

The name of the company that performs record keeping and administration of your plan on behalf of custodian named in the account application.

Entrust New Direction IRA, Inc.

1. Account Holder Information: Please complete the following information.

Account holders name	
Your account number	Type: (Check One)
	<input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> Roth <input type="checkbox"/> Coverdell ESA <input type="checkbox"/> HSA
Home address	City, State, Zip
Your social security number	Telephone number (area code & number)

For death distributions, complete the following:

Beneficiary name	Beneficiary social security number
Beneficiary home address	City, State, Zip
Beneficiary telephone number (area code & number)	Beneficiary date of birth

2. Types of Distribution (CHECK ONLY ONE and fill in where applicable)

<p>Distribution Reason for Traditional, Roth & SIMPLE IRA</p> <p><input type="checkbox"/> Early (premature) distribution Participant is under age 59½ and no other code applies.</p> <p><input type="checkbox"/> Early (premature) distribution. Substantially equal payment exception applies.</p> <p><input type="checkbox"/> Normal Distribution (If you are the Participant and age 59½ or older).</p> <p><input type="checkbox"/> Removal of Excess/Nondeductible Contribution plus earnings before tax filing deadline. Is the contribution plus earnings being removed in the same year? <input type="checkbox"/> Yes <input type="checkbox"/> No In which tax year was the contribution made? _____</p> <p><input type="checkbox"/> Permanent Disability If you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.</p> <p><input type="checkbox"/> Death If you are a beneficiary of this account you must furnish a certified copy of the Death Certificate. <input type="checkbox"/> Transfer to beneficiary IRA (spouse/non-spouse) <input type="checkbox"/> Transfer to own IRA (spouse only)</p> <p><input type="checkbox"/> Transfer Due To <input type="checkbox"/> Divorce or <input type="checkbox"/> Legal Separation. A copy of the divorce decree must be attached. Payable to: _____</p> <p><input type="checkbox"/> Re-characterization to a Traditional IRA. Contribution of \$ _____ Earnings of \$ _____</p> <p><input type="checkbox"/> Roth IRA non-qualified distribution</p> <p><input type="checkbox"/> Distribution from a SIMPLE IRA. Date Employee First Participated : _____</p>	<p><input type="checkbox"/> Conversion to a Roth IRA <input type="checkbox"/> IRA paid directly to Trustee of employer's plan</p> <p>Payable to: _____</p> <p>Distribution Reason for Education Savings Account</p> <p><input type="checkbox"/> Distributions from this account are being used for qualified education expenses of the designated beneficiary.</p> <p><input type="checkbox"/> This distribution is not being used for qualified education expenses and none of the other reasons below apply.</p> <p><input type="checkbox"/> Permanent disability of the designated beneficiary (within the meaning of section 72(m)(7) of the Internal Revenue Code).</p> <p><input type="checkbox"/> Death (You are the representative of the Designated Beneficiary's estate and can furnish a certified copy of the Death Certificate).</p> <p><input type="checkbox"/> Removal of Excess/Nondeductible Contribution plus earnings before tax filing deadline. Is the contribution plus earnings being removed in the same year? _____ Yes _____ No In which tax year was the contribution made? _____</p> <p><input type="checkbox"/> Transfer, including Transfer Incident To Divorce or Legal Separation. Payable to: _____</p> <p><input type="checkbox"/> This Coverdell ESA is being rolled over or transferred to another Coverdell ESA for the following family member: _____</p>
	<p>Distribution Reason for Health Savings Account</p> <p><input type="checkbox"/> This distribution is from a Health Savings Account</p>

Qualified Roth Distribution:

This Roth IRA distribution satisfies the 5 year holding period requirement and such distribution is made under the following reason (check one)

1. on or after I attain age 59½; 2. to a beneficiary on or after the participant's death;
 3. on account of my becoming disabled (within the meaning of section 72(m)(7) of the Internal Revenue Code); or 4. qualified first time homebuyer expenses.

3. Manner of Distribution (check and fill in where applicable)

Instruct the administrator to distribute from the above account
Choose either 1 or 2

1. All Assets
 2. Partial distribution

Name of Asset(s) _____

Amount Requested	\$
Recharacterization Amount	\$
Administrative Fees	(-)
Amount Withdrawn (reported to IRS)	\$
Fed Income Tax Withheld	(-)
State Income Tax Withheld	(-)
Total	\$

Payment Instructions:

- Issue check to Participant/Beneficiary
 In kind: _____

- Check this box if fees are to be paid from remaining IRA assets.
 I authorize Entrust to close my account.

4. Method of Payment (check and fill in where applicable)

Until I give written instructions to the contrary, I direct the Administrator to distribute the amount requested as follows

1. Date payment(s) to commence _____
 2. Distribution(s) to be made: one time monthly quarterly semi-annually annually other _____
 3. Make payment(s) to me directly to account # _____ other _____
 4. By check mailed to me at the following address
 Street _____
 City _____ State _____ Zip _____
 Other _____

5. Withholding Election

Cleared funds must be available.

Choose either Option 1 or 2. Complete for any kind of distribution.

Option 1 Withhold Federal income tax at the rate of _____% (not less than 10%) plus an additional amount of \$ _____ from the amount withdrawn.

Option 2 Effective _____, I elect not to have Federal income tax withheld. (Must have US Residence address on file.) I understand that I am still liable for the payment of Federal income tax on the taxable amount. I also understand that I may be subject to tax penalties under the estimated tax payment rules, if my payments of estimated tax and withholding, if any, are not adequate.

6. Signatures

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 below and have completed the Withholding Election above. I further certify that no tax advice has been given to me by the Administrator or Custodian that distributions are reported to the IRS, and that 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 Administrator or Custodian shall in no way be responsible for those consequences. *Please do not email this form. Please send it to your Entrust office.*

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.

Participant's or Beneficiary's Signature _____ Date _____

7. Notice of Withholding on Distributions

The distributions you receive from your individual retirement account established at this institution 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 "Withholding Election" section above. If you do not complete the "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 may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.