

## 1 ACCOUNT INFORMATION

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

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

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

## 3 DISTRIBUTION DETAILS

| Manner of Distribution   | Federal Withholding   |
|--|---|
| <input type="checkbox"/> <b>Full Distribution</b> (Close Account)<br><input type="checkbox"/> <b>Partial Distribution</b> (Only distribute cash/assets as described below)<br><input type="checkbox"/> Cash Only: Amount \$ _____<br><input type="checkbox"/> In-Kind*: Assets(s) to be distributed: _____<br><br><b>Would you like to set up a scheduled recurring distribution**</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes (Select recurrence below)<br>▶ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually<br>▶ Date Payments to Commence: _____ | <input type="checkbox"/> I elect NOT to have Federal Income Tax withheld<br><input type="checkbox"/> I ELECT to have Federal Income Tax withheld<br><i>(cannot be less than 10%)</i><br><input type="checkbox"/> withhold _____% from my payment(s)<br><input type="checkbox"/> withhold \$ _____ from my payment(s)<br><br><b>Withholding Instructions:</b><br><input type="checkbox"/> Send the amount requested LESS my federal withholding election<br><input type="checkbox"/> Send the EXACT amount requested and submit my federal withholding election out of my remaining IRA cash balance |
| <small>*A Current Fair Market Value must be provided to distribute assets in-kind<br/>         **This recurring distribution will remain in effect until you provide a written request to cancel or change</small>   |   |

