



IRA RESOURCES, INC.

Distribution Form

1. ACCOUNT OWNER INFORMATION

Form section for account owner information including fields for Full Name, IRAR Account Number, Social Security Number, Email Address, and Current Mailing Address.

2. DISTRIBUTION TYPE

We report all distributions to the IRS. We will send you a form 1099-R for your records.

Main distribution type selection form with columns for Traditional IRA, SEP IRA, SIMPLE IRA, and Roth IRA, listing various distribution options like Normal Distribution, Required Minimum Distribution, etc.

2.1 What is your relationship to the deceased? (choose one option below and indicate form of distribution)

Form section for relationship to the deceased, with options for 'I am the spouse' and 'I am a non-spouse beneficiary', each with sub-options for distribution methods.



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3. DISTRIBUTION DETAILS

Method of Distribution:

- Full Distribution/Close This Account
Partial Distribution (only distribute cash/assets as described below)
Cash Only: Specific Dollar Amount \$ (If recurring, complete section 3.1 below)
In-Kind Asset(s) Listed Below A current Fair Market Value must be provided to distribute assets in-kind

Table with 2 columns: Asset Name, Number of Shares, Percentage or Amount

3.1 Schedule Recurring* Cash Distribution

- Yes (select frequency below) No
Monthly Quarterly Semi-Annually Annually
Payments to start: Month Day (select one option) 1st 15th
*This recurring distribution will remain in effect until you provide a written request to cancel or change.

4. 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.

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

Federal Withholding

- I elect to NOT have federal income withheld
I elect to have % federal income tax withheld (must be greater than 10%)
In addition to the percentage, I elect to have \$ federal income tax withheld

State Withholding


- I elect to NOT have state income tax withheld from my distribution
I elect to have % state income tax withheld from my distribution
(State withholding will only be processed for the following state: California)

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5. DELIVERY INSTRUCTIONS

How Would Like to Have the Funds Delivered? <i>(check one)</i>			
1. <input type="checkbox"/> Wire <input type="checkbox"/> ACH			
Bank Name		Bank ABA/Routing Number	
Account Name		Account Number <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Reference Number			
2. <input type="checkbox"/> 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"/> FedEx Overnight Delivery <i>(additional fee applies)</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

6. PAYMENT OF IRAR FEES

How Will you Pay for Transaction Fees?			
Fees are charged upon form submission. If credit card is declined, fees will be debited from IRA. Transaction will NOT be processed unless fees are paid.			
<input type="checkbox"/> Debit IRAR Account		<input type="checkbox"/> Credit Card <i>(complete credit card information below)</i>	
Credit Card Type			
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Save this card to my account for future fees.			
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
			



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7. 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 4 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.

Signature	Date
➔	

Submission Options

FAX	EMAIL	MAIL
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