



IRA RESOURCES, INC.

# Distribution Form

## 1. ACCOUNT OWNER INFORMATION

Full Name <i>(as it appears on your account application)</i>	IRAR Account Number	Social Security Number <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> </tr> </table>										
Email Address <input type="checkbox"/> Update my email address	Daytime Phone Number											
Current Mailing Address <input type="checkbox"/> Update my address												

## 2. DISTRIBUTION TYPE

**Complete the relevant section for your account type and choose one option. We report all distributions to the IRS. We will send you a form 1099-R for your records.**

Traditional IRA      SEP IRA      SIMPLE IRA	
<input type="checkbox"/> Normal Distribution (I am 59 1/2 or older)	<input type="checkbox"/> Premature Distribution (I am not age 59 1/2)
<input type="checkbox"/> Required Minimum Distribution (RMD age 73) Including Charitable Distributions	<input type="checkbox"/> Premature with Exception for Substantially Equal Payments 72(t)
<input type="checkbox"/> Permanent Disability (pursuant to IRC 72(m)(7))	<input type="checkbox"/> Divorce (you must attach a copy of the divorce decree)
<input type="checkbox"/> Direct Rollover to Another Employer Plan Plan Name: _____ Plan Account Number: _____ Plan Type: <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b) <input type="checkbox"/> 457(b) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Excess Contribution: Year of excess contribution _____ Amount \$ _____  <input type="checkbox"/> Inherited IRA Death Distribution (you must provide a certified copy of the Death Certificate) <b>Complete section 2.1</b>

Roth IRA	
<input type="checkbox"/> Qualified Distribution: I am age 59 1/2 or older and have met the 5-year holding period	<input type="checkbox"/> Premature Distribution: I am not age 59 1/2 and the 5-year holding period has not been met
<input type="checkbox"/> Early Distribution - No Exception Applies I am age 59 1/2 and the 5-year holding period has not been met	<input type="checkbox"/> Permanent Disability (pursuant to IRC 72(m)(7))
<input type="checkbox"/> Excess Contribution: Year of excess contribution _____ Amount \$ _____	<input type="checkbox"/> Divorce (you must attach a copy of the divorce decree)
<input type="checkbox"/> Inherited IRA Death Distribution (you must provide a certified copy of the Death Certificate) <b>Complete section 2.1</b>	

## Distribution Form

**2.1 Inherited IRA: What is your relationship to the deceased? (choose one option below and indicate form of distribution)**

<input type="checkbox"/> <b>I am the spouse</b>  <b>How do you intend to distribute this account?</b> <input type="checkbox"/> Spousal Transfer <i>(Treat as Your Own IRA)</i> <input type="checkbox"/> Lump Sum Distribution <input type="checkbox"/> Life Expectancy Method <input type="checkbox"/> I am not sure at this time	<input type="checkbox"/> <b>I am a non-spouse beneficiary</b> <i>(More than 10 years younger)</i>  <b>How do you intend to distribute this account?</b> <input type="checkbox"/> Lump Sum Distribution <input type="checkbox"/> 10-Year Method <i>(Must take life expectancy payments if deceased already started taking RMDs)</i> <input type="checkbox"/> I am not sure at this time	<input type="checkbox"/> <b>I am an eligible designated beneficiary:</b> <i>- a non-spouse less than 10 years younger</i> <i>- a minor child (under age 21)</i> <i>- disabled or chronically ill</i>  <b>How do you intend to distribute this account?</b> <input type="checkbox"/> Lump Sum Distribution <input type="checkbox"/> Life Expectancy Method <input type="checkbox"/> I am not sure at this time
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### 3. DISTRIBUTION DETAILS

**Method of Distribution:**
 Full Distribution/Close This Account  
 Partial Distribution *(only distribute cash/assets as described below)*

- Cash Only: Specific Dollar Amount \$ \_\_\_\_\_ *(If recurring, complete section 3.1 below)*
- In-Kind Asset(s) Listed Below

Asset Name:	Number of Shares, Percentage or Amount

*\*A current Fair Market Valuation (FMV) Form must be filled out (including supporting documentation) for each asset being distributed.*

**3.1 Schedule Recurring\* Cash Distribution**
 Yes *(select frequency below)*     No  
 Monthly    Quarterly    Semi-Annually    Annually  
 Payments to start: Month \_\_\_\_\_ Day *(select one option)*    1st    15th  
*\*This recurring distribution will remain in effect until you provide a written request to cancel or change.*



IRA RESOURCES, INC.

