-USE.

PERIODIC DISTRIBUTIONS MUST BE INITIATED IN PRINCIPAL AMOUNT NOT FACTORING IN YOUR WITHHOLDING ELECTION.

YOUR ADVISOR WILL ADD THIS INFORMATION TO YOUR ACCOUNT PROFILE TO ENSURE YOUR RMD IS CALCULATED ANNUALLY.

STEP 8. SIGNATURE

By signing this form, I acknowledge that I have read and understood the Tax Withholding instructions and Pershing LLC (Pershing) is not responsible for determining the appropriateness of the distribution and withholding election. Also, my federal, state, and nonresident alien income tax withholding election is applicable to any subsequent distributions, until I revoke the election under the procedure established by Pershing LLC. I certify that I have provided Pershing with correct information, and I understand that a distribution or distributions will be made from my Pershing IRA or ESA based on that information, and as a result of this direction. I certify that this distribution request is in accordance with the provisions of the IRA or ESA and satisfies applicable federal and state law requirements. I understand that I am responsible for maintaining sufficient cash or marketable securities in my account to support these distributions. I understand that the distribution is reported to the IRS (and my state of residence, if it requires reporting) for the tax year in which Pershing processes and makes the distribution and there are no exceptions to this policy. I understand that Pershing does not provide tax or legal advice, and that Pershing strongly recommends that I consult my tax or legal advisor prior to completing and signing this form. I hereby indemnify and hold harmless Pershing LLC and its affiliates for any tax consequences of this distribution request and the elections made above. Pershing LLC may rely on my certification without further investigation or inquiry and shall not be liable for any misrepresentation of fact.

I acknowledge that I understand the one-rollover-per-year rollover limitation as defined by § 408(d)(3)(B) of the Internal Revenue Code. I also represent that this distribution request is NOT being used to purchase an investment custodied away from Pershing LLC for this referenced Pershing IRA or ESA. Please speak with your advisor or financial institution about investment eligibility standards.

Power of Attorney

If you are signing this form as an Attorney-In-Fact for the account owner and you have a Power of Attorney on file with Pershing, you are hereby attesting that you have no actual knowledge or actual notice of the revocation or termination of said Power of Attorney by death, disability, or otherwise, or notice of any facts indicating same. You are also representing that the owner is now alive and has not at any time revoked or repudiated the Power of Attorney and that the Power of Attorney is still in full force and effect. You agree that you will notify the introducing financial institution of the owner's death, of any termination or revocation of the Power of Attorney, and/or modification of the Power of Attorney; you also agree that, if the Power of Attorney is not durable, then you will notify the introducing financial institution of any incapacity of the owner that would render the Power of Attorney void. The Power of Attorney is in full force and effect and this authority is to remain in full force and effect until Pershing has received written notification of its termination in such time and in such manner as to afford Pershing and the financial institution a reasonable opportunity to act on it.

IRA Owner/ ESA Responsible Individual

Print Name	Date
Signature	

X

Upon completion, please return the completed distribution form to your advisor or financial institution. **This request must be processed within 30 days of your signature and date.** You may keep a copy of the instructions for your reference.

Mail completed forms to: TRADING DIRECT, 160 BROADWAY, EAST BLDG FL 7, NEW YORK NY 10038