

# Retirement Account Distribution

This form is used to request a one-time distribution of assets or to set up periodic distribution of assets from Traditional, SEP, SIMPLE, Roth and Inherited IRAs. Please read the attached instructions. Use of this form will result in a reportable distribution to the Internal Revenue Service and state tax authorities, as required.

## STEP 1. ACCOUNT OWNER INFORMATION

First Name	Middle Initial	Last Name
Date of Birth	Social Security Number	Account Number           -
Address	City	State   Zip Code

## STEP 2. REQUEST REASON

- Normal** – age 59 ½ or older, including RMDs if applicable
  - Early** – Under Age 59 1/2, no known exceptions
  - Roth**
    - Has the 5-year requirement been met?  Yes  No
    - Is the account holder over age 59 1/2?  Yes  No
  - Roth Conversion**- (Traditional IRA to Roth)
  - SIMPLE IRA**– Provide the date that the SIMPLE IRA was originally funded \_\_\_\_\_
  - Substantially Equal Series** – as defined in IRC Section 72(t) \*
  - Permanent Disability** – within the meaning of IRC Section 72(m)(7)\*\*
  - Due to Death from Inherited/Beneficiary Account** – including RMDs due to death if applicable
  - Return of Excess Contribution for Tax Year** \_\_\_\_\_
    - Is excess being removed prior to the tax return due date, including extensions  Yes  No
    - Specify excess amount, month, day, and year contribution was made: \$ \_\_\_\_\_ D: \_\_\_\_\_  
Earnings accrued on excess contribution (see instructions) \$ \_\_\_\_\_
- Recharacterization:** I authorize COR Clearing to recharacterize: \*\*\*
- Roth Conversion of \$ \_\_\_\_\_ made on date: \_\_\_\_\_
  - Contribution of \$ \_\_\_\_\_ made on date: \_\_\_\_\_

SELECT ONE REASON FOR ONE-TIME ASSET MOVEMENT OR PERIODIC INSTRUCTIONS ONLY.

DO NOT USE THIS FORM TO REQUEST A TRUSTEE-TO-TRUSTEE TRANSFER OR DIRECT ROLLOVER OF ASSETS TO ANOTHER IRA. SEE INSTRUCTIONS FOR FURTHER INFORMATION.

\*SUBMIT THE APPROVED IRS CALCULATION TO DETERMINE THE AMOUNT UNDER 72(T)

\*\*PROVIDE SOCIAL SECURITY CERTIFICATION, IRS SCHEDULE R OR A PHYSICIAN'S STATEMENT

\*\*\*RECHARACTERIZATIONS SHOULD INCLUDE NET INCOME ATTRIBUTABLE CALCULATIONS WHICH IS THE RESPONSIBILITY OF THE CLIENT. CONSULT YOUR TAX ADVISOR FOR MORE INFORMATION.

## STEP 3. TRANSACTION TYPE

- Total distribution** –account will be closed
- One-Time Partial Distribution**
  - Gross  Net  RMD
  - Distribution Amount \$ \_\_\_\_\_
  - Distribute securities via Account Transfer (indicate symbol, description and quantity)

SYMBOL	DESCRIPTION	SHARE CLASS	QUANTITY

- Periodic Distribution**
  - Set up New Instructions  Change of Instructions
  - Distribute \$ \_\_\_\_\_ per payment  Distribute RMD
  - Distribute the earnings (dividends and interest) from my account

**Frequency**

Weekly  Semi-Monthly  Monthly  Quarterly  Semi – Annually  Annually

Start Date (mm/dd/yyyy)

SELECT ONE DISTRIBUTION METHOD IF NEITHER GROSS NOR NET IS SELECTED, GROSS WILL BECOME THE DEFAULT

**FOR OFFICE USE ONLY**

GROSS \_\_\_\_\_

FEES \_\_\_\_\_

FEES \_\_\_\_\_

FEDERAL \_\_\_\_\_

STATE \_\_\_\_\_

NET DIST \_\_\_\_\_

Account Number:					-				
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**STEP 4. TAX WITHHOLDING ELECTION**

See instructions for additional information regarding withholding elections

**Federal Income Tax Withholding**

- Do NOT withhold** federal income tax from the gross distribution amount  
(Not applicable to distributions subject to mandatory withholding)
- Withhold** \_\_\_\_\_% or \$ \_\_\_\_\_ of federal income tax from the gross distribution amount  
Must be at least 10% of gross distribution amount.

IF YOU ELECT WITHHOLDING ON A DISTRIBUTION OF SECURITIES, THE VALUE OF THE SECURITIES REPRESENTS YOUR NET AMOUNT. PLEASE ENSURE THAT YOU HAVE SUFFICIENT CASH AVAILABLE TO PROCESS.

**State Income Tax Withholding**

- I declare my permanent state of residence is \_\_\_\_\_. (If blank, default is address on record).
- Do NOT withhold** state income tax from the distribution. (Not applicable to all states.)
  - Withhold** \_\_\_\_\_% or \$ \_\_\_\_\_ of state income tax.

**STEP 5. METHOD OF DELIVERY**

- Check or Security Certificate(s)** in the name of the account owner to the address of record.
  - Overnight check delivery. (Fees apply)
  - Saturday Overnight check delivery
  - Alternate Address for check or security.

IF NO SELECTION IS MADE, THE DEFAULT IS A CHECK DELIVERED BY FIRST CLASS MAIL.

Address		
City	State	Zip/Postal Code

OVERNIGHT DELIVERY AND ALTERNATE ADDRESS ARE NOT AVAILABLE FOR PERIODIC PAYMENTS

- ACH:**
  - On File**     **New Instructions** (a MoneyLink Form and a voided check required)

- Journal Entry** to the following COR Clearing account:

Account Number
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- Federal Fund Wire** (Fees will be assessed.)

ABA/Routing Number		DDA/Bank Account Number	
Bank Name			
City	State	Zip/Postal Code	
Intermediary Bank Info (if applicable)			

FEDERAL FUND WIRES ARE NOT AVAILABLE FOR PERIODIC PAYMENTS

**STEP 6. SIGNATURE**

I certify that I am authorized to receive payments from this IRA and that all information provided by me is true and accurate. I have received a copy of the Withholding Notice information. No tax advice has been given to me by the trustee or custodian. All decisions regarding this withdrawal are my own, and I expressly assume responsibility for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from processing this withdrawal authorization.

**Account Holder**

Account Owner Signature ✕	Print Name	Date
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Broker Signature ✕	Print Name	Date
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General Principal Signature ✕	Print Name	Date
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*Original signature required; electronic signatures and/or signature fonts are not authorized.  
Broker and/or Principal Signatures required.*