

ROTH IRA

REQUEST FOR DISTRIBUTION

Name of Financial Organization _____

Roth IRA Owner Information

Name _____	Social Security Number _____	Date of Birth _____ ext.
Address _____	Home Phone Number _____	Daytime Phone Number _____
City/State/Zip _____	Account Number _____	

Type of Distribution

Early (under age 59½) — other than disability or death
 Disability — under age 59½ (certification of disability may be required)*
 Early (under age 59½) — Qualified Reservist Distribution
 Death — (death certificate or its equivalent must be attached)*
 Age 59½ or older*
 Qualified Charitable Distribution (age 70½ or older) on or before 12-31-2007. (Must be payable to a qualified charity)
 Return, by applicable deadline, of contribution made in current year — under age 59½? Yes No
 Return, by applicable deadline, of contribution made in prior year — under age 59½? Yes No
 Recharacterization of contribution made for, or conversion made in, current prior year (complete Recharacterization Form)
 Transfer to another Roth IRA (not reportable)
 Divorce — transfer to Roth IRA of spouse or former spouse, under a decree of divorce or legal separation (not reportable)

*Has the 5-year holding period been met? Yes No I do not know

Payment Election

Total Balance (to close Roth IRA) Amount \$ _____
 Partial Payment of \$ _____
 Return of Contribution or Recharacterization — Amount \$ _____, plus net income attributable of \$ _____
 Single Life Expectancy Payout — My date of birth is _____
 Recalculate my life expectancy each year Reduce my life expectancy by one each year
 Other _____

Payment Method

Frequency: Monthly Quarterly Annually Other _____ First Payment Date: _____
 Funds Disposition: Give to Recipient Mail to Recipient Other _____
 Payable To: Roth IRA Owner
 Beneficiary
 Successor Trustee/Custodian
 Qualified Charity
 Other _____

Name _____ Social Security Number/Tax ID _____
 Address _____ City/State/Zip _____

Signatures

I certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied on by the Trustee/Custodian. I understand that this transaction may be subject to fees, taxes, and/or penalties. Due to the potential tax consequences of this transaction, I agree to seek the advice of a legal or tax professional, as needed. The Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction. I will not hold the Trustee/Custodian liable for any adverse consequences that may result from this transaction.

Signature of Roth IRA Owner/Beneficiary _____ Date _____ Authorized Signature of Trustee/Custodian _____ Date _____

Office
Use Only