

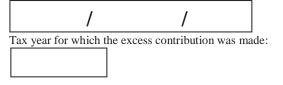
IRA DISTRIBUTION REQUEST

(PLEASE READ THE ATTACHED INSTRUCTIONS)

□ Traditional IRA □ SEP

III. Type of Distribution (Select <u>one</u>)

- Normal (Age 59 ¹/₂ and older)
- Premature (Under age 59 ¹/₂)
- Excess Contribution Removal Date on which excess contribution was made:



I am requesting this return of excess contribution:

Before	tax	filing	deadline	After	tax	filing	deadli	ne

Re-characterization to Roth IRA

Address:

Date of deposit to re-characterize:

/	/
Tax year for which t	he deposit was made for:

Direct Rollover to Employer Plan (Provide the Plan Name in Space below);

Qualified Plan Type_____

City:____

Memo:

Death

Revocation (taken within 7 calendar days from the date account was opened)

_ _ _ _ _ _ _ _ _ _ _

Prohibited Transaction (A prohibited transaction is a transaction between a plan and a disqualified person that is prohibited by law.

I. Account Holder's Information (Complete all sections)

Name (please print):			
Account Number	:		
Social Security N	umber: –		
Date of Birth:	/	1	
	1	/	

Beneficiary (or Former Spouse) Information (Complete all sections)

NOTE: This section should be completed by a beneficiary taking a Death Distribution or a former spouse taking a distribution as a result of a property settlement. DO NOT use this section to name or change your beneficiary (ies).

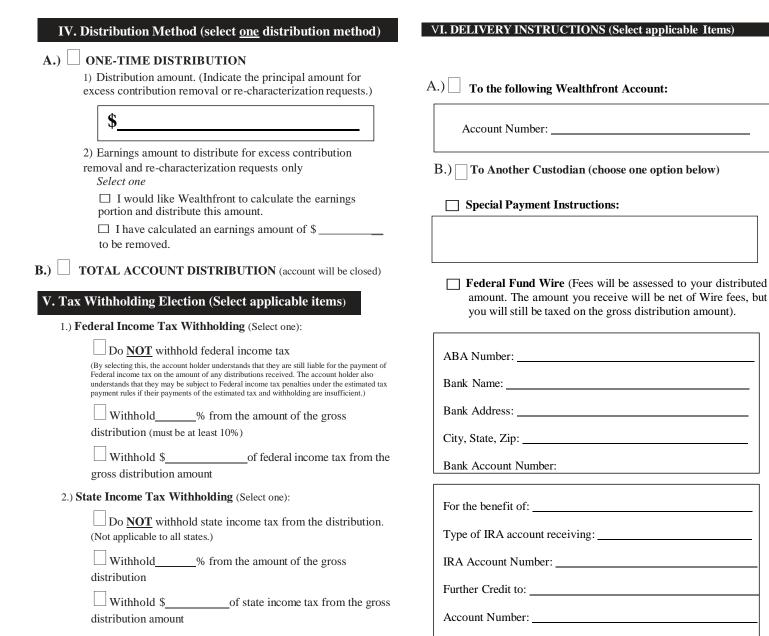
Name	(please	print):	

Account Number:

Social Security N	umber: _	_	
Date of Birth:	/	/	
Relationship:			

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VII. SIGNATURE (This request cannot be processed without account holder's signature.)

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 further certify that no tax advice has been given to me by the Trustee or Custodian. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Trustee or Custodian shall in no way be held responsible.

(IRA Holder or Beneficiary)

(Date)

(Broker Approval Signature)

(Date)