

# CERTIFICATION FOR RETIREMENT PLANS DISABILITY DISTRIBUTION

Account Number \_\_\_\_\_

Account Title \_\_\_\_\_

## Section I Account Information

\_\_\_\_\_  
Name of Individual/Participant

## Section II Physician's Statement

As the attending physician of the above-mentioned individual/participant, I certify, in my opinion, such individual/participant meets the IRS definition of disability under IRC Section 72(m)(7), which states, "*an individual shall be considered to be disabled if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.*"

I understand this certification is being made solely for the purpose of providing information to the Custodian of the individual's/participant's retirement plan so that the custodian may properly report the requested distribution to the IRS as being due to disability, and therefore exempt from the 10% premature distribution penalty.

## Section III Signature

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**Please attach this form to your IRA or qualified plan distribution form**