



Check this box for EXPEDITED PROCESSING (1-2 business days).  
Cost of expedited service is \$50.

Only use this form to request an RMD Asset In-Kind distribution from your account. A Form 1099-R will be issued for all distribution requests.

## 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. TYPE OF DISTRIBUTIONS (please select one)

**IMPORTANT:** To ensure a transaction is processed by year-end, please submit all required paperwork in good order no later than Dec 1st.

Age 70 ½ Required Minimum Distribution (RMD)

### Beneficiary Distribution Options

I do NOT want any distribution taken from this Account	Beneficiary Required Minimum Distribution (indicate amount below)
RMD distribution for tax year: 20 ____ (indicate amount below)	Beneficiary Five Year Full Distribution Election (Distribute the entire account)
Close the account and distribute the full value of the IRA. A Termination fee of \$150 and a re-registration fee may apply.	
No longer available	
Charitable gift donation—applicable if you are 70½ years of age or older (Attach notice, coupon, or stub)	Name (payable to)
	Address to send check
	City/State/Zip

## 3. AMOUNT OF DISTRIBUTION (receipt of confirmation could take 60 to 90 days)

Distribute the following assets in-kind:

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.

Asset Name	No. of Shares/Units	Asset Values (in \$ amount)

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

## 4. ACKNOWLEDGMENT & PARTICIPANT SIGNATURE

### Investment Products:

- Not FDIC Insured
- No Bank Guarantee
- May Lose Value

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.**

**Please provide a Real Estate Property Valuation that has been produced or confirmed by a third party Real Estate Professional. A comparison valuation is acceptable. If your LLC has a bank account associated with it you must use the IRA LLC Valuation form. For IRA LLC Valuations you must have your valuation confirmed by an Accountant, Tax Advisor, CPA or other similar individual or entity. We are requesting a Professional opinion not necessarily an Appraisal.**

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

**Email**  
transfers-out@IRAServices.com

**Fax**  
(650) 745-2932

**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