

IRA DISTRIBUTION REQUEST

PLEASE READ THE ATTACHED INSTRUCTIONS.

I. PARTICIPANT INFORMATION (Complete all sections.)

NAME (Please print): _____

ACCOUNT NUMBER: -

SOCIAL SECURITY NUMBER: - -

DATE OF BIRTH: - -

STATE OF RESIDENCE: (For state tax purposes.)

II. TYPE OF DISTRIBUTION (Select one type.)

- A. NORMAL (Age 59½ and older)
- B. EARLY (Under age 59½—no known exceptions)
- C. SUBSTANTIALLY EQUAL SERIES
- D. RETURN OF EXCESS CONTRIBUTION FOR TAX YEAR _____
- Specify excess amount, month, day, and year contribution was made:
\$ _____ / _____ / _____
 - Earnings accrued on excess contribution \$ _____
 - Is excess being removed prior to the tax return due date, including extensions?
 YES NO
- E. DUE TO DEATH FROM INHERITED/BENEFICIARY IRA
- F. PERMANENT DISABILITY
- G. DIRECT ROLLOVER TO A QUALIFIED RETIREMENT PLAN
- H. ROTH IRA
- I. SIMPLE IRA EARLY
- J. EDUCATION SAVINGS ACCOUNT (No tax withholding—see instructions.)

III. DISTRIBUTION METHOD AND TAX WITHHOLDING

Select one distribution method, make a tax withholding election, and then select the delivery method in section IV.

- A. ONE-TIME DISTRIBUTION
- Payment in the amount of \$ _____
 - In-kind distribution of securities (Indicate description and quantity.)

DESCRIPTION	QUANTITY
_____	_____
_____	_____
- B. SCHEDULED DISTRIBUTION (Complete applicable items below.)
- SELECT ONE: New request Change of instruction
 - Principal payment in the amount of \$ _____
 - Income (dividends and capital gains) and interest
 - SELECT ONE: Monthly Quarterly Semi-Annually Annually
Beginning: _____ / _____ / _____
- C. TOTAL DISTRIBUTION (Select one—account will be closed.)
- Total distribution of entire account in cash
(Please arrange to have your investment professional liquidate all assets.)
 - Register and mail securities, and distribute cash
 - Fees enclosed or charge to the following Pershing account:
 -

D. TAX WITHHOLDING ELECTION (Rates are subject to change without notice.)

1. FEDERAL INCOME TAX WITHHOLDING (Select one):
(If an election is not made below, we will withhold 10 percent of the gross distribution amount.)
- Do **NOT** withhold federal income tax from the gross distribution amount.
- Withhold federal income tax from the gross distribution amount at the rate of 10%.
- Withhold _____ % based on the gross distribution amount (must be at least 10%).
- Withhold \$ _____ of federal income tax from the gross distribution amount. (**NOT** available for scheduled distributions.)
- State income tax withholding may be required when you elect federal income tax withholding.
2. STATE INCOME TAX WITHHOLDING (Select one): (If an election is not made, we will withhold from your distribution according to your state of residence requirement.)
- Do **NOT** withhold state income tax from the distribution. (Not applicable to all states.)
- Withhold state income tax from the distribution.
- Withhold _____ % based on the distribution amount.
- Withhold \$ _____ of state income tax from the distribution amount. (**NOT** available for scheduled distributions.)

IV. DELIVERY INSTRUCTIONS

Leave blank for delivery of a check or security certificate(s) in the account owner's name. These items are mailed to the address of record.

- A. ALTERNATE PAYEE: _____
(Signature guarantee required.)
- B. ALTERNATE ADDRESS: _____

- C. ACH (For scheduled distributions only. See instructions for paperwork requirements.)
- D. TO THE FOLLOWING PERSHING ACCOUNT:
 -
- E. OVERNIGHT DELIVERY (Fees will be assessed.)
- F. FEDERAL FUND WIRE (Not available for scheduled distributions. Fees will be assessed.)
- ABA NUMBER: _____
- BANK NAME: _____
- CITY, STATE: _____
- ACCOUNT NUMBER: _____
- FOR THE BENEFIT OF: _____
- ACCOUNT NUMBER: _____
- FURTHER CREDIT TO: _____
- ACCOUNT NUMBER: _____

V. SIGNATURE (This request cannot be processed without your signature.)

Refer to section V of the IRA Distribution Request Instructions.

SIGNATURE: _____ DATE: _____

SIGNATURE GUARANTEE BOX



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