



ROTH DISTRIBUTION REQUEST

(PLEASE READ THE ATTACHED INSTRUCTIONS)

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

Name (please print):

Account Number:

Social Security Number: - -

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 Number: - -

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 ½)

Excess Contribution Removal

Date on which excess contribution was made:

Tax year for which the 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

Date of deposit to re-characterize:

Tax year for which the deposit was made for:

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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IV. Distribution Method (select one distribution method)

A.) ONE-TIME DISTRIBUTION

- Distribution amount. (Indicate the principal amount for excess contribution removal or re-characterization requests.)

\$ _____

- Earnings amount to distribute for excess contribution removal and re-characterization requests only

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.

B.) TOTAL ACCOUNT DISTRIBUTION (account will be closed)

V. Tax Withholding Election (Select applicable items)

1.) Federal Income Tax Withholding (Select one):

- Do **NOT** withhold federal income tax

(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.)

- Withhold _____% from the amount of the gross distribution (must be at least 10%)

- Withhold \$ _____ of federal income tax from the gross distribution amount

2.) State Income Tax Withholding (Select one):

- Do **NOT** withhold state income tax from the distribution. (Not applicable to all states.)

- Withhold _____% from the amount of the gross distribution

- Withhold \$ _____ of state income tax from the gross distribution amount

VI. DELIVERY INSTRUCTIONS (Select applicable Items)

A.) To the following Wealthfront Account:

Account Number: _____

B.) To Another Custodian (Choose one option)

Special Payment Instructions:

- Federal Fund Wire** (Fees will be assessed to your distributed amount. The amount you receive will be net of Wire fees, but you will still be taxed on the gross distribution amount).

ABA Number: _____

Bank Name: _____

Bank Address: _____

City, State, Zip: _____

Bank Account Number: _____

For the benefit of: _____

Type of IRA account receiving: _____

IRA Account Number: _____

Further Credit to: _____

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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)