



Distribution Request

IMPORTANT INFORMATION

Use this form to request a distribution from your Directed IRA Account. If you wish to request a full distribution and close your Directed IRA Account, you will also need to complete an Account Closure Request form. 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.

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. Type of Distribution (CHOOSE ONE)

I instruct Directed Trust Company 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. **If you would like to transfer cash and/or assets to an IRA with another custodian, please complete the transfer paperwork of your receiving IRA custodian.*

- Normal Distribution (59 ½ or Older) Required Minimum Distribution (RMD) Divorce Death
 Early Distribution (Under Age 59 ½) 72(t) Payments Revocation Excess Contribution Tax Year: 20_____
*Qualified Early Distribution (Under Age 59 ½)
 Education IRS Levy Unreimbursed Medical Expenses
 First-time homebuyers, up to \$10,000 Disability CARE Act 2020 (COVID-19 Stimulus Bill)
 Roth Contribution* (Meets 5 year rule) Military

- Direct Rollover to non-IRA Qualified Plan (must complete Section 6 below)

3. Distribution Information

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

Please select one option 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-registration of specific assets listed in Section 4.

Payment 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): _____

- Option B: Complete Distribution. You must also complete the **Account Closure Request form**.
\$200 Termination and re-registrations fees of \$95 per asset listed in Section 4 may apply. (see fee schedule for details)

7. Direct Rollover to a Qualified IRA or another Self-Directed IRA Custodian

If you are transferring your account to another qualified individual retirement account (IRA), please select 3(b) above indicating a Complete Distribution and Account Closure. You must complete transfer request paperwork from the receiving IRA Custodian to request cash and/or assets be distributed from your account.

8. Distribution Instructions *Please select option A or B below:*A. Check

Make Check Payable To: _____

Mail Check To: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Delivery: Regular Mail (7-10 business days) Priority Mail (2-3 business days) (\$15.00) Overnight Mail (\$35.00)B. Electronic Funds Transfer

Bank Name: _____ Routing Number: _____

Account Holder's Name: _____ Account Number: _____

Reference Number: _____ Funding Deadline: _____

Delivery: Wire ACH Account Type: Checking Savings*Routing Number may differ depending on selection

9. Agreement & Signature

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. If cash is insufficient to cover my distribution and fees, I understand this form may be returned to me and no action taken. I understand that distributions are reported to the IRS, and that all decisions regarding this distribution 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

INVESTMENTS: NOT FDIC INSURED ■ NO GUARANTEE ■ MAY LOSE VALUE[Secure File Upload](#)**Email Forms to:**
Clients@directedira.com**Send Mail to:**
3033 N. Central Ave. Ste. 415
Phoenix, AZ 85012**Fax:**
(602) 899-9641

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