



# Distribution Request form

## IMPORTANT INFORMATION

Use this form to request a distribution from your Traditional, SEP, or Roth IRA account held at Directed Trust Company ("Directed IRA"). You may also elect to liquidate shares or re-register assets. This form is not intended for beneficiary or inherited accounts, with the exception of spousal assumption. To **set up a new** recurring ACH distribution, please **also** submit the **ACH Bank Instructions for Distributions form**.

## Processing Options

Select an option below. If no option is selected, Directed IRA will process your request as normal (within 3 business days). I understand that if my account does not have sufficient funds, my transaction may not be processed.

- Next-Day Service (\$150) – Must be received by 4pm MST     Same-Day Service (\$250) – Must be received by 10am MST

## 1. Account Owner Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Last 4 of SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: \_\_\_\_\_  
Directed IRA Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

## 2. Tax Withholding Notice & Election

The distributions you receive from your Account are subject to federal income tax withholding unless you elect not to have withholding apply. You may elect not to have withholding apply to your distribution payments by completing the "Federal Tax Withholding Election" section above. If you do not complete the "Federal Tax Withholding Election" section by the date your distribution is scheduled to begin, federal income tax will be withheld from the amount withdrawn at a rate of 10%. If you elect not to have withholding apply to your distribution payments, or if you do not have enough federal income tax withheld from your distribution, you are responsible for payment of any estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You understand that Directed Trust Company does not provide any tax advice, and you are encouraged to consult a tax professional.

If an option below is not selected, not less than 10 percent from an IRA (other than a Roth IRA) will be withheld from the distribution by default.

Withhold Federal Income Tax at a rate of \_\_\_\_\_% from the amount withdrawn.

DO NOT Withhold Federal Income Tax.

I understand that I am still liable for the payment of Federal Income Tax on the amount of any distributions received. I also understand that I may be subject to Federal Income Tax penalties under the estimated tax payment rules if my payments of the estimated tax and withholding are insufficient.

## 3. Type of Distribution (CHOOSE ONE)

I instruct Directed IRA to make a distribution from my account for the following reason. If you are taking a distribution to remove excess contributions, please indicate in which year the excess contributions were made.

Normal Distribution     Required Minimum     Divorce     Death     Excess Contribution Tax Year: 20\_\_\_\_

(59 ½ or Older)

Distribution (RMD)

Early Distribution     Direct Rollover     72(t) Payments     Revocation

(Under Age 59 ½)

\*Qualified Early Distribution (Under Age 59 ½)

Education     IRS Levy     Unreimbursed Medical Expenses

First-time homebuyers, up to \$10,000     Disability     Military

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**4. Distribution Information**

I instruct Directed IRA to distribute the amount requested as follows, provided there are no past-due fees in the account.

Please select option A or B below:

Option A: Partial Distribution

*All accounts are required to maintain a minimum balance of \$500. If your request would drop your balance below this amount, your request may not be processed.*

Cash (Gross Amount): \_\_\_\_\_

Re-register the following asset: (\$95.00) \_\_\_\_\_

Option B: Complete Distribution & Close Account

*\$200 Termination and re-registrations fees of \$95 per asset may apply. (see fee schedule for details)*

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**5. Funding Instructions** *Please select option A or B below:*

A.  Check

Make Check Payable To: \_\_\_\_\_

Mail Check To: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

B.  Wire

Bank Name: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Bank Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Reference Number: \_\_\_\_\_ Funding Deadline: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**6. Distribution Frequency**

One-Time     Monthly     Quarterly     Annually    **Day of the month to be paid:** \_\_\_\_\_

Date to begin payment (MM/DD/YY): \_\_\_\_\_ Date to end payment (MM/DD/YY): \_\_\_\_\_

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**7. Agreement & 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 acknowledge that I have read the Notice of Withholding on Distributions above and have completed the Withholding Election above. I also understand that state tax may be due and hereby opt not to have state tax withheld. I further certify that no tax advice has been given to me by Directed Trust Company. I understand that distributions are reported to the IRS, and that all decisions regarding this withdrawal are my own. 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.

➤ \_\_\_\_\_  
Account Owner Signature

\_\_\_\_\_  
Date

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**INVESTMENTS: NOT FDIC INSURED ■ NO GUARANTEE ■ MAY LOSE VALUE**

**Email Forms to:**  
[Clients@directedira.com](mailto:Clients@directedira.com)

**Send Mail to:**  
3033 N. Central Ave. Ste. 415  
Phoenix, AZ 85012

**Fax:**  
602-899-9641

**Questions?**  
(800) 818-1322  
[Clients@directedira.com](mailto:Clients@directedira.com)

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Directed IRA is a tradename of Directed Trust Company, an Arizona Corporation