

(including SEP, ROTH and Coverdell Education Savings Accounts)

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ACCO	UNT EXECUTIVE'S NAME			PHONE NUMBER	FAX NUMBER		
	Traditional IRA	SEP IRA	Roth IRA Coverdell E	SA Inherited IRA			
	ACCOUNT HOLL	DER IN	FORMATION				
NAME					SOCIAL SECURITY NUMBER		
ADDR	ESS						
СІТУ				STATE	ZIP CODE		
DATE	OF BIRTH		DAYTIME PHONE NUMBER	EMAIL ADDRESS			
INVES	TMENT FIRM & ACCOUNT NU	MBER					
2	REASON FOR D	ISTRIB	SUTION (Please select one op	tion)			
	Normal		nt is over age 59 ½				
	Conversion IRA Conversion to Roth IRA, complete Section 3 - Account Type and Other						
	Disability	Disability Recipient certifies that he/she is disabled within the meaning of Code §72(m)(7)					
	Annuitized	Recipient receives distributions, which are part of a series of substantially equal periodic payments (not less frequent than annually) for the later of 5 years or age 59 ½, as stated under Code §72(t)(2)(A)(iv).					
	Premature	Recipier tax advi	_	d. A 10% penalty may result. Fo	or Roth IRAs: Rules vary; consult with your		
		See Sec	tion 7 for additional required inforr	nation.			
	Death	Beneficiary of deceased account holder completes form. A certified copy of death certificate with raised seal and beneficiary's social security number, address, and date of birth are required. If the beneficiary is an estate, Letters Testamentary/Administration are required. If beneficiary is a Trust, a copy of the Trust is required.					
	Divorce		a certified copy of the divorce decree ddress, and letter of instruction.	with raised seal, along with forr	mer spouse's social security number, date of		
	Contribution Recharacterization	Recharacterizing an IRA contribution to another type of IRA, you must designate the year for which the recharacterization applies. Year					
	Education	Distributions used for qualified higher education expenses. These expenses include tuition fees, books, supplies, equipment, amounts contributed to a qualified state tuition program, and room and board.					
	Direct Rollover	Comple	te Section 3 - Account Type and Other	•			
		Remova	al is being made 🔲 Before 🔲 Afte	er (Year of Excess Contribution _) tax filing deadline.		
	Removal of Excess		e , please provide the amount of earnin Amount: \$ Earnir	ngs as these must be withdrawr ngs Amount: \$	n and are subject to tax withholding.		
		Please	note: If the account is a Coverdell Es	SA, interest must always be wi	thdrawn.		
Note	: Please consult with y	our tax ar	nd/or legal advisor on the enforceabilit	ty of your beneficiary designation	on under your particular state laws.		



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3 WHERE SHO	OULD WE SEN	ID YOUR DISTRIBUTION	?				
Please select only one	choice:						
Home Address							
_	nt Number						
	r Direct Rollover (Sele						
☐ Traditional IR	A Roth IR.	A Retail Account	∐ Employe	r Sponsored Plan			
Other - Please pro	ovide mailing and de	eposit instructions below.					
FINANCIAL INSTITUTION				TAX ID NUMBE	ER .		
ACCOUNT NAME		ACCOUNT NUMBER		ROUTING NUM	APED		
ACCOUNT NAME		ACCOONT NOMBER		NOOTING NON	IDEN		
MAILING ADDRESS				PHONE NUMB	ER		
CITY			STATE		ZIP CODE		
CITT			SIAIL		ZIF CODE		
4 TELL US AB	OUT YOUR DIS	STDIRIITION					
Check the appropriate		STRIBUTION					
	*This election will clo	ose your account.	Partial Distribu	ıtion			
A. Cash Only							
	s Only (Please list bel	ow)					
_	Securities \$		curities below)				
D. Distributi	ion of IRA assets with	nout a readily available Fair Market V	alue (Distributio	on Code K)*			
Information requi	ired for assets to be	reregistered or liquidated per B, C,	or D above:				
		omplete list of all assets (including a distribution. It is recommended the					
information to pro	ocess your request.	Equity Trust Company is not respo					
	account statement		111				
	I I	s for a definition of assets not havi	ng a readily ava	iliable Fair Market va	aiue.		Fund/
Liquidate/Reregister (Please check one)	How Many Shares, Units, or \$ Amount	Name of Asset		Account N	umber	Broker Held	Fund/ Agent Held
☐ L ☐ R							
☐ L ☐ R							
☐ L ☐ R							
L R							
☐ L ☐ R							
Frequency of Distrib	ution (please check	(one):					
Monthly		Semi-Annually	☐ One Time	2			
Note: Periodic distr	ibutions will begin w	rhen form is received by Trustee.					



