



ROTH IRA DISTRIBUTION REQUEST FORM

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1. GENERAL INFORMATION

Legal Name: IRA Account #:

Address:

Date of Birth: Social Security #:

FOR DEATH DISTRIBUTIONS, COMPLETE THE FOLLOWING:

Beneficiary Name:

Social Security #: Relationship: Date of Birth:

Address:

2. DISTRIBUTION REASON

Nonqualified Distribution:

1. Early (premature) distribution (participant is under age 59½ and no exception applies).
2. Early (premature) distribution. IRS levy or substantially equal payment exception applies (if Custodian/Administrator tracks).
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 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. Transfer to another Roth IRA, including Transfer Incident To Divorce or legal separation. Payable to: _____
8. Recharacterization to a Traditional IRA. (Must also complete "Recharacterization Notice and Direction to Transfer" form).
9. Other (specify reason not listed above): _____

Qualified Distribution:

This Roth IRA distribution satisfies the 5 year aging period requirement and such distribution is made under the following reason (check one):

1. on or after I attain age 59½;
2. to a beneficiary on or after the participant's death;
3. on account of my becoming disabled (within the meaning of section 72(m)(7) of the Internal Revenue Code); or

3. FINANCIAL INFORMATION

I instruct Administrator to distribute from the above-described Account:
Choose either 1 or 2.

1. The entire account balance
2. Partial distribution

Payment Instructions:

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

Amount Requested: \$ _____

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

Amount Withdrawn (reported to IRS): \$ _____

Federal Income Tax Withheld: (-)\$ _____

Net Amount Paid to Recipient: \$ _____

*Additional information/documentation required.



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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: Bank Name _____
 Account # _____ ACH Routing # _____
 Other: _____

5. WITHHOLDING ELECTION

NOTICE OF WITHHOLDING ON DISTRIBUTIONS FROM ROTH IRA'S.

If the distribution you receive from your Roth Individual Retirement Account established at this institution was a timely corrective distribution, the earnings attributable to the excess amount is subject to Federal income tax withholding unless you elect not to have withholding apply. You may elect not to have withholding apply to the earnings portion of your distribution by completing the "Withholding Election" section below.

If you do not complete the "Withholding Election" section by the date your distribution is scheduled to be made, Federal income tax will be withheld from the earnings portion of the amount withdrawn at a rate of 10%. If you elect not to have withholding apply to this portion, 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.

Federal income tax withholding does not apply to Roth IRA distributions, except in the case of a return of an excess contribution plus earnings. The earnings will be taxable, even if the recipient otherwise meets the definition of a qualified distribution. The earnings attributable to an excess contribution made to a Roth IRA are subject to Federal income tax withholding at the rate of 10%, unless the recipient of the distribution checks the box below.

I elect not to have Federal income tax withheld on the earnings attributable to an excess contribution.

6. SIGNATURES

I certify that I am the proper party to receive payment (s) from this Roth 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 understand that distributions from this Roth IRA are reported to the IRS. I further certify that no legal or tax advice has been provided me by the Custodian or Administrator and that all decisions regarding this withdrawal are my own. I expressly assume the full responsibility of determining the taxable amount of this distribution, for determining whether this distribution is a qualified distribution, and for any adverse consequences which may arise from this withdrawal. I agree that the Custodian or Administrator shall in no way be responsible for those consequences.

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

AUTHORIZED SIGNATORY—ADMINISTRATOR: _____ DATE: _____