



IRA RESOURCES, INC.

Distribution Form

1. ACCOUNT OWNER INFORMATION

Form section for account owner information including fields for Full Name, IRAR Account Number, Social Security Number, Email Address, Daytime Phone Number, and Current Mailing Address.

2. DISTRIBUTION DUE TO DEATH

Form section for distribution due to death including a question 'Is This A Distribution Due To Death?' and fields for Beneficiary Name, Beneficiary SSN, Beneficiary Date of Birth, Beneficiary Street Address, Beneficiary City, Beneficiary State, Beneficiary Zip, Beneficiary Email, and Beneficiary Daytime Phone Number.

3. DISTRIBUTION TYPE

Form section for distribution type including a header 'We Report All Distributions to the IRS. We Will Send You a Form 1099-R for Your Records.' and multiple checkboxes for distribution types such as Normal Distribution, Premature Distribution, Required Minimum Distribution, and Special Purpose Plan.



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Distribution Form

4. DISTRIBUTION DETAILS

Method of Distribution: Schedule Recurring\* Cash Distribution
Full Distribution (close account)
Partial Distribution (only distribute cash/assets as described below)
Cash Only: Amount \$
In-Kind Assets(s)\*: Percentage or Amount
\*A current Fair Market Value must be provided to distribute assets in-kind
Yes (select recurrence below) No
Monthly Quarterly Semi-Annually Annually
Date Payments to Commence:
\*This recurring distribution will remain in effect until you provide a written request to cancel or change

5. 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.
Please note that if neither election is made, IRAR Trust must automatically withhold 10% of funds.
Federal Withholding State 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
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

6. 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
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 Overnight Delivery (additional fee applies) Bill to Third Party - Overnight Delivery
FedEx UPS (provide account #):
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

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7. PAYMENT OF IRAR FEES

How Will you Pay for Transaction Fees? (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
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

8. 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.

ACCOUNT OWNER SIGNATURE DATE

Submission Options

Table with 3 columns: FAX, EMAIL, MAIL. FAX: (858) 459-6565; EMAIL: forms@IRAresources.com; MAIL: IRA Resources, 1000 Broadway, Suite 350, Oakland, CA 94607