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5 I	MPORTA	NT INFORMA	TION REGARDING TAX	X WITHHOLDING			
To Rot	th IRA Holder	s: Federal Income	Taxes only apply to the earning	gs on non-qualified distributions.			
Form	W-4P Depar	tment of the Trea	asury, Internal Revenue Servic	ce, OMB No. 1545-0074 (See IRS F	orm W-8BEN if you are a foreign person).		
holdir requir	ng by checkir es state with	ng the appropriate	box below. If no election is ma unt may be withheld also. Pena	nde, we must withhold taxes at the i	ion of this form. You may elect out of this with- equired flat 10% rate. If you live in a state that imated tax rules if your withholding and/or		
Select	all that appl	y:					
 □ c	Option 1	Lelect to have no	taxes withheld from my retiren	nent account distribution.			
	option 2			% from my distribution.	1070). Withhold an additional amount		
_							
			or% state				
If you	have indicate	ed above that you	are taking partial distributions,	your withholding election shall ren	nain in effect until it is revoked by you.		
6 5	SIGNATUI	RE and DATE					
For a 0	Coverdell Edu	ıcation Savings Ac	count, responsible individual m	nust sign if designated beneficiary is	a minor.		
SIGNAT	URE				DATE		
			y Trust Company, or you may fa: se call our Client Contact Cente		02-999-9554. If you have any questions regard-		
ing til	e completion	Tor triis form, piea	se can our cheffi contact cente	1 at 600-209-9010.			
7 F	REQUIRE	D FOR BENE	FICIARY DISTRIBUTIO	ONS			
	REQUIRE CIARY'S NAME	D FOR BENE	FICIARY DISTRIBUTIO	DNS	BENEFICIARY'S SOCIAL SECURITY NUMBER		
BENEFI	CIARY'S NAME	D FOR BENE	FICIARY DISTRIBUTIO	ONS	BENEFICIARY'S SOCIAL SECURITY NUMBER		
	CIARY'S NAME	D FOR BENE	FICIARY DISTRIBUTIO	DNS	BENEFICIARY'S SOCIAL SECURITY NUMBER		
BENEFI	CIARY'S NAME	D FOR BENE	FICIARY DISTRIBUTIO	STATE	BENEFICIARY'S SOCIAL SECURITY NUMBER ZIP CODE		
ADDRE:	CIARY'S NAME	D FOR BENE	FICIARY DISTRIBUTIO				
ADDRE:	CIARY'S NAME		DAYTIME PHONE NUMBER		ZIP CODE		
ADDRE:	CIARY'S NAME SS		DAYTIME PHONE NUMBER	STATE	ZIP CODE		
ADDRES CITY BENEFIC	CIARY'S NAME SS CIARY'S DATE OF		DAYTIME PHONE NUMBER Substitute Form W-9 (See IR:	STATE ACCOUNT HOLDER'S DATE OF DEA	ZIP CODE		
ADDRE: CITY BENEFIC	CIARY'S NAME SS CIARY'S DATE OF	: _{ВІКТН} : perjury, I certify t	DAYTIME PHONE NUMBER Substitute Form W-9 (See IR:	STATE ACCOUNT HOLDER'S DATE OF DEA	ZIP CODE TH n person)		
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8 ADDITIONAL INFORMATION

Federal Withholding (Purpose of IRA Form W-4P).

You must elect whether to have federal income tax withheld from your IRA distribution. Roth IRA distributions are not subject to federal income tax withholding. You can make this election on this substitute Form W-4P or you can attach an actual Form W-4P. Unless elected otherwise, IRA distributions will have federal income tax withheld at a flat rate of 10 percent. You may use this form to elect to have no income tax withheld (except for payments to US citizens delivered outside the US or its possessions), or to have 10 percent or more withheld.

Check the box reflecting your choice. Your election will apply to any later distributions from the same IRA. You may revoke your previous election from withholding by completing a new Form W-4P with your custodian/trustee. Copies of Form W-4P will not be sent to the IRS by the payer.

Statement of Income Tax Withheld from Your IRA. By January 31 of each year, you will receive a statement from our payer, generally your IRA custodian/trustee, showing the total amount of your IRA payments and the total income tax withheld for the previous year.

Payments outside the US. An election to be exempt from income tax withholding does not apply to any periodic payment or non-periodic distribution that is delivered outside the US or its possessions to a US citizen or resident alien. Other recipients who have these payments delivered outside the US or its possessions can elect exemptions only if an individual certifies to the payer that the individual is not: (1) a US citizen or resident alien, or (2) an individual to whom Section 877 of the Internal Revenue Code applies (concerning expatriation to avoid tax). The certification can be made in a statement to the payer under penalties or perjury.

Penalties. There are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. IRS Publication 505 explains the estimated tax requirements and penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your IRA using Form W-4P.

State Withholding. Your state may allow or require state income tax withholding on any taxable distribution.