

Distribution Request – Cash Only

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. 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 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
 Roth Contribution* (Meets 5 year rule) Military

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): _____

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 fee may apply. (see fee schedule for details)

4. 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 below. 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 account (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.

5. 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

6. 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.

Please note electronic signatures on this form must include the electronic signature Certification page or Certification Stamp. If one is not included, we will not accept this form.



Account Owner Signature

Date

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

[Secure File Upload](http://www.directedira.com/secureupload)

www.directedira.com/secureupload

Email Forms to:

Accounting@directedira.com

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