

1 ACCOUNT INFORMATION

Name (Your name as it appears in your plan) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____		Account Number	
Type of Account (Select one) <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SoloQRP <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Coverdell ESA <input type="checkbox"/> HSA		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 (Complete one of the following groups below)

This distribution is from an IRA: (Traditional, Roth, SIMPLE, or SEP) <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"/> Substantially Equal Payments 72(t) <input type="checkbox"/> Roth IRA: distribution within 5 years of establishment <input type="checkbox"/> Distribution from an Inherited IRA <input type="checkbox"/> Charitable distribution - Charity EIN _____ <input type="checkbox"/> Other: Describe: _____	This distribution is from a Special Purpose Plan: (HSA or Coverdell ESA) <input type="checkbox"/> HSA: Qualified Medical Expense <input type="checkbox"/> HSA: Non-Qualified Distribution <input type="checkbox"/> Coverdell ESA: Qualified Educational Expense <input type="checkbox"/> Coverdell ESA: Non-Qualified Distribution <input type="checkbox"/> Other: Describe: _____
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3 DISTRIBUTION DETAILS

Manner of Distribution	Federal Withholding
<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: _____ Would you like to set up a scheduled recurring distribution** <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 <input type="checkbox"/> Date Payments to Commence: _____	<input type="checkbox"/> I elect NOT to have Federal Income Tax withheld <input type="checkbox"/> I ELECT to have Federal Income Tax withheld (cannot be less than 10%) <input type="checkbox"/> withhold _____% from my payment(s) <input type="checkbox"/> withhold \$ _____ from my payment(s) Withholding Instructions: <input type="checkbox"/> Send the amount requested LESS my federal withholding election <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 **This recurring distribution will remain in effect until you provide a written request to cancel or change</small>	

