

ROTH DISTRIBUTION REQUEST (PLEASE READ THE ATTACHED INSTRUCTIONS)

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

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

II. Beneficiary (or Former Spouse) Information

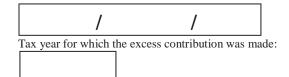
NOTE: This section should be completed by a beneficiary taking a Death Distribution or a former spouse taking a distribution as a result of a property settlement. DO NOT use this section to name or change your beneficiary (ies).

Name (please print):			
Account Number:			
Social Security Numb	er: –	_	
Date of Birth:	/	/	
Relationship:			

III. Type of Distribution (Select one)

Qualified (Roth IRA greater than five years old, age 59 ½ and older, Death or Disability if Roth IRA greater than five years old)

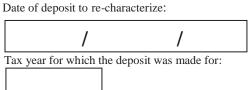
- Premature (Under age 59 ¹/₂)
- Excess Contribution Removal Date on which excess contribution was made:



I am requesting this return of excess contribution:

Before tax filing deadline After tax filing deadline

Re-characterization to Traditional IRA



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

Qualified Plan Type	
Address:	
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.

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.) ONE-TIME DISTRIBUTION	
 Distribution amount. (Indicate the principal amount for excess contribution removal or re-characterization requests.) 	A.) To the following Wealthfront Account:
\$	Account Number:
□ Earnings amount to distribute for excess contribution removal and re-characterization requests only	B.) To Another Custodian (Choose one option)
Select one □ I would like Wealthfront to calculate the earnings portion and distribute this amount. □ I have calculated an earnings amount of \$ to be removed.	Special Payment Instructions:
TOTAL ACCOUNT DISTRIBUTION (account will be closed)	Federal Fund Wire (Fees will be assessed to your distribute
Tax Withholding Election (Select applicable items	amount. The amount you receive will be net of Wire fees, b you will still be taxed on the gross distribution amount).
1.) Federal Income Tax Withholding (Select one):	
Do <u>NOT</u> withhold federal income tax	ABA Number:
(By selecting this, the account holder understands that they are still liable for the payment of Federal income tax on the amount of any distributions received. The account holder also understands that they may be subject to Federal income tax penalties under the estimated tax payment rules if their payments of the estimated tax and withholding are insufficient.)	Bank Name:
	Bank Address:
Withhold% from the amount of the gross distribution (must be at least 10%)	City, State, Zip:
Withhold \$ of federal income tax from the	Bank Account Number:
gross distribution amount	For the benefit of:
2.) State Income Tax Withholding (Select one):	Type of IRA account receiving:
Do <u>NOT</u> withhold state income tax from the distribution. (Not applicable to all states.)	IRA Account Number:
Withhold% from the amount of the gross distribution	Further Credit to:
Withhold \$ of state income tax from the gross distribution amount	

ROTH IRA DISTRIBUTION REQUEST

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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 ROTH 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.

(ROTH IRA Holder or Beneficiary)

(Date)

(Broker Approval Signature)

(Date)