



DISTRIBUTION REQUEST INSTRUCTIONS

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 (cost is \$75 for expedited service). Standard processing is 3-5 business days.

Return by regular or overnight mail: 1688 Meridian Avenue, Suite 504, Miami Beach, FL 33139
For inquiries, call: 800-472-1043 or visit IRAFINANCIALTRUST.COM

SECTION A: IRA OWNER IDENTIFICATION

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

SECTION B: TYPE OF DISTRIBUTION

Select one of the following on the form

- **Mandatory Distribution:** Select this option if you wish to take a distribution to fulfill your annual Required Minimum Distribution amount. Indicate the tax year the distribution is for in the space provided. You must be 70 ½ years of age or older by the end of the tax year indicated.
- **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 (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. 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 A 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 A 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.
- **Donation:** Select this option if you would like to take a distribution that is to be directly donated to a third party as a charitable gift. Indicate the payee's name and the address to send the check to. A donation may only be made if you are 70 ½ years of age or older. Please provide supporting documents such as stub, notice or coupons.

SECTION C: 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 investment instructions. In Section A 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.

SECTION D: 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 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.**

SECTION E: DELIVERY INSTRUCTIONS

For cash distributions: We can send your distribution by mail or wire. 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.

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.

SECTION F: 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 \$75. Standard processing is 3-5 business days.

DISTRIBUTION REQUEST

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

Return by regular or overnight mail: 1688 Meridian Avenue, Suite 504, Miami Beach, FL 33139
For inquiries, call: 800-472-1043 or visit IRAFINANCIALTRUST.COM

A. IRA OWNER IDENTIFICATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	PHONE NO.	ACCOUNT NUMBER
_____	_____	_____	_____	_____

B. TYPE OF DISTRIBUTION Please select one

Mandatory distribution for tax year: _____ (I will be 70 ½ yrs old by the end of this tax year)	Distribution from a Coverdell Education Savings Account
Normal distribution (I am over 59 ½ years old)	Beneficiary distribution
Early distribution (I am under 59 ½ years old)	Return of excess and/or ineligible contribution & earnings for the tax year: _____
Early distribution; exception applies	Charitable gift donation - applicable if you are 70-1/2 years of age or older
Specify exception: _____	(Attach notice, coupon or stub)
Distribution to be rolled over to another IRA	Name (payable to): _____
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.	Address to send check to: _____
	City/State/Zip: _____

C. AMOUNT AND 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.

Check all that apply:

Distribute ALL available cash

Check this box if you want your account **closed** after this distribution is made. A \$100 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.

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
_____	_____
_____	_____
_____	_____

Distribute the following amount: \$ _____

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.

Frequency: One Time Only Monthly Quarterly Semi-Annually Annually **Start my distributions on (mm/dd/yy): _____**

D. 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)

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

IRA Financial can only withhold from these states (please check one if applicable): CA GA IA KS MA ME NC OK OR VT

Withhold exactly \$ _____ (whole dollars) OR Withhold _____ % (whole percentage)

E. DELIVERY INSTRUCTIONS Default is by check if no option is selected below

I authorize IRA Financial Trust Company to withdraw the specified funds from my custodial cash account and send me the amount (less any withheld taxes) by (select one):

Check to my current address of record (disbursement fee applies)

Send via (select one): Regular mail Overnight mail (overnight delivery fee + shipping cost* apply)

* Charge cost to FedEx account: _____

If no account number is specified above, the cost of shipping will be charged to your IRA account.

Wire (disbursement fee + outgoing wire fee apply): Attach a **WIRE REQUEST** form.

F. ACKNOWLEDGMENT & IRA OWNER SIGNATURE

As set forth in my IRA Financial Trust Co. Custodial Agreement, I hereby elect and acknowledge the foregoing distribution. I understand that IRA Financial 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 Financial 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 A of this form or any of my phone number(s) on record.

IRA Owner Signature _____

Date (mm/dd/yy) _____

CUSTODIAL USE ONLY

Verified by: _____ On: ____/____/____