

### 1 ACCOUNT INFORMATION

Name (Your name as it appears in your plan) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____		Account Number	
Type of Account (Select one) <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Coverdell ESA <input type="checkbox"/> HSA		Social Security Number	Date of Birth
Home Address		City, State, Zip	Phone Number
Is this a distribution due to death? <input type="checkbox"/> NO - Skip this section <input type="checkbox"/> YES - Please complete the following			
Beneficiary Name	Beneficiary SSN	Beneficiary Date of Birth	Beneficiary Phone Number
Beneficiary Home Address		Beneficiary City, State, Zip	

### 2 DISTRIBUTION TYPE (Complete one of the following groups below)

<p><b>This distribution is from an IRA:</b>                  (Traditional, Roth, SIMPLE, or SEP)</p> <input type="checkbox"/> Premature (under age 59 1/2) <input type="checkbox"/> Premature With Exception (under age 59 1/2): Exception: _____ <input type="checkbox"/> Normal (over age 59 1/2) <input type="checkbox"/> Substantially Equal Payments 72(t) <input type="checkbox"/> Roth IRA: distribution within 5 years of establishment <input type="checkbox"/> Rercharacterization Contribution: \$ _____ Earnings: \$ _____ <input type="checkbox"/> Other: Describe: _____	<p><b>This distribution is from a Special Purpose Plan:</b>                  (HSA or Coverdell ESA)</p> <input type="checkbox"/> HSA: Qualified Medical Expense <input type="checkbox"/> HSA: Non-Qualified Distribution <input type="checkbox"/> Coverdell ESA: Qualified Educational Expense <input type="checkbox"/> Coverdell ESA: Non-Qualified Distribution <input type="checkbox"/> Other: Describe: _____
---	---

### 3 DISTRIBUTION DETAILS

Manner of Distribution	Withholding
<input type="checkbox"/> <b>Full Distribution</b> (Close Account) <input type="checkbox"/> <b>Partial Distribution</b> (Only distribute cash/assets as described below) <input type="checkbox"/> Cash Only: Amount \$ _____ <input type="checkbox"/> In-Kind*: Assets(s) to be distributed: _____ <p><b>Would you like to set up a scheduled recurring distribution**</b></p> <input type="checkbox"/> No <input type="checkbox"/> Yes (Select recurrence below) ▶ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually ▶ Date Payments to Commence: _____	<input type="checkbox"/> I elect NOT to have Federal or State Income Tax withheld <input type="checkbox"/> I ELECT to have Federal Income Tax withheld (cannot be less than 10%) <input type="checkbox"/> withhold _____% from my payment(s) <input type="checkbox"/> withhold \$ _____ from my payment(s)

\*A Current Fair Market Value must be provided to distribute assets in-kind  
 \*\*This recurring distribution will remain in effect until you provide a written request to cancel or change

### 4 NET DISTRIBUTION INSTRUCTIONS

\$ \_\_\_\_\_ (gross distribution) - \$ \_\_\_\_\_ (federal withholding) = \$ \_\_\_\_\_ (net distribution)

**5 FUNDING INSTRUCTIONS** Please send the funds via:  WIRE  CHECK  ACH *(Please attach a voided check)*

For WIRE - Please complete the info below		For CHECK - Please complete the info below	
Bank Name		Make Check Payable To	
Bank Phone	ABA Routing Number	Mail Check To	
Account Holder Name	Account Number	Address	
For Credit To		City, State, Zip	
		<b>Send Check via:</b> <input type="checkbox"/> Regular Mail <input type="checkbox"/> Expedited Delivery (2nd Day) <input type="checkbox"/> Certified Check (\$10 + Overnight Fee)	

**6 SIGNATURE AND ACKNOWLEDGEMENT**

**Notice of Withholding**  
 The distributions you receive from your individual retirement account established at this institution are subject to federal income tax withholding unless you elect not to have withholding apply. You may elect not to have withholding apply to your distribution payments by completing the "Withholding Election" section above. If you do not complete the "Withholding Election" section by the date your distribution is scheduled to begin, federal income tax will be withheld from the amount withdrawn at a rate of 10%. If you elect not to have withholding apply to your distribution payments, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

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 acknowledge that I have read the Notice of Withholding and have completed the Withholding Election above. I further certify that no tax advice has been given to me by the Administrator Custodian, and that distributions are reported to the IRS, and that 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 Administrator or Custodian shall in no way be responsible for those consequences.

**Participant's or Beneficiary's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_