

1 Account Owner Information

NAME <i>(as it appears on your account application)</i>	ENTRUST ACCOUNT NUMBER	ACCOUNT TYPE
EMAIL ADDRESS <i>(required)</i>		DAYTIME PHONE NUMBER

IS THIS A DISTRIBUTION DUE TO DEATH? **YES** *(complete this section)* **NO** *(skip this section)*

BENEFICIARY NAME	BENEFICIARY SSN	BENEFICIARY DATE OF BIRTH	BENEFICIARY PHONE NUMBER
BENEFICIARY HOME ADDRESS		BENEFICIARY CITY, STATE, ZIP CODE	

NOTE: Please provide Account Owner's Certified Death Certificate with the form.

2 Distribution Type

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

- | | |
|--|---|
| <input type="checkbox"/> NORMAL DISTRIBUTION <i>(over age 59 ½)</i>
<input type="checkbox"/> PREMATURE <i>(under 59 ½)</i>
<input type="checkbox"/> PREMATURE WITH EXCEPTION FOR SUBSTANTIALLY EQUAL PAYMENTS 72(t)
<input type="checkbox"/> NORMAL DISTRIBUTION FOR ROTH IRA <i>(over age 59 ½)</i>
<input type="checkbox"/> Qualified Distribution <i>(check this box if you are over age 59 ½ and you have satisfied the 5 year holding period)</i>
<input type="checkbox"/> DUE TO DEATH <i>(if you are a beneficiary of this account you must furnish a certified copy of the Death Certificate)</i>
<input type="checkbox"/> Transfer to Beneficiary IRA <i>(spouse/non-spouse)</i>
<input type="checkbox"/> Transfer to own IRA <i>(spouse only)</i> | <input type="checkbox"/> PERMANENT DISABILITY <i>(pursuant to IRC 72(m)(7))</i>
<input type="checkbox"/> DIVORCE/LEGAL SEPARATION <i>(attach a copy of the divorce decree)</i>
<input type="checkbox"/> EXCESS CONTRIBUTION:
Year of excess contribution _____ Amount \$ _____
<input type="checkbox"/> DIRECT ROLLOVER TO ANOTHER EMPLOYER PLAN
<input type="checkbox"/> REQUIRED MINIMUM DISTRIBUTION
<input type="checkbox"/> OTHER: |
|--|---|

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

- | | |
|--|--|
| <input type="checkbox"/> HSA: QUALIFIED MEDICAL EXPENSE
<input type="checkbox"/> HSA: NON-QUALIFIED DISTRIBUTION
<input type="checkbox"/> DUE TO DEATH | <input type="checkbox"/> COVERDELL ESA: QUALIFIED EDUCATIONAL EXPENSE
<input type="checkbox"/> COVERDELL ESA: NON-QUALIFIED DISTRIBUTION
<input type="checkbox"/> OTHER: |
|--|--|

3 Distribution Details

METHOD OF DISTRIBUTION

-
- FULL DISTRIBUTION
- (close account)*
-
-
- PARTIAL DISTRIBUTION
- (only distribute cash/assets as described below)*
-
-
- CASH: AMOUNT \$ _____
-
-
- IN-KIND: ASSETS(S) TO BE DISTRIBUTED
- (please list the exact number, type, and weight of the precious metals you want distributed)*
-
- _____
-
- _____
-
- _____
-
- _____

Would you like to set up a scheduled recurring cash distribution¹?

-
- YES
- (select recurrence below)*
-
- NO
-
-
- MONTHLY
-
- QUARTERLY
-
- SEMI-ANNUALLY
-
- ANNUALLY
-
- Date Payments to Commence: _____

¹ Recurring distributions are only allowed for fixed amounts. Recurring distributions will remain in effect until provided with a written request to change or cancel, or in case of transaction failure due to insufficient funds.

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
<input type="checkbox"/> I ELECT NOT TO HAVE FEDERAL INCOME TAX WITHHELD <input type="checkbox"/> I ELECT TO HAVE _____% FEDERAL INCOME TAX WITHHELD <i>(must be greater than 10%)</i> <input type="checkbox"/> IN ADDITION TO THE PERCENTAGE, I ELECT TO HAVE \$ _____ FEDERAL INCOME TAX WITHHELD	<input type="checkbox"/> I ELECT NOT TO HAVE STATE INCOME TAX WITHHELD FROM MY DISTRIBUTION <input type="checkbox"/> I ELECT TO HAVE _____% STATE INCOME TAX WITHHELD FROM MY DISTRIBUTION ³ <small>³ State withholding will only be processed for the following state: California</small>

5 Cash Distribution Funding Instructions

PLEASE SELECT YOUR FUNDING METHOD (select one): WIRE CHECK ACH

For WIRE and ACH (please complete this section if you selected WIRE or ACH)

ACH PAYMENT NOTICE

Some banks impose character limits on ACH delivery instructions if these limits prevent the bank from receiving all the necessary information, the payment may fail to process. As a result, choosing ACH could delay your transaction or require you to restart the process if the bank cannot access the complete details needed.

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

Form Continues on Page 3

5 Cash Distribution Funding Instructions

For CHECK (please complete this section if you selected CHECK)

PAYEE NAME	TELEPHONE NUMBER (for overnight deliveries)
PAYEE ADDRESS	CITY, STATE, ZIP CODE
<input type="checkbox"/> MAIL CHECK TO (other than payee address above)	
NAME	TELEPHONE NUMBER (for overnight deliveries)
ADDRESS	CITY, STATE, ZIP CODE
Send Check Via:	
<input type="checkbox"/> Regular Mail <input type="checkbox"/> Overnight Delivery (\$30 fee applies; cannot overnight to a PO Box) <input type="checkbox"/> Charge my Entrust Account <input type="checkbox"/> Use third-party billing <input type="checkbox"/> FedEx <input type="checkbox"/> UPS Account #: _____	
REASON FOR SHIPPING TO NON-PAYEE (required)	

6 In-Kind Distribution Instructions

PAYEE NAME	TELEPHONE NUMBER (for overