

Contact Center: (800) 248-8447 | [www.IRAServices.com](http://www.IRAServices.com)

**Complete this form if you wish to take a distribution of your funds and/or assets. Please consult your tax advisor to determine tax consequences, if any, as a result of taking a distribution. A Form 1099-R will be issued to you for the tax year in which you take a distribution. All 1099-Rs are mailed by January 31st of the following year.**

**Check the box for Expedited Processing if you wish to have your request expedited and processed within 1-2 business days (your account will be charged a fee). Normal Processing will take 3-5 business days.**

## 1. PERSONAL INFORMATION (\*required field)

Please fill in your full name, phone number and IRA Services Trust Company account number.

## 2. TYPE OF DISTRIBUTION

Select one of the following on the form:

- **Normal Distribution:** Select this option if you wish to take a normal distribution. You must be over 59 ½ years old.
- **Early Distribution:** Select this option if you wish to take an early distribution. You must be under 59 ½ years old.
- **Early Distribution (Disability):** Select this option if you wish to take an early distribution (you are under 59 1/2 years old) that is subject to a disability.
- **Early Distribution (exception applies):** Select this option if you wish to take an early distribution (you are under 59 ½ years old) that is subject to an exception. Please specify the exception in the space provided. Consult your tax advisor for more information regarding exceptions.
- **Distribution to be rolled over to another IRA:** Select this option if you wish to take a distribution that you intend on rolling over to another IRA within 60 days of receiving the distribution. Distribution cannot be made payable to a 3rd party. The Internal Revenue Service may impose a penalty if it is not rolled over within the 60-day window. A 1099-R will be issued.
- **Distribution from a Coverdell Education Savings Accounts:** Select this option if you wish to take a distribution from a Coverdell Savings Account. The account number indicated in Section 1 of the form must be such an account.
- **Beneficiary Distribution:** Select this option if you wish to take a distribution from a beneficiary/inherited account. The account number indicated in Section 1 of the form must be such an account.
- **Return of excess and/or ineligible contribution & earnings:** Select this option if you wish to take a distribution of excess and/or ineligible contribution (and related earnings) you have made. Indicate the tax year the excess/ineligible contribution was made in the space provided. Please consult your tax advisor for more information regarding tax consequences, if any, as a result of taking this distribution.

## 3. AMOUNT AND FREQUENCY OF DISTRIBUTION

**IMPORTANT:** You must have sufficient funds in your custodial cash account to cover the distribution amount you indicate below, plus any transaction fees, outstanding fees, and your minimum balance requirement. Having insufficient funds will delay your distribution. It is your responsibility to ensure you have sufficient cash in your custodial cash account prior to submitting this form to us. If sufficient cash is not available in the custodial cash account, please complete and attach a *LIQUIDATION REQUEST* form. Prior to releasing your funds, we may contact you for verbal confirmation of your distribution instructions. In Section 1 of the form, please ensure that you provide us with a phone number at which you can easily be reached.

Select any of the following on the form:

- **Distribute ALL available cash:** All cash in your custodial cash account will be distributed. Check the box where indicated if you want your account closed after the distribution is made—if this box is checked and there are non-cash assets in the account, they will be liquidated. Liquidation fees (if applicable) and the account termination fee will apply. If the assets cannot be liquidated, they will be distributed in-kind to you; re-registration fees and/or assignment fees will apply.
- **Distribute the following amount:** Indicate the amount of the cash distribution you wish to take. This is amount that will be disbursed minus fees and withholding. Ensure that you have the sufficient amount of cash in your custodial cash account to cover the desired distribution amount, applicable transaction fees, outstanding fees due on the account, and your minimum required balance. If you do not have sufficient cash in your account to cover all of these items, your request will not be fulfilled until you have the sufficient amount, or request another amount.
- **Distribute the following assets in-kind:** List the asset(s) you would like distributed in-kind. An in-kind distribution is one in which the asset(s) is not sold or liquidated but instead re-registered under your own name. A re-registration is the change in the title of ownership of an asset. If an asset cannot be re-registered, we will send you an Assignment of Interest. A Form 1099-R will be issued, for the value of the asset(s) at the time of re-registration. Re-registration and/or Assignment fee(s) will apply.

**Frequency:** Indicate whether you want the distribution issued one-time only, monthly, quarterly or annually.

**Distribution start date:** If you would like your distribution issued on a specific date--or for periodic distributions, started on a specific date--please specify the date on the space provided.

## 4. FEDERAL & STATE INCOME TAX WITHHOLDING ELECTION

Check the box if you would like Federal Tax withheld. If the box is not checked, we will not withhold any amount. Enter the amount (whole dollars or percentage of the distribution amount) of federal of income tax you wish to withhold. **There may be penalties for not paying enough tax through withholding or estimated tax.**

Check the box if you would like State Tax withheld. If the box is not checked, we will not withhold any amount. Enter the amount (whole dollars or percentage of the distribution amount) of state income tax you wish to withhold. We can only withhold from the states listed on the form; please select the applicable state. **There may be penalties for not paying enough tax through withholding or estimated tax.**

## 5. DELIVERY INSTRUCTIONS

**For cash distributions:** We can send your distribution by mail, wire, or direct deposit. If you would like a check mailed, please indicate whether you would like it sent by regular mail or overnight mail. If you would like your distribution sent by wire, please complete and attach a WIRE REQUEST form. Direct deposit is only allowed for periodic distributions (it is not allowed for one-time requests); please complete and attach a DIRECT DEPOSIT (ACH) AUTHORIZATION form to have your periodic distribution sent by direct deposit.

**For in-kind distributions:** An Assignment of Interest document assigning the asset to your name (if the asset cannot be re-registered), will be mailed to you.

## 6. ACKNOWLEDGMENT

Please sign the line indicating "Participant Signature", and fill in the date you signed it. A notarization of your signature is optional.



Check this box for EXPEDITED PROCESSING (1-2 business days).  
 Cost of expedited service is \$50. Normal Processing will take 3-5 business days.

Use this form to request a distribution from your account if you are under 70½. A Form 1099-R will be issued for all distribution requests. Please read the preceding instruction page prior to completing this form.

## 1. PERSONAL INFORMATION (\*required field)

Should IRA Services need to contact you in regards to this request, your preferred method of contact is:

Email

Primary Phone

First Name*	Middle Name	Last Name*
Account Number*	Social Security Number* (last 4 digits)	Date of Birth* (MM/DD/YYYY)
Phone* XXX-XXX-XXXX	Email (Your personal email only)	

## 2. AUTHORIZATION OF PAYMENT

I authorize IRA Services Trust Co. to withdraw the funds from my custodial cash account and send me the net amount (less any withheld taxes and fees) by the method selected:

<b>Normal distribution</b> (I am over 59½ years old)	<b>Distribution to be rolled over to another IRA</b> I understand that a 1099-R will be issued for this distribution and that a penalty may be imposed if not deposited within 60 days. (Distribution cannot be made payable to a 3rd party.)
<b>Early distribution</b> (I am under 59½ years old)	<b>Distribution from a Coverdell Education Savings Account</b>
<b>Early distribution</b> (I am under 59½ years old AND subject to disability)	<b>Beneficiary distribution (decedent)</b>
<b>Early distribution; exception applies</b> Specify exception: _____	<b>Return of excess and/or ineligible contribution &amp; earnings for the tax year:</b> _____

## 3. AMOUNT / FREQUENCY OF DISTRIBUTION

Prior to releasing your funds we may contact you for verbal confirmation of these instructions.

*IMPORTANT: You must have sufficient funds in your custodial cash account to cover the distribution amount, the withholding amount (if you indicate any below), plus any transaction fees, outstanding fees, and your minimum balance requirement. Having insufficient funds will delay your distribution. It is your responsibility to ensure you have sufficient cash in your custodial cash account prior to submitting this form to us. If sufficient cash is not available in the custodial cash account, please complete and attach a LIQUIDATION REQUEST form.*

<p>Distribute ALL available cash</p> <p>Check this box if you want your account <b>closed</b> after this distribution is made. A \$150 account termination fee will apply. All assets will be liquidated, if applicable; liquidation fees will apply. If assets cannot be liquidated, they will be re-registered and/or assigned to you; re- registration and/or assignment fees may apply. Please contact us regarding fees you may incur.</p>
<p>Distribute the following amount: _____</p> <p>Please ensure you have sufficient funds in your custodial cash account to cover the distribution amount, the withholding amount (if you indicate any below), plus any transaction fees, outstanding fees, and the minimum balance requirement.</p>
<p>Distribute the following assets in-kind: _____</p> <p>These assets will be re-registered to your name. If an asset cannot be re- registered, we will send you an Assignment of Interest. A Form 1099-R will be issued, for the value of the asset(s) at the time of re-registration/assignment.</p>

Asset Name	No. of shares

Frequency: (check one) Default is "One Time Only—Distributed as soon as possible"

One Time Only    Monthly    Quarterly    Semi-Annually    Annually

Start my distributions on (MM/DD/YYYY): \_\_\_\_\_

#### 4. FEDERAL AND STATE INCOME TAX WITHHOLDING ELECTION

There may be penalties for not paying enough tax through withholding or estimated tax.

Check here if you wish to have Federal Tax withheld from your distribution, otherwise, no taxes will be withheld:

Withhold exactly \_\_\_\_\_ (whole dollars) OR Withhold \_\_\_\_\_ % (whole percentage)

I want to have State Income Tax withheld from my distribution, \$25.00 minimum.

Withhold exactly \_\_\_\_\_ (whole dollars) OR Withhold \_\_\_\_\_ % (whole percentage)

Select a state:    CA    GA    IA    KS    MA    ME    NC    OK    OR    VT (We can only withhold from these states)

#### 5. DELIVERY INSTRUCTIONS (default is by check if no option is selected below)

I authorize IRA Services Trust Co. to withdraw the funds from my custodial cash account and send me the net amount (less any withheld taxes) by the method selected:

<b>Check to my current address of record</b> (disbursement fee applies)	Send via (select one): Regular mail Overnight mail (overnight delivery fee + shipping cost* apply) *Charge cost to FedEx/UPS account: _____ If no account number is specified above, the cost of shipping will be charged to your account
<b>Wire</b> (disbursement fee + outgoing wire fee apply)	Attach a WIRE REQUEST form available from our website at: <a href="http://www.IRAServices.com">www.IRAServices.com</a>
<b>Direct Deposit/ACH</b> (ACH fee applies)	Attach a <i>DIRECT DEPOSIT (ACH) AUTHORIZATION</i> form for periodic distributions only (this option is not available for <b>one-time</b> only requests).

#### 6. ACKNOWLEDGMENT & PARTICIPANT SIGNATURE

As set forth in my IRA Services Trust Company Custodial Agreement, I hereby elect and acknowledge the foregoing distribution. I understand that IRA Services and the Custodian neither assumes nor implies any liability for the failure of my elected distribution to meet any required minimum distribution requirements under the law and that the amount of the distribution is exclusively mine to make. **I acknowledge that if I do not provide a notarized signature, IRA Services Trust Company may contact me for verbal confirmation of my distribution instructions, which may cause delays if I cannot be reached at the phone number provided in Section 1 of this form or any of my phone number(s) on record.**

Account Owner's Signature <b>X</b>	Date (MM/DD/YYYY)
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Please sign and submit additional documents as required.

#### DELIVERY INSTRUCTIONS

Please submit the wire request or direct deposit ACH authorization form if applicable.

**Email**  
distributions@IRAServices.com

**Fax**  
(650) 745-1403

**Regular mail**  
IRA Services  
PO Box 7080  
San Carlos, CA 94070-7080

**Overnight mail**  
IRA Services  
1160 Industrial Road, Unit 1  
San Carlos, CA 94070-4128



This form is to be attached to the Investment Authorization or Distribution Request form if you are requesting that we wire your funds.

