



Real Choice. Real Control. Real Trust.

1. GENERAL INFORMATION

Legal Name:

Address:

Date of Birth: Soc. Sec. No.:

FOR DEATH DISTRIBUTIONS, COMPLETE THE FOLLOWING:

Beneficiary Name:

Soc. Sec. No.: Relationship: Date of Birth:

Address:

2. DISTRIBUTION REQUEST

- 1. Early (premature) distribution (Participant is under age 59½ and no known exception applies). This reason applies to a distribution due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, qualified reservist distributions or substantially equal payments (unless Custodian/Administrator tracks).
- 2. Early (premature) distribution. Distribution due to IRS levy exception applies, substantially equal payments (if Custodian/Administrator tracks); or Roth IRA conversions.
- 3. Permanent Disability (if you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code).
- 4. Death (If you are a Beneficiary of this account and can furnish a certified copy of the Death Certificate).
- 5. Normal Distribution (If you are the Participant and age 59½ or older).
- 6. Removal of Excess/Nondeductible Contribution plus earnings before tax filing deadline.
In which tax year was the contribution made? _____ Is the contribution plus earnings being removed in the same year? Yes No
- 7. Removal of Excess Contribution (principal only) after tax filing deadline.
- 8. Distribution from a SIMPLE IRA. Date Employee First Participated: _____
- 9. Transfer, including Transfer Incident to Divorce or Legal Separation; Qualified Charitable Distribution Transfer; and Qualified HSA Funding Distribution. Transfer Payable to: _____
- 10. Conversion to a Roth IRA.
- 11. Recharacterization to a Roth IRA. Regular Contribution of \$ _____ Earnings of \$ _____ For tax year: _____
- 12. IRA paid directly to Trustee of employer's plan. Payable to: _____
- 13. Other (specify reason not listed above): _____

3. FINANCIAL INFORMATION

I instruct the Administrator to distribute from the above account.
Choose either 1 or 2.

- 1. The entire account balance
- 2. Partial distribution

Payment Instructions:

- Issue check to Participant/Beneficiary
- Send Wire to Participant/Beneficiary*
- Distribute Funds to Account # _____
- In-Kind _____ asset*
- Other: _____

*Additional information/documentation required.

Amount Requested \$ _____

Administrative Fees (-)\$ _____
 Check this box if fees paid from remaining IRA assets

Amount Withdrawn (reported to IRS) \$ _____

Federal Income Tax Withheld (-)\$ _____

Net Amount Paid to Recipient \$ _____

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4. METHOD OF PAYMENT

Until I give written instructions to the contrary, I direct the Administrator to distribute the amount requested as follows:

1. Date payment(s) to commence: _____
2. Distribution(s) to be made:
 One-time monthly quarterly semi-annually annually other _____
3. Make payment(s) to me directly: Account # _____ Other: _____

5. WITHHOLDING ELECTION

NOTICE OF WITHHOLDING ON DISTRIBUTIONS FROM IRA'S.

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" in section 5 of this form. 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.

Choose either Option 1 or 2. Complete for any kind of distribution, except reason #7, 9, 11 and 12 above.

- Option 1. Withhold Federal income tax at the rate of _____ % (not less than 10%)
plus an additional amount of \$ _____ from the amount withdrawn.
- Option 2. Effective _____, I elect not to have Federal income tax withheld. (Must have US Residence address on file)

I understand that I am still liable for the payment of Federal income tax on the taxable amount. I also understand that I may be subject to tax penalties under the estimated tax payment rules, if my payments of estimated tax and withholding, if any, are not adequate.

6. SIGNATURES

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 set forth above and have completed the Withholding Election above. I further certify that no legal or tax advice has been provided me by the Custodian or Administrator, that distributions (except certain transfers) 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 Custodian and Administrator shall in no way be responsible for those consequences.

PARTICIPANT'S OR BENEFICIARY'S SIGNATURE: _____ DATE: _____

AUTHORIZED SIGNATORY—ADMINISTRATOR: _____ DATE: _____