

1 IRA OWNER INFORMATION

NAME, ADDRESS, CITY, STATE AND ZIP			IRA ACCOUNT (PLAN) NUMBER	TYPE OF IRA (SELECT ONE): <input type="checkbox"/> Roth IRA <input type="checkbox"/> Traditional IRA
NAME			SOCIAL SECURITY NUMBER	
ADDRESS				
CITY	STATE	ZIP		
DATE OF BIRTH		DATE OF DEATH (IF APPLICABLE)		DAYTIME PHONE NUMBER

2 DISTRIBUTION REASON* Select One. Penalties may apply; See IRS Publication 590.

Early Distribution, no known exception
 Disability
 Transfer to another IRA Plan
 Normal age 59^{1/2} & over
 Early Distribution, exception applies
 Death
 Required Minimum Distribution (RMD)
 Internal Transfer

Beneficiary Information.

NAME, ADDRESS, CITY, STATE AND ZIP			IRA ACCOUNT (PLAN) NUMBER (IF APPLICABLE)
NAME			
ADDRESS			DAYTIME PHONE NUMBER
CITY	STATE	ZIP	
TAXPAYER IDENTIFICATION NUMBER (TIN) / SSN (IF APPLICABLE)		BENEFICIARY DATE OF BIRTH (IF APPLICABLE)	

*Distributions may be subject to an early withdrawal penalty. By signing this form, I am aware and accept the early withdrawal penalty.

3 PAYMENT INSTRUCTIONS

A. PAYMENT ELECTION	B. PAYMENT METHOD
I elect distributions to be paid in the following manner (select one): (1) <input type="checkbox"/> Immediate Distribution of \$ _____. (2) <input type="checkbox"/> Periodic Distribution I authorize automatic distributions of \$ _____ on a <input type="checkbox"/> monthly <input type="checkbox"/> annual <input type="checkbox"/> quarterly <input type="checkbox"/> other _____ basis, starting on _____. Continue periodic distributions until I notify you in writing otherwise. (3) <input type="checkbox"/> Other (including transfers) _____	(1) <input type="checkbox"/> Mail check to me.

4 INCOME TAX WITHHOLDING

Distributions are subject to federal income tax withholding unless you elect not to have withholding apply. If your address of record is within a mandatory withholding state, state taxes will be withheld from your distribution in accordance with the respective state rules. Certain Roth IRA distributions may not be subject to withholding.

If you do not check a box, we will withhold 10%.

- I do not want federal income taxes withheld from my distribution. I understand that I am responsible for payment of federal income tax on the taxable portion of distribution, and I may incur penalties under the estimated tax payment rules if the withholding and estimated tax payments are not sufficient.
- I want federal income tax withheld and understand that the withholding will be done at a rate of **10%** unless a withholding percentage greater than **10%** is specified to the right. I also understand that the amount withheld may be subject to a premature distribution penalty.
- I want the following **additional** dollar amount \$ _____ or **additional** percentage of _____ % withheld from each IRA distribution.

NOTE: You may request a change in writing prior to a distribution.

5 SIGNATURES

I certify that I am the IRA owner, the beneficiary, or individual legally authorized to complete this form. I certify the accuracy of the information set forth in this form, and I authorize this transaction. I understand the custodian may require me to provide and/or complete additional documents before processing any distributions. I assume full responsibility for any consequences associated with my distribution including any taxes and penalties owed. I indemnify and agree to hold the custodian harmless from any resulting liabilities. I acknowledge that the custodian cannot provide, and has not provided, me with tax or legal advice. I have been advised to seek guidance of a tax or legal professional.

Signature of IRA Owner/Beneficiary

Date

If proceeds are to be sent to alternate address, owner and or beneficiary **MUST** have signatures medallion signature guaranteed.

Medallion Guarantee (if applicable):