



# IRA Distribution Request

- Traditional IRA     SEP /IRA     Roth IRA     Coverdell Education Savings Account

## 1. Customer Information (Please Print)

Name \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Account Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

## 2. Reason for Distribution (Please Select Only One Choice)

- Normal      Recipient is over age 59 ½.
- Disability    Physician's statement or social security certification is necessary.
- 72T          Recipient receives distributions, which are part of a series of substantially equal periodic payments (not less frequent than annually) based on life expectancy of account holder.
- Premature    Recipient is under age 59 ½ and not disabled. A 10% penalty may result. Roth: Rules vary; consult with your tax advisor.
- 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 required. If beneficiary is a Trust, a copy of the Trust is required.
- Contribution Recharacterization    Recharacterizing an IRA contribution to another type of IRA for the year
- Removal of Excess Contribution    Removal is being made     Before     After tax filing dead line.  
If before, please provide amount of earnings as these must be withdrawn and are subject to tax withholding.  
\$ \_\_\_\_\_ Excess Amount    \$ \_\_\_\_\_ Earnings Amount

## 3. Where Should Distribution?

Address of Record

Journal to Penson Account

3<sup>rd</sup> Party Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wire Instructions

\_\_\_\_\_ Name of Financial Institution.

\_\_\_\_\_ ABA (For Wire):

\_\_\_\_\_ Account Number

\_\_\_\_\_ Name of Account

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, Zip

4. Tell Us about Your Distribution (Check the appropriate boxes)

- Total Distribution
- Partial Distribution
  - A.  Cash Only \$ \_\_\_\_\_
  - B.  Securities Only (Please List Below)
  - C.  Cash and Securities \$ \_\_\_\_\_ (List Securities below)

Shares	Cusip	Symbol

Frequency of Distribution (Please check)     Monthly     Quarterly     Annually     One Time

If automated distribution is to be sent t by check please choose following date the distribution will be issued :  1     15  
 If distribution is to be sent by ACH please attach ACH Authorization form.

5. Important Information Regarding Tax Withholding (To Roth IRA Holders: Federal Income Taxes only apply to the earnings on non-qualified distributions.)

Federal Income Taxes must be withheld from distributions unless the recipient elects not to have withholding apply. You may elect out of this w withholding by checking the appropriate box below. If no election is made, we must with hold taxes at The required flat 10% rate. If you live in a state that t requires state with holding, that amount may be withheld also. Penalties may be incurred under the estimated tax rules if your with holding and/or estimated tax payments are not sufficient.

Choose One:

- Option 1    I elect to have no taxes withheld from my retirement account distribution.
- Option 2    I want taxes withheld from my retirement account distribution at a rate of \_\_\_\_\_ % plus an additional \$ \_\_\_\_\_.
- Option 3    I wan t taxes withheld in the amount of \$ \_\_\_\_\_.

6. Your Signature and Date (If Coverdell Education Savings Account t, responsible individual must sign if designated beneficiary is a minor.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Office Approval