



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

Only use this form to request an RMD Cash 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 your request is processed in a timely manner, please submit all required paperwork in good order no later than **December 1** of this year.

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.	
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 AND FREQUENCY OF DISTRIBUTION

**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 section 5.

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

Distribute the following amount in Cash: _____
Frequency: (check one) Default is "One Time Only—Distributed as soon as possible"
<input type="checkbox"/> One Time Only <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> 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. LIQUIDATION INSTRUCTIONS (Only if you have insufficient cash and a liquidation fee will apply per asset liquidated)

List the asset(s) to be liquidated: List only those assets which are liquid.

Asset Name	Asset Sponsor Telephone No. (required)	No. of Shares/Units	Dollar Amount

## 6. 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 DIRECT DEPOSIT (ACH) AUTHORIZATION form available from our website at: <a href="http://www.IRAServices.com">www.IRAServices.com</a> <b>IMPORTANT:</b> For periodic distributions only (this option is not available for one time only requests).

## 7. 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.**

Account Owner's Signature

X

Date (MM/DD/YYYY)

Please sign and submit additional documents as required.

## DELIVERY INSTRUCTIONS

If you are selecting wire or direct deposit/ACH for delivery, please attach the appropriate forms (see above).

**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