

# IRA WITHDRAWAL APPLICATION

(Not applicable for death distribution)

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

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

## SECTION I Owner Account Information

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Street Address + Apartment or Box Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

## SECTION II Reason for Distribution

(Please choose one)

- Normal distribution (on or after age 59½)
- Premature distribution (owner under age 59½; subject to 10% penalty tax.)
- Substantially equal periodic payments
- Conversion to a Roth IRA
- Recharacterization
- Return of excess contribution plus earnings (earnings are taxable in the year in which the contribution is made.)  
**Please include the earnings in the dollar amount in section IIIa.**
  - Current Year
  - Prior Year
- Rollover IRA to a Qualified Plan (include acceptance from the trustee of the Qualified Plan.)
- Disability (Please attach Certification of Disability form.)
- Divorce (Please include a copy of the divorce decree. Additional documents may be required.)

## SECTION III Distribution Instructions

### A. Amount (choose one)

- Please liquidate all assets and close the account.
- Please reregister all assets to me and close the account.
- One time dollar amount of \$\_\_\_\_\_ (gross).  
(Liquidation instructions below in part C.)
- Reregister specific asset(s) to me.  
(Asset breakout listed below in part C.)
- The minimum required amount for the tax year in which I attain age 70½ and each year thereafter. The required amount is calculated using the Uniform Distribution Period table unless otherwise indicated below.
  - My spouse is the sole primary beneficiary of my account **AND** is 10 years younger than me.
- Systematic Distribution Instructions

Date to begin distributions: \_\_\_\_\_

Amount of Distributions: \$\_\_\_\_\_ (gross) or  cash balance  RMD

Frequency of distributions: (Choose one)

- Monthly (please choose day)
  - 1st  15th
- Quarterly
 

<input type="checkbox"/> Jan	<input type="checkbox"/> April	<input type="checkbox"/> July	<input type="checkbox"/> Oct
<input type="checkbox"/> Feb	<input type="checkbox"/> May	<input type="checkbox"/> Aug	<input type="checkbox"/> Nov
<input type="checkbox"/> Mar	<input type="checkbox"/> June	<input type="checkbox"/> Sep	<input type="checkbox"/> Dec

Which day? (choose one)  
 1st  15th

Annually \_\_\_\_\_ (Month)

### B. Payment Options

Send payments to: (choose one)

- Electronically to bank. (Please complete Bank Information in Section V.)
- Send check to me at address of record.
- By check made payable to the account owner to the address below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- By check made payable to someone other than the account holder to the address below. (Signature Guarantee Required)

Payable to or c/o \_\_\_\_\_

Street Address + Apt. or Box Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

