



IRA RESOURCES, INC.

Distribution Form

1. ACCOUNT OWNER INFORMATION

Form section for Account Owner Information with 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, SSN, Date of Birth, Street Address, City, State, Zip, Email, and Daytime Phone Number.

3. DISTRIBUTION TYPE

Form section for Distribution Type with a header 'We Report All Distributions to the IRS...' and two columns of checkboxes for distribution types such as Normal Distribution, Premature, Required Minimum Distribution, etc.

Distribution Form

4. DISTRIBUTION DETAILS

Method of Distribution:	Schedule Recurring* Cash Distribution
<input type="checkbox"/> Full Distribution (<i>close account</i>) <input type="checkbox"/> Partial Distribution (<i>only distribute cash/assets as described below</i>) <input type="checkbox"/> Cash Only: Amount\$ _____ <input type="checkbox"/> In-Kind Assets(s)*: Percentage or Amount _____ *A current Fair Market Value must be provided to distribute assets in-kind	<input type="checkbox"/> Yes (<i>select recurrence below</i>) <input type="checkbox"/> No <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> 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. 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. If you elect not to have withholding apply to your distribution payments, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for a payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

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

Federal Withholding	State Withholding
<input type="checkbox"/> I elect to NOT have federal income withheld <input type="checkbox"/> I elect to have _____% federal income tax withheld (<i>must be greater than 10%</i>) <input type="checkbox"/> In addition to the percentage, I elect to have \$_____ federal income tax withheld	<input type="checkbox"/> I elect to NOT have state income tax withheld from my distribution <input type="checkbox"/> I elect to have _____% state income tax withheld from my distribution* *State withholding will only be processed for the following state: <i>California</i>

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?			
<input type="checkbox"/> First Class Mail	<input type="checkbox"/> Overnight Delivery <i>(additional fee applies)</i>	<input type="checkbox"/> Bill to Third Party - Overnight Delivery <input type="checkbox"/> FedEx <input type="checkbox"/> UPS (<i>provide account #</i>):	
<input type="checkbox"/> Mail Check to an Address Different From Payee (<i>enter name below</i>)		Phone Number (<i>required for overnight check</i>)	
Street Address	City	State	Zip



IRA RESOURCES, INC.

Distribution Form

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