

ROTH IRA DISTRIBUTION REQUEST

(PLEASE READ THE ATTACHED INSTRUCTIONS)

I. Account Holder's Information (Complete all sections)

Name (please print):

Account Number:

Social Security Number: - -

Date of Birth: / /

II. Beneficiary (or Former Spouse) Information (Complete all sections)

NOTE: This section should be completed by a beneficiary taking a Death Distribution or a former spouse taking a distribution as a result of a property settlement. DO NOT use this section to name or change your beneficiary (ies).

Name (please print):

Account Number:

Social Security Number: - -

Date of Birth: / /

Relationship:

III. Type of Distribution (Select one)

Qualified (ROTH IRA greater than five years old, age 59 1/2 and older, Death or Disability if ROTH IRA greater than five years old)

Premature (Under age 59 1/2)

72-T (customer should consult licensed tax advisor before choosing)

Transfer to Identical Roth IRA

Roth Distribution with Exception

Excess Contribution Removal

Was the excess contribution made during the prior year?

Yes No

Same Year Re-characterization (Re-characterizations that occur in the same year for which the contribution(s) being re-characterized were made)

Prior Year Re-characterization (Re-characterizations that occur after the year for which the contribution(s) being re-characterized were made)

Death

Disability (Physician's statement or Disability Letter from IRS required)

Revocation (taken within 7 calendar days from the date account was opened)

Prohibited Transaction (A prohibited transaction is a transaction between a plan and a disqualified person that is prohibited by law.)

IV. Distribution Method (Select one distribution method):

A.) ONE-TIME DISTRIBUTION

1.) Payment in the amount of:

\$

2.) Distribution of securities (Indicate symbol/cusip and quantity)

SYMBOL / CUSIP	QUANTITY
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

B.) SCHEDULED DISTRIBUTION (Complete applicable items)

1.) Select one:

New Request Change of Instruction

2.) Frequency (Select one):

Monthly Quarterly Annually Weekly Bi-Weekly

Beginning: _____ / _____ / _____

3.) Amount:

\$ -OR- Dividends and Interest

C.) TOTAL ACCOUNT DISTRIBUTION (account will be closed)

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V. Tax Withholding (Select applicable items)

TAX WITHHOLDING ELECTION

1.) Federal Income Tax Withholding (Select one):

Do **NOT** withhold federal income tax

(By selecting this, the account holder understands that they are still liable for the payment of Federal income tax on the amount of any distributions received. The account holder also understands that they may be subject to Federal income tax penalties under the estimated tax payment rules if their payments of the estimated tax and withholding are insufficient.)

Withhold _____ % from the amount of the gross distribution (must be at least 10%)

Withhold \$ _____ of federal income tax from the gross distribution amount

2.) State Income Tax Withholding (Select one):

Do **NOT** withhold state income tax from the distribution.

(Not applicable to all states.)

Withhold _____ % from the amount of the gross distribution

Withhold \$ _____ of state income tax from the gross distribution amount

VI. DELIVERY INSTRUCTIONS (Select applicable items)

Address of Record

Alternative Payee or Alternate Address (complete all sections):

Name: _____
Address: _____
City: _____
State: _____ Zip: _____

(Notary Public/Signature Guarantee required if check is made payable to alternative payee)

To the following Person account:

Account Number: _____

Special Payment Instructions:

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Overnight Delivery (Fees will be assessed)

Federal Fund Wire (Fees will be assessed):

ABA Number: _____

Bank Name: _____
City, State: _____
Account Number: _____
For the benefit of: _____
Type of IRA account receiving: _____
Account Number: _____
Further credit to: _____
Account Number: _____

VII. SIGNATURE (This request can not be processed without account holder's signature.)

I certify that I am the proper party to receive payment(s) from this ROTH IRA and that all information provided by me is true and accurate. I have read and understand the Rules and Conditions Applicable to Withdrawal on page 3 of this form and agree to abide by those rules and conditions. I further certify that no tax advice has been given to me by the Trustee or Custodian. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Trustee or Custodian shall in no way be held responsible.

(ROTH IRA Holder or Beneficiary) (Date)

(Notary Public/Signature Guarantee) (Date)

(Broker Approval Signature) (Date)

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(Notary Public Seal or Signature Guarantee Box)