

1 ACCOUNT INFORMATION

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|--|------------------------|-------------------------------------|---------------------------------|
| Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____ | | Advanta IRA Account Number | |
| Type of Account (Select one) <input type="checkbox"/> Individual K <input type="checkbox"/> 401K | | Social Security Number | Phone Number |
| Home Address | | City, State, Zip | |
| 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 & MANNER

| | |
|--|--|
| <p>Reason for Distribution</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 (overage 59 1/2) <input type="checkbox"/> In-service Distribution (profit-sharing plan assets only) <input type="checkbox"/> Plan Termination <input type="checkbox"/> Other: Describe: _____ | <input type="checkbox"/> Full Distribution (Close Account) <input type="checkbox"/> Partial Distribution (Only distribute cash/assets as described below) <input type="checkbox"/> Cash Only: Amount \$ _____ <input type="checkbox"/> In-Kind*: Assets(s) to be distributed: _____ <p>Would you like to set up a scheduled recurring distribution**</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: _____ |
|--|--|

3 FEDERAL INCOME TAX WITHHOLDING SELECTION

PLEASE DO NOT COMPLETE THIS SECTION IF TRANSFERRING OR DIRECTLY ROLLING OVER ASSETS.

SECTION 1-VOLUNTARY WITHHOLDING
 This section applies if the distribution is not an "eligible rollover distribution" as described in §402(c) of the Internal Revenue Code.
 (Check one of the following boxes.)

I do not want to have Federal income tax withheld from my payment(s), and I acknowledge receipt of the Notice of Withholding.
 I want to have Federal income tax withheld from my payments

The amount will be calculated in the manner described in the Notice of Withholding I received from Advanta IRA; or
 withhold _____ % (Note less than 10%); or
 \$ _____

NOTE: Even if you elect not to have federal income tax withheld you are liable for payment of federal income tax on the taxable portion of your distribution or withdrawal. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

SECTION II - MANDATORY WITHHOLDING
 This section applies if the distribution is an "eligible rollover distribution" as described in §402(c) of the Internal Revenue Code.
 a) I understand I will receive only 80% of the payment requested above, since the Plan Administrator is required to withhold 20% of the distribution and send it to the IRS as income tax withholding to be credited against my taxes.

*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 FUNDING INSTRUCTIONS Please send the funds for purchase via: WIRE CHECK DIRECT DEPOSIT

| | | |
|--|-----------------------|---|
| For WIRE or DIRECT DEPOSIT - Please complete the info below After Advanta IRA processes this request, Direct Deposits take 2-3 days to credit to your account Wire Transfers take 1 day to credit to your account (\$30 fee) | | For CHECK - Please complete the info below Allow 5-10 days for check to clear if sent by regular mail |
| Bank Name | | Make Check Payable To |
| Account Holder Name | | Mail Check To |
| ABA Routing Number | Account Number | Address |
| For Credit To | | City, State, Zip |
| Send Check via: <input type="checkbox"/> Regular Mail <input type="checkbox"/> Overnight Mail (\$30) <input type="checkbox"/> Certified Check (\$10 + Overnight Fee) | | |

5 SIGNATURE AND ACKNOWLEDGEMENT

Notice of Withholding
 The distributions you receive from your individual qualified 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 Qualified Plan, 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:** _____

6 CONSENT OF SPOUSE

I, the undersigned spouse of the participant, have read the Participant's Request for Distribution, and hereby consent to distribution of my spouse's benefits under the Plan in the form requested. I have signed this consent freely and voluntarily.

Signature of Spouse: _____ **Date:** _____

BEFORE ME, the undersigned Notary Public, personally appeared _____ and executed the above Consent of Spouse.

IN WITNESS WHEREOF, I have signed my name and affixed my official seal of office on:

Signature of Notary: _____

Notary Public - State of: _____

My commission expires: _____