

# IRA DISTRIBUTION REQUEST

PLEASE READ THE ATTACHED INSTRUCTIONS

USE OF THIS FORM WILL RESULT IN A REPORTABLE DISTRIBUTION TO THE INTERNAL REVENUE SERVICE AND STATE TAX AUTHORITIES, AS REQUIRED.

## I. PARTICIPANT INFORMATION (Complete all sections)

NAME (Please print): \_\_\_\_\_

ACCOUNT NUMBER:         —            

STATE OF RESIDENCE:      (For state tax purposes.)

## II. TYPE OF DISTRIBUTION (Select one type)

**Note:** Do not use this form to request a trustee-to-trustee transfer of assets to another IRA. See instructions for further information.

- |   |  |
|---|--|
| <p>A. <input type="checkbox"/> NORMAL (Age 59½ and older)</p> <p>B. <input type="checkbox"/> EARLY (Under Age 59½ —no known exceptions)</p> <p>C. <input type="checkbox"/> ROTH IRA</p> <p>D. <input type="checkbox"/> SIMPLE IRA EARLY (Use if "2 year rule" not satisfied)</p> <p>E. <input type="checkbox"/> SUBSTANTIALLY EQUAL SERIES</p> <p>F. <input type="checkbox"/> PERMANENT DISABILITY</p> <p>G. <input type="checkbox"/> DIRECT ROLLOVER TO A QUALIFIED RETIREMENT PLAN 403(B) OR 457(B) GOVERNMENTAL PLANS. (Letter of Acceptance Required.) See instructions for when this option applies.</p> <p>H. <input type="checkbox"/> EDUCATION SAVINGS ACCOUNT (No tax withholding—see instructions)</p> <p>I. <input type="checkbox"/> DUE TO DEATH FROM INHERITED/BENEFICIARY ACCOUNT</p> | <p>J. <input type="checkbox"/> RETURN OF EXCESS CONTRIBUTION FOR TAX YEAR _____</p> <p>1. Is excess being removed prior to the tax return due date, including extensions?<br/><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2. Specify excess amount, month, day, and year contribution was made:<br/>\$ _____ / ____ / ____</p> <p>3. Earnings accrued on excess contribution \$ _____ (See instructions)</p> <p>K. <input type="checkbox"/> RMD (SCHEDULED RMD). For one-time RMD amounts, please check 'A-NORMAL'.</p> <p><b>Note:</b> The Worker, Retiree, and Employer Recovery Act of 2008 waived RMDs for 2009.</p> |
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**\*\*NOTE\*\* Last Business Day of the Year Processing:** If your account has active scheduled RMD instructions, and the account's RMD obligation for the year has not been met by the last day of the year, a 'supplemental' distribution (up to the available cash in your account) will occur in order to meet the RMD amount. For this purpose, we will add all scheduled and one-time distributions taken during the year when determining if the RMD has been met.

## III. DISTRIBUTION METHOD (Select one distribution method)

- A.  ONE-TIME DISTRIBUTION
1. Payment in the amount of \$ \_\_\_\_\_
  2. In-kind distribution of securities (Indicate description and quantity.)
- | DESCRIPTION | QUANTITY |
|-------------|----------|
|             |          |
|             |          |
|             |          |
- B.  SCHEDULED DISTRIBUTION (Please complete for scheduled checks, ACH and journals.) **NOTE:** ACH Authorization and voided check required for ACH
1. SELECT ONE:  New request  Change of instructions  
Beginning Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date (optional): \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Semi-Monthly  Monthly  Quarterly  Semi-Annually  Annually
  2.  Principal payment in the amount of \$ \_\_\_\_\_
  3.  Income (dividends and capital gains) and interest
- C.  TOTAL DISTRIBUTION (Select one—account will be closed.)
1.  Total distribution of the entire account
  2.  Total distribution of the entire account in cash (Please arrange to have your investment professional liquidate all assets.)



**IV. FEES (optional)**

Charge applicable fees to the following non-retirement Pershing account number:

□□□□-□□□□□□□□

**V. TAX WITHHOLDING ELECTION (Rates are subject to change without notice)**

FEDERAL INCOME TAX WITHHOLDING (Select one): *If an election is not made below, we will withhold 10 percent of the gross distribution amount. A minimum of 10 percent must be withheld if a specific percentage or dollar amount is provided.*

- Do NOT withhold federal income tax from the gross distribution amount (Not applicable to distributions subject to mandatory withholding).
- Withhold federal income tax from the gross distribution amount at the rate of 10% .
- Withhold \_\_\_\_\_ % of federal income tax from the gross distribution amount. Dollar amounts selection only available for pay principal distributions. (must be at least 10%).
- Withhold \$ \_\_\_\_\_ of federal income tax from the gross distribution amount (must be equal to at least 10%).

\*\*State income tax withholding may be required when you elect federal income tax withholding.

STATE INCOME TAX WITHHOLDING (Select one): *If an election is not made, we will withhold from your distribution according to your state of residence requirement. The minimum state of residence requirement must be withheld if a specific percentage or dollar amount is provided.*

- Do NOT withhold state income tax from the distribution. (Not applicable to all states.)
- Withhold state income tax from the distribution according to the requirements as outlined in Pershing's IRA Tax Withholding Instructions.
- Withhold \_\_\_\_\_ % of state income tax.
- Withhold \$ \_\_\_\_\_ of state income tax.

\* For distribution of assets other than cash, tax withholding can only be a % and not a dollar amount.

\*\*NOTE\*\* If you are a Nonresident alien or a U.S. person taking a distribution abroad, mandatory withholding may apply. Please see form instructions for details.

**VI. DELIVERY INSTRUCTIONS**

Leave blank for delivery of a check or security certificate(s) in the account owner's name. These items are mailed to the address of record.

A.  ALTERNATE PAYEE/ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B.  ACH (Note: ACH Authorization and voided check required for ACH.)

C.  TO THE FOLLOWING PERSHING ACCOUNT:

□□□□-□□□□□□□□

- D.  SATURDAY DELIVERY (Not available for scheduled distributions. Fees will be assessed.)
- E.  OVERNIGHT DELIVERY (Not available for scheduled distributions. Fees will be assessed.)
- F.  FEDERAL FUND WIRE (Not available for scheduled distributions. Fees will be assessed.)

ABA NUMBER: \_\_\_\_\_

DDA NUMBER: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

FURTHER CREDIT TO: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

FOR BENEFIT OF: \_\_\_\_\_

**VII. SIGNATURE (This request cannot be processed without your signature)**

Refer to Section VII of the IRA Distribution Request Instructions.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_