The Entrust Group

555 12th Street, Suite 900
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Phone: (800) 392-9653
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One-Time IRA Distribution Form

Traditional, Roth, SEP, SIMPLE, ESA, HSA

1 Account Owner Information

NAME *(as it appears on your account application)*	ENTRUST ACCOUNT NUMBER	ACCOUNT TYPE
EMAIL ADDRESS *(required)*		DAYTIME PHONE NUMBER

2 Distribution Type

THIS DISTRIBUTION IS FROM AN IRA *(Traditional, Roth, SEP, or SIMPLE)*

Traditional, SEP, SIMPLE

- ☐ NORMAL DISTRIBUTION *(over age 59 ½)*
- ☐ PREMATURE *(under 59 ½)*
- ☐ DUE TO DEATH *(distribution to beneficiary)*
- ☐ DIRECT ROLLOVER TO ANOTHER EMPLOYER PLAN (e.g., 401(k), 403 (b))
  A Letter of Acceptance from the plan provider is required.
- ☐ QUALIFIED CHARITABLE DISTRIBUTION

Miscellaneous

- ☐ EXCESS CONTRIBUTION
  Year of excess contribution _____ Amount $_____
- ☐ DIVORCE/LEGAL SEPARATION *(a copy of the divorce decree is required)*

Roth

- ☐ QUALIFIED *(over age 59 ½)*
  Must Satisfy 5-Year Holding Period
- ☐ NON-QUALIFIED
  - ☐ Under age 59 ½
  - ☐ Over age 59 ½ and has not satisfied 5-Year Holding Period
- ☐ DUE TO DEATH *(distribution to beneficiary)*
  Is the 5-Year Holding Period satisfied?
  ☐ Satisfied ☐ Not Satisfied

THIS DISTRIBUTION IS FROM A SPECIAL PURPOSE PLAN *(HSA or Coverdell ESA)*

- ☐ HSA: DISTRIBUTION
- ☐ HSA: EXCESS DISTRIBUTION
- ☐ HSA: DUE TO DEATH
- ☐ COVERDELL ESA: DISTRIBUTION
- ☐ COVERDELL ESA: EXCESS DISTRIBUTION
- ☐ COVERDELL ESA: DUE TO DEATH
- ☐ COVERDELL ESA: TRANSFER
  - ☐ ELIGIBLE FAMILY MEMBER

3 Distribution Details

METHOD OF DISTRIBUTION

- ☐ FULL DISTRIBUTION[1]

- ☐ PARTIAL DISTRIBUTION *(only distribute cash/assets as described below)*
  - ☐ CASH ONLY: AMOUNT $_____
  - ☐ IN-KIND[2]: ASSET(S) TO BE DISTRIBUTED: _____
    _____

1. *A full distribution will automatically close your account.*
2. *A current Fair Market Value must be provided to distribute assets in-kind.*

4 Notice of Income Tax 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 below. 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.

FEDERAL WITHHOLDING	STATE WITHHOLDING
☐ I ELECT NOT TO HAVE FEDERAL INCOME TAX WITHHELD	☐ I ELECT NOT TO HAVE STATE INCOME TAX WITHHELD
☐ I ELECT TO HAVE _____% FEDERAL INCOME TAX WITHHELD *(must be greater than 10%)*	☐ I ELECT TO HAVE _____% STATE INCOME TAX WITHHELD[3]
	[3] State withholding will only be processed for the following state: California

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5 Funding Instructions

PLEASE SELECT YOUR FUNDING METHOD: ☐ **WIRE** ☐ **ACH** ☐ **CHECK** ☐ **CASHIER'S CHECK**

For WIRE and ACH (*Please complete the information below)*

ACH PAYMENT NOTICE

Some banks have ACH delivery instructions character limit policies in place. If the bank does not receive all required ACH information due to the character limits, payment processing may not occur. Therefore, selecting ACH could slow down your transaction or result in having to repeat the process if the bank cannot read all the information required to process the payment.

BANK NAME	PAYEE NAME		
BANK ABA / ROUTING NUMBER	PAYEE STREET ADDRESS		
ACCOUNT NUMBER	CITY	STATE	ZIP CODE
ADDITIONAL INFORMATION			

For CHECK and CASHIER'S CHECK (*Please complete the information below)*

PAYEE NAME	PAYEE PHONE NUMBER		
PAYEE STREET ADDRESS	CITY	STATE	ZIP CODE
☐ MAIL CHECK TO *(If different from Payee Address)*			
NAME	PHONE NUMBER *(for overnight delivery)*		
STREET ADDRESS	CITY	STATE	ZIP CODE

SEND CHECK VIA:

☐ Regular Mail	☐ Overnight Delivery (*$30 fee applies; cannot overnight to a PO Box)* ☐ Charge my Entrust Account ☐ Use third-party billing ☐ FedEx ☐ UPS Account #: _____
ADDITIONAL INFORMATION	

6 Signature and Acknowledgement

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 and have completed the Withholding Election above. I further certify that no tax advice has been given to me by the Administrator and/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 and/or Custodian shall in no way be responsible for those consequences.

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

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