Distribution Form

4. NOTICE OF INCOME TAX WITHHOLDING ON DISTRIBUTIONS

This Does Not Apply To HSA and Coverdell ESA.

Complete both Federal Withholding and State Withholding (State Withholding is for California only) sections below. The distributions you receive from your individual retirement account are subject to federal income tax withholding at a rate of 10%, unless you elect a different amount or elect not to have federal withholding apply.

Please note that if neither election is made, IRAR Trust must automatically withhold 10% of funds.

Federal Withholding

- I elect to NOT have federal income withheld
I elect to have \_\_\_% federal income tax withheld (must be greater than 10%)
In addition to the percentage, I elect to have \$\_\_\_\_\_ federal income tax withheld

State Withholding

- I elect to NOT have state income tax withheld from my distribution
I elect to have \_\_\_% state income tax withheld from my distribution
(State withholding will only be processed for the following state: California)

5. DELIVERY INSTRUCTIONS

How Would Like to Have the Funds Delivered? (check one)

- 1. Wire ACH

Bank Name Bank ABA/Routing Number
Account Name Account Number Checking Savings

Reference Number

- 2. Check

Payee Name Payee Email Address
Payee Street Address City State Zip

How Would You Like the Check Delivered?

- First Class Mail FedEx Overnight Delivery (additional fee applies)
Mail Check to an Address Different From Payee (enter name below) Phone Number (required for overnight check)

Street Address City State Zip



IRA RESOURCES, INC.

QUESTIONS? 888 322 6534
SUBMIT FORM: forms@iraresources.com 858 459 6565 fax

Distribution Form

6. PAYMENT OF IRAR FEES

How Will you Pay for Transaction Fees?
Fees are charged upon form submission. If credit card is declined, fees will be debited from IRA. Transaction will NOT be processed unless fees are paid.
Debit IRAR Account Credit Card (complete credit card information below)
Credit Card Type
Visa Master Card American Express Discover Save this card to my account for future fees.
Name As it Appears on the Card Card Number Expiration Date Security Code
Billing Address Billing City Billing State Billing Zip
By signing below, I authorize my credit card to be charged for the option(s) chosen above. I understand that inaccurate or incomplete credit card information or charges declined by the credit card issuer will delay the processing of the account transaction. Future changes to the option made above must be submitted in writing.
Signature Date

7. ACCOUNT OWNER SIGNATURE AND ACKNOWLEDGEMENT

I certify that I am the proper party to receive payment(s) from this IRA, and that all information provided by me is true and accurate. I acknowledge that I have read the Notice of Income Tax Withholding above and have completed the Withholding Election section 5 above. I further certify that no tax advice has been given to me by IRAR Trust Company, that distributions (except certain transfers) are reported to the IRS, and that all decisions regarding this distribution are my own. I understand and agree that IRAR Trust Company is not responsible for determining the appropriateness of any voluntary withholding election. I expressly assume the responsibility for any adverse consequences which may arise from this distribution, and I agree that IRAR Trust Company shall in no way be responsible for those consequences.
I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief it is true, correct, and complete.
Signature Date

Submission Options

Table with 3 columns: FAX, EMAIL, MAIL. FAX: (858) 459-6565; EMAIL: forms@IRAresources.com; MAIL: IRA Resources, 100 Pringle Ave, Suite 650, Walnut Creek, CA 94596