

WHEN TO USE THIS FORM

When you want to receive a distribution from your Equity Trust Company account, completion of this Distribution Form is necessary.

Note: When taking a Premature or Non-Qualified Distribution, you may be subject to tax consequences.

FEES

FEES:

- \$200.00 fee for Total Distribution/Account Termination
- \$100.00 per asset re-registration fee for all Non-Traditional Assets
- \$50.00 fee for Expedited Processing Service
- \$30.00 fee for Wiring Funds
- \$25.00 fee for Cashiers Check
- \$25.00 fee for Overnight (required for Cashiers Checks)
- \$5.00 Document Processing Fee
- No charge for normal processing

PROCESSING TIMES:

- Cash Distribution: 3-5 business days
- Traditional Asset Distribution (stocks etc.): 5-7 business days
- Non-Traditional Assets: approximately 15 business days

CONTACT INFORMATION

PHYSICAL ADDRESS:

Equity Trust Company
1 Equity Way
Westlake, OH 44145

PHONE NUMBER:

(440) 323-5491

WEBSITE:

www.trustetc.com

For assistance, please
contact a member of your First
Class Service Team at:

TOLL FREE:
(877) 693-8208

Or e-mail questions to:

E-MAIL:
help@trustetc.com

INSTRUCTIONS & GUIDELINES

When completing your Distribution Form, please follow these guidelines:

- Be sure to fill out the entire Distribution Form
- When seeking an Asset Distribution, be sure to fill out a Fair Market Valuation Form
- When seeking a Cash Distribution, be sure to specify your desired payment type
- When selecting a method of disbursement, be sure to review the fees associated with each method
- If seeking a wire transfer, be sure to contact your bank to determine the proper routing procedures
- Be sure to sign and date ALL necessary fields of the Distribution Form

For assistance, please contact a member of your First Class Service Team.

SUBMISSION OPTIONS

BY FAX:

Normal Processing (440) 366-3751

Expedited Processing (440) 366-3756*

*Any forms sent through this fax line will be charged the \$50 Expedited Service Fee.

OVERNIGHT:

Equity Trust Company
1 Equity Way
Westlake, OH 44145

REGULAR MAIL:

Equity Trust Company
P. O. Box 451340
Westlake, OH 44145

BY E-MAIL:

help@trustetc.com*

*If submitting an Expedited request via email please include "Expedited" in the Subject line.

DO NOT FAX OR MAIL THIS COVER PAGE

INVESTMENT PRODUCTS: NOT FDIC INSURED - NO BANK GUARANTEE - MAY LOSE VALUE

1 ACCOUNT HOLDER INFORMATION

ACCOUNT HOLDER NAME		ACCOUNT NUMBER		ACCOUNT TYPE <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> CESA <input type="checkbox"/> HSA
ADDRESS				
CITY	STATE	ZIP CODE		
EMAIL ADDRESS	SOCIAL SECURITY NUMBER	BIRTH DATE		

2 PROCESSING (SELECT ONE OPTION)
 EXPEDITED PROCESSING SERVICE* (\$50.00)

 NORMAL PROCESSING SERVICE

If there is sufficient cash in your account to process the transaction, expedited processing requests will generally be completed in approximately one business day unless corrections are required.

Normal processing will be completed in approximately three business days unless corrections are required.

**Although the feature does not guarantee same day service, it does guarantee that your request will be processed before other non-expedited requests.*

3 TYPE OF DISTRIBUTION (Please select one option)
 Normal: Age 59-1/2 or older

 Premature: Under 59-1/2 *(Possible tax consequences.)*
 Premature Distribution Exception: *(For an IRS levy only)*

 Death Distribution: *(A copy of the Death Certificate will need to be provided.)*
 Timely refund of excess or nondeductible contribution PLUS earnings. For Tax Year _____

 Refund of principal amount of excess contribution AFTER tax filing date. For Tax Year _____

 Distribution due to divorce or separation. *(Attach a copy of the court ordered document verifying share breakdown.)*
 Revocation: *(Must be within 7 days of account establishment.)*
70-1/2 REQUIRED DISTRIBUTION*
 First year of Required Distributions (70-1/2 this year)

 Previously taken a Required Distribution (over 70-1/2)

 Charitable Contribution (over 70-1/2)

 Waiver - I elect that I will take my required distribution from a similar type of IRA maintained by another custodian/trustee.

