



Distribution Request Form

PO Box 9
Cedar City, UT 84721
Phone: 888-328-8008
Fax: 435-867-1042

Part 1 Account Owner Information

NAME (as it appears in your plan)	IRA EXPRESS ACCOUNT NUMBER	ACCOUNT TYPE
EMAIL ADDRESS		PHONE NUMBER

Is this a distribution due to a death? ☐ YES (please complete this form) ☐ NO (skip this section)

BENEFICIARY NAME	BENEFICIARY SSN	BENEFICIARY DATE OF BIRTH	BENEFICIARY PHONE NUMBER
BENEFICIARY HOME ADDRESS		BENEFICIARY CITY, STATE, ZIP	

Please provide a copy of the Account Owner's Certified Death Certificate with this form.

Part 2 Type of Distribution

For Distributions from a Traditional, Roth, SEP, or SIMPLE IRA

<input type="checkbox"/> NORMAL DISTRIBUTION (over age 59 ½)	<input type="checkbox"/> DUE TO DEATH (If you are a beneficiary of this account you must furnish a certified copy of the Death Certificate.)
<input type="checkbox"/> EARLY OR PREMATURE DISTRIBUTION (under age 59 ½)	<input type="checkbox"/> Transfer to Beneficiary IRA (spouse/non-spouse)
<input type="checkbox"/> EARLY OR PREMATURE DISTRIBUTION WITH EXCEPTION FOR SUBSTANTIALLY EQUAL PAYMENTS UNDER RULE 72(t)	<input type="checkbox"/> Transfer to own IRA (spouse only)
<input type="checkbox"/> NORMAL DISTRIBUTION FOR A ROTH IRA	<input type="checkbox"/> PERMANENT DISABILITY (pursuant to IRC 72(m)(7))
<input type="checkbox"/> Qualified Distribution (check this box is you are over age 59 ½ and you have satisfied the 5-year holding period)	<input type="checkbox"/> DIVORCE/LEGAL SEPARATION (attach a copy of the divorce decree)
<input type="checkbox"/> REQUIRED MINIMUM DISTRIBUTION (Age 73)	<input type="checkbox"/> EXCESS CONTRIBUTION:
	Year of excess contribution _____ Amount \$ _____
	<input type="checkbox"/> DIRECT ROLLOVER TO AN EMPLOYER PLAN
	<input type="checkbox"/> CHARITABLE GIFT

Part 3 Manner of Distribution

<input type="checkbox"/> FULL DISTRIBUTION (close my account)	Would you like to set-up a scheduled recurring cash distribution?
<input type="checkbox"/> PARTIAL DISTRIBUTION	<input type="checkbox"/> YES (please select frequency below) <input type="checkbox"/> NO
<input type="checkbox"/> CASH ONLY IN THE AMOUNT OF \$ _____	<input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI ANNUALLY <input type="checkbox"/> ANNUALLY
<input type="checkbox"/> IN-KIND ASSET DISTRIBUTION (please describe the asset(s)) _____	Date Distributions to commence: _____

A current Fair Market Value must be provided to distribute assets in-kind.

This recurring distribution will remain in effect until you provide a written request to cancel or change.

Part 4 Notice of Income Tax Withholding on Distributions

The distributions you receive from your individuals retirement account established at this institution are subject to federal income tax withholding unless you elect not to have withholding apply. You may elect not to have withholding apply to your distribution payments by completing the "Withholding Election" section below. If you do not complete the "Withholding Election" section by the date your distribution is scheduled to begin, federal income tax will be withheld from the amount withdrawn at a rate of 10%. 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 payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.



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Part 5 Withholding Election

Choose either Option 1 or Option 2 below:

- ☐ Option 1 Withhold Federal income tax at the rate of _____% (not less than 10%) plus an additional amount of \$_____ from the amount withdrawn.
- ☐ Option 2 Effective _____ (date), I elect not to have Federal income tax withheld. (Must have US Residence address on file.) I understand that I am still liable for the payment of Federal income tax on the taxable amount. I also understand that I may be subject to tax penalties under the estimated tax payment rules, if my payments of estimated tax and withholding, if any, are not adequate.

Part 6 Delivery Information

How would you like IRA Express deliver your distribution? (Please select one of the options below)

☐ WIRE (Please complete a Wiring Instructions Form and attach it to this Distribution Request Form – additional fees apply)

☐ ACH (Please complete an ACH Authorization Form and attach it to this Distribution Request Form)

☐ CHECK

Check Delivery Instructions

PAYEE NAME		TELEPHONE NUMBER	
PAYEE ADDRESS	CITY	STATE	ZIP
DELIVER CHECK BY:			
<input type="checkbox"/> REGULAR MAIL <input type="checkbox"/> OVERNIGHT MAIL (additional fees apply)			

Part 7 Signature & 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 Withholding (Part 4 above) and have completed the Withholding Election (Part 5 above). I further certify that no tax advice has been given to me by the Administrator and/or Custodian that distributions are reported to the IRS, and that all decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Administrator or Custodian 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.

PARTICIPANT OR BENEFICIARY SIGNATURE	DATE
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