## 1. PERSONAL INFORMATION (\*required field)

Should IRA Services need to contact you in regards to this request, your preferred method of contact is:  Email  Primary Phone	First Name*	Middle Name	Last Name*
	Account Number*	Social Security Number* (last 4 digits)	Date of Birth* (MM/DD/YYYY)
	Phone* XXX-XXX-XXXX	Email (Your personal email only)	

## 2. TRANSACTION TYPE

These wire instructions are for (select one):

An investment; I am submitting an Investment Authorization with this Wire Request form	A distribution; I am submitting a Distribution Request with this Wire Request form
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## 3. WIRE INSTRUCTIONS (Outgoing wire fee applies)

Please wire my funds to the following bank account (fields marked with an asterisk (\*) are required):

Bank Name*			
Bank Address*			
Bank Phone Number*		Attention:	
ABA (wire routing number)*			
Account Name*			
Account Number*			
For Further Credit Account Name			
For Further Credit Account Number			

## 4. INTERNATIONAL WIRE (Optional: Do not complete this section if you do not intend to send an international wire)

For International Wires: Please provide the international wiring instructions in the area below. All international wires must go through a domestic intermediary bank (please fill in this information in the space indicated below). Outgoing international wire fee applies.

International Bank (fields marked with an asterisk (\*) are required):

Bank Name*			
Bank Address*			
SWIFT Code/IBAN*			
Account Name*			
Account Number*			
For Further Credit Account Name			
For Further Credit Account Number			

Domestic Intermediary Bank (Mandatory) (fields marked with an asterisk (\*) are required):

<b>Bank Name*</b>	
<b>Bank Address*</b>	
<b>Bank Phone Number*</b>	
<b>ABA (wire routing number)*</b>	

## 5. AUTHORIZATION

Participant Signature X	Date (MM/DD/YYYY)
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Please sign and submit additional documents as required.

## DELIVERY INSTRUCTIONS

Please include this form with your Investment Authorization, Distribution Request or RMD Cash Distribution form.

**For Investment wires:**

**Fax** (650) 745-2929

**Email** investments@IRAServices.com

**For Distribution wires:**

**Fax** (650) 745-1403

**Email** distributions@IRAServices.com

**Regular mail**

IRA Services

PO Box 7080

San Carlos, CA 94070-7080

**Overnight mail**

IRA Services

1160 Industrial Road, Unit 1

San Carlos, CA 94070-4128



Direct Deposit (ACH) payments are for PERIODIC DISTRIBUTIONS ONLY. You must complete this form to authorize IRA Services Trust Company to send periodic distributions to you by Direct Deposit (ACH). An ACH fee applies per distribution. Note that it may take up to 2 business days for your banking institution to post an ACH payment to your account once it is initiated by IRA Services.

## 1. PERSONAL INFORMATION (\*required field)

Should IRA Services need to contact you in regards to this request, your preferred method of contact is:

Email

Primary Phone

First Name*	Middle Name	Last Name*
Account Number*	Social Security Number* (last 4 digits)	Date of Birth* (MM/DD/YYYY)
Phone* XXX-XXX-XXXX	Email (Your personal email only)	

## 2. BANK ACCOUNT INFORMATION

I hereby authorize IRA Services Trust Company to initiate credit entries to my (select one):

<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
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indicated below at the depository financial institution named below, hereafter called "Depository", and to credit the same to such account.

Depository Name	Branch Address	Branch Phone Number
City	State	Zip
Routing Number	Account Number	

## 3. VOIDED CHECK

Please attach a copy of a voided check to this form.

Attach Voided Check Here

## 5. ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law.

This authorization is to remain in full force and effect until IRA Services Trust Company has received written notification from me of its termination in such time and in such manner as to afford IRA Services Trust Company and Depository a reasonable opportunity to act on it.

Signature of Participant

Date (MM/DD/YYYY)

X

Please sign and submit additional documents as required.

## DELIVERY INSTRUCTIONS

Please submit this form with a copy of a voided check.

**Email**  
distributions@IRAServices.com

**Fax**  
(650) 745-1403

**Regular mail**  
IRA Services  
PO Box 7080  
San Carlos, CA 94070-7080

**Overnight mail**  
IRA Services  
1160 Industrial Road, Unit 1  
San Carlos, CA 94070-4128