**Due to changing market value and changing account value, Required Distributions cannot be placed on Annual Payables. You may choose monthly or quarterly payables.*

FOR CESA DISTRIBUTIONS ONLY
 Qualified Educational Expense

 Premature Distribution

FOR HSA DISTRIBUTIONS ONLY**
 Qualified Medical Expenses

 Non-qualified: Under 65 *(possible tax consequences and 10% penalty)*
 Non-qualified: Over 65 *(possible tax consequences)*

***Responsibility for ensuring that funds are used for qualified medical expenses fall solely on the account holder and not the trustee or custodian.*

Account Number _____

4 DISTRIBUTION INSTRUCTIONS
 Complete Distribution (Account to be closed - Expedited Processing Not Available)
 (See the "IRA Fee Schedule" or your Account Agreement for the Termination/Closing Fee.)

 Partial/One-Time Distribution
 All Available Cash

 Total Gross Amount of Available Cash \$ _____

 Partial/One-Time In-Kind Asset Distribution - Fair Market Valuation Form must be completed for each non-traditional asset.

ASSET NUMBER (IRN)	ASSET DESCRIPTION	# OF SHARES/UNITS OR AMT

 Stocks, Bonds and/or Mutual Funds - These assets will be distributed at fair market value.

Stocks or mutual funds held in your account must be liquidated prior to taking a distribution. Please contact our Brokerage team to request the liquidation.

5 RECURRING DISTRIBUTION INSTRUCTIONS
 NEW/SET-UP
 STOP/CANCEL EXISTING
 CHANGE OF INSTRUCTIONS
Specify Frequency and Dates:
 Monthly Quarterly Beginning Date: _____ Continue Until: _____

(If no date is chosen, distributions will be made on the 25th of the month, provided funds are available.)
Amount Requested:
 All Available Cash A total gross amount of \$ _____

NOTE: If requesting a recurring distribution by ACH a specific amount is required.

ASSET DESCRIPTION #1	ASSET DESCRIPTION #2
ASSET DESCRIPTION #3	ASSET DESCRIPTION #4

 Total gross amount of \$ _____ via systematic withdrawal from the following funds (i.e., mutual funds):

NAME	AMOUNT
NAME	AMOUNT
NAME	AMOUNT

* Please be sure to complete Section 8.

Account Number _____

6 METHOD OF DISBURSEMENT
 SEND FUNDS BY WIRE** (\$30.00 DOMESTIC/\$50.00 INTERNATIONAL)

BANK NAME	FOR CREDIT TO		
ABA ROUTING # (9 DIGITS)*			FOR FURTHER CREDIT TO
ACCOUNT NUMBER	FOR FURTHER CREDIT TO ACCOUNT NUMBER		

*Be sure to contact your bank to verify the proper routing number for wire transfers. Note: Additional information may be required for international wires, contact a Client Services Representative for assistance.

 SEND FUNDS BY CHECK**

MAKE CHECK PAYABLE TO			
MAIL CHECK TO			
ADDRESS	CITY	STATE	ZIP CODE
<input type="checkbox"/> CASHIER'S CHECK* (\$25.00) <input type="checkbox"/> REGULAR CHECK OVERNIGHT MAIL (\$25.00) <input type="checkbox"/> REGULAR CHECK REGULAR MAIL (NO CHARGE)			

*Overnight Mail Required **Funds will be sent via check if no option is chosen.

 SEND FUNDS BY ACH (NOT AVAILABLE FOR PARTIAL/ONE-TIME OR COMPLETE DISTRIBUTION)**

BANK NAME	FOR CREDIT TO		
ABA ROUTING # (9 DIGITS)*			FOR FURTHER CREDIT TO
ACCOUNT NUMBER	FOR FURTHER CREDIT TO ACCOUNT NUMBER		

*Be sure to contact your bank to verify the proper routing number for wire transfers.

FOR HSA DISTRIBUTIONS ONLY
 SEND CHECK TO MEDICAL PROVIDER FOR PAYMENT

ACCOUNT NAME	ACCOUNT NUMBER		
PROVIDER NAME			
PROVIDER ADDRESS	CITY	STATE	ZIP CODE

7 PAYMENT OF FEES

How would you like to pay for any service-related fees associated with this transaction?

