

FORM ID-C: IRA DISTRIBUTION REQUEST

(For One-time Partial Distributions, Fixed Periodic Distributions, Account Terminations, and Credit-Plus Checkwriting Authorization)

I.E. Code	Account Number

Section I. Payee Information

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Marital Status _____ Citizenship _____

Date of Birth _____ SSN / TID # _____

Section II. Reason for Distribution

- Premature Distribution (*under age 59 1/2*)
- Premature Distribution (*exception to early withdrawal penalty applies - under age 59 1/2. **Must attach certification form for substantially equal IRA payments***) Code 02
- Disability Distribution (*attach proof of disability*) Code 03
- Death Distribution (*attach copy of death certificate*) Code 04
- Normal Distribution (*over age 59 1/2*) – Code 07
- Excess Contribution for tax year _____
- Domestic Distribution (*attach copy of court order*)
- Convert in part or total to Roth IRA – Code 07 or Code 02
- Roth Distribution (*under age 59 1/2*) – Code J
- Roth Distribution (*over age 59 1/2*) – Code T or Q
- Roth Death Distribution – Code T or Q
- SIMPLE Distribution before 2 years – Code S
- Direct Rollover to Qualified Plan from IRA (*proof QP will accept conduit IRA assets*) – Code G
- Coverdell ESA Distribution
- Other (*specify*): _____

Section III. Type of Distribution (*Check only one of the four options below*)

1. Account Termination (see fee schedule – termination fee may apply)
2. Partial One-time Distribution of:
 - Credit Balance Payment of \$ _____, (indicate Gross amount) and/or
 - Order out the following securities: _____
3. Fixed Amount Periodic Automatic Payments:
 - Recurring: Monthly Quarterly Semi-Annually Annually
 - Beginning Date: _____ - _____ - _____
 - Amount of: \$ _____ OR Credit Balance Dividends Interest
 - Required Minimum Distribution Amount Only (for account holders over age 70 1/2)
4. CreditPlus® Checkwriting Program (*must also complete CreditPlus Account application*)
In order to qualify for the IRA checkwriting privileges, you must be the original account holder (i.e., not a beneficiary), be at least 59 1/2 years of age, and elect to have NO Federal income tax withholding.

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Section IV. Method of Payment *(Check one method only)*

- | | |
|--|--|
| <input type="checkbox"/> Mail to account address of record
<input type="checkbox"/> Mail to Alternative Address as indicated on this form
<input type="checkbox"/> Reclassify excess contribution to year _____
<i>(IRA holder may be subject to 6% penalty; must file form 5329)</i> | <input type="checkbox"/> Wire funds <i>(must provide wire instructions - \$20 wire fee applies)</i>
<input type="checkbox"/> ACH <i>(must attach copy of ACH Authorization form)</i>
<input type="checkbox"/> Journal to Account # _____ |
|--|--|

Section V. Notice and Election on Income Tax Withholding *(Form W-4P/OMB No. 1545-0415)*

Federal Income Tax will automatically be withheld at a rate of 10% unless otherwise specified below:

- I am a US Citizen living abroad or I am a non-resident alien
- I do not want to have Federal Income Tax withheld from my distribution
- Withhold Federal Income Tax as follows: _____% or \$ _____

IF CALIFORNIA RESIDENT:
 State income tax will automatically be withheld at the rate of 10% of the amount of federal tax withholding unless otherwise specified below:

- I **do not** want to have CA State Income Tax withheld from my distribution
- Withhold CA State Income Tax as follows: \$ _____

IF OREGON RESIDENT:
 State income tax will automatically be withheld at the rate of 8% unless otherwise specified below (minimum withholding of \$10.00):

- I **do not** want to have OR State Income Tax withheld from my distribution.
- Withhold OR State Income Tax as follows: \$ _____

IF WISCONSIN RESIDENT:
 State income tax will not be withheld unless requested by you below:

- Withhold WI State Income Tax withheld from my distribution as follows:
- \$ _____
- or _____%

Section VI. Attestation and Signatures

I attest to the accuracy of the information stated hereon. I am aware of and accept full responsibility for the tax consequences regarding these instructions.

X _____
 Payee's Signature _____
 Date

X _____
 Spouse's Signature, if resident of a community property state:
 AZ, CA, ID, LA, NV, NM, TX, WA, WI _____
 Date

For Office Use Only:

X _____
 Signature Guaranteed by Authorized Signatory _____
 Date

FOR CUSTODIAN USE ONLY

Gross Distribution: \$	Federal Tax Withheld: \$	State Tax Withheld: \$	Net Distribution: \$
	% Federal Tax Withheld:	% State Tax Withheld:	
Payment Code:	IRS Code:	Fee:	
Processed by:		Date:	