

Distribution Form

NuView IRA - Processing Office 280 S. Ronald Reagan Blvd., Suite 200 Longwood, FL 32750 P: (877) 259-3256 | F: (407) 571-9541 E: documents@nuviewira.com

1 ACCOUNT INFORMATION						
Name (Your name as it appears in your plan)		Account Number				
☐ Mr. ☐ Ms. ☐ Dr						
Type of Account (Select one)			Social Security Nu	Social Security Number Phone Number		
☐ Traditional ☐ Roth ☐ SEP ☐ SIMPL	HSA					
Home Address			City, State, Zip			
		YES - Please complete the following				
Beneficiary Name	Beneficiary SSN		Beneficiary Date of E	Birth	Beneficiary Phone Number	
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Beneficiary Home Address		Beneficiary City, State, Zip				
2 DISTRIBUTION TYPE (Complete one of the following groups below)						
This distribution is from an IRA: (Traditional, Roth, SIMPLE, or SEP)		This distribution is from a Special Purpose Plan: (HSA or Coverdell ESA)				
☐ Premature (under age 59 1/2)		HSA: Qualified Medical Expense				
Premature With Exception (under age 59 1/2):		☐ HSA: Non-Qualified Distribution				
Exception:			Coverdell ESA: Qualified Educational Expense			
☐ Normal (overage 59 1/2)			Coverdell ESA: Non-Qualified Distribution			
Substantially Equal Payments 72(t)			Other: Describe:			
Roth IRA: distribution within 5 years of establishment						
☐ Distribution from an Inherited IRA ☐ Charitable distribution - Charity EIN						
Other: Describe:						
3 DISTRIBUTION DETAILS						
Manner of Distribution			Federal Withholding			
Full Distribution (Close Account)		☐ I elect NOT to have Federal Income Tax withheld				
Partial Distribution (Only distribute cash/assets as described below)		☐ I ELECT to have Federal Income Tax withheld				
Cash Only: Amount \$	Cash Only: Amount \$		(cannot be less than 10%)			
☐ In-Kind*: Assets(s) to be distributed:		withhold% from my payment(s)				
Would you like to set up a scheduled recurring distribution**		☐ withhold \$from my payment(s)				
□ No □ Yes (Select recurrence below)			Withholding Instructions:			
▶ ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually		Send the amount requested LESS my federal withholding election				
▶ Date Payments to Commence:		Send the EXACT amount requested and submit my federal withholding election out of my remaining IRA cash balance				
*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						

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4 FUNDING INSTRUCTION	NS Send funds for distribution	via: ■ ACH ■ WIRE ■ CHECK ■ TO BE PROVIDED				
For ACH/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				
		Send Check via:				
		Regular Mail Overnight Mail (\$30) Wire (\$30)				
		Certified Check (\$10 + Overnight Mail Fee) Hold for pickup				
5 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 Sig	gnature:	Date:				

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