Choose a payment method: Deduct Fees from Account Check Enclosed Credit Card on file

NOTE: By checking credit card on file, you authorize Equity Trust Company to charge your credit card on file for all service-related fees associated with this transaction (if applicable). **To change or update a credit card, please complete and submit the *Credit Card Form*.**

Account Number _____

8 TAX WITHHOLDING ELECTION

FEDERAL WITHHOLDING ELECTION. Federal income tax law requires that federal income tax be withheld at a rate of 10 percent unless you indicate otherwise. **Exceptions include: CESA, HSA, and Roth IRA accounts.**

- I **do not** want federal income taxes withheld from my IRA distribution.
- In addition to the 10 percent withholding of federal income taxes from my IRA distribution, please withhold an additional (specify amount or percentage rate). I want an additional \$ _____ or _____% (percentage in whole numbers only) withheld.

NOTE: If federal income tax is NOT withheld, state income tax DOES NOT apply (with the exception of Delaware).

STATE INCOME TAX. Requirements vary by state. Mandatory for **AR, DE, IA, KS, MA, ME, NE,** or **OK** residents if federal income tax is withheld. **MI Residents:** If you elect out of state withholding, you are certifying that your distribution is not taxable because you were born before 1946 or you believe you will **not** have a balance due on your Michigan Individual Income Tax Return **MI-1040**.

- I **do not** want state income taxes withheld from my IRA distribution.
- I **do** want my applicable state income taxes withheld from my IRA distribution. Indicate amount to be withheld _____%
- I **do** want my applicable state income taxes withheld from my IRA distribution plus an additional (specify amount or percentage rate). \$ _____ or _____% (percentage in whole numbers only).

9 SIGNATURES

By signing this form, I understand and agree that this authorization will remain valid until a written revocation is received by Equity Trust Company. Also, my federal or state income tax withholding election is applicable to any subsequent distribution until it is revoked by me under the procedure established by the custodian, Equity Trust Company.

I certify that I am the proper party to receive payment(s) from this IRA and that all information provided is true and accurate. I expressly assume the responsibility for any tax implications and any adverse consequences which may arise from this withdrawal, and I agree that Equity Trust Company shall in no way be held responsible. I have not received any tax or legal advice in connection with this distribution from Equity Trust Company or any of its affiliates. I understand the tax implications of this distribution and understand that it is my responsibility to determine the taxable amount of this distribution.

Signature of Account Holder

Date

Signature of Custodian

Date

STATE INCOME TAX WITHHOLDING REQUIREMENTS	
State of Residence	State Income Tax Withholding
AK, FL, HI, NH, NV, SD, TN, TX, WA, WY	State income tax is not allowed.
	State Income Tax Withholding is Voluntary
AL, AZ, CO, CT, D.C., ID, IL, IN, KY, LA, MD, MN, MO, MS, MT, NJ, NM, NY, ND, OH, PA, RI, SC, UT, VA, WI, WV	<ul style="list-style-type: none"> • We will withhold state income tax only if you instruct us to do so. • You must indicate the amount to withhold. • For CT, MD, NJ & NY amounts must be whole dollars. • For PA, if you choose to withhold it must be at 3.07%. • D.C. - Periodic distributions only
	State Income Tax Withholding is Mandatory Where Federal Withholding Applies
CA, GA, NC, OR, VT	If federal tax is required we will withhold the following unless you indicated otherwise: CA - 10% of federal tax withheld GA - 6% of gross distribution NC - 4% of gross distribution OR - 8% of gross distribution VT - 27% of federal tax withheld (2.7% of gross distribution)
	State Income Tax Withholding is Mandatory Where Federal Withholding Applies
AR, IA, KS, ME, MA, NE, OK	If federal tax is withheld you cannot opt out of state withholding. We will withhold as indicated: AR - 3% of gross distribution IA - 5% of gross distribution KS - 5% of gross distribution ME - 5% of gross distribution MA - 5.3% of gross distribution NE - 5% of gross distribution OK - 5% of gross distribution
	State Income Tax Withholding
D.C.	Mandatory if lump sum distribution and not a direct rollover - 8.95% of distribution
DE	Mandatory whether or not federal income tax is withheld unless opt-out (5% of gross distribution)
MI	Required unless you certify that your distribution is not taxable because you were born before 1946 or you believe you will not have a balance due on your Michigan Individual Income Tax Return, Form MI-1040. 4.35% of taxable distribution
NOTE 1:	The above applies to residents of each respective state. Special rules apply if you live in a foreign country, are not a U.S. Citizen, or are a non-resident alien.
NOTE 2:	The above is provided as a guideline only, and is not advice regarding withholding. State law is subject to change and Equity Trust is not responsible for changes in state law that may affect the accuracy of the above. Please contact your tax advisor before making an election regarding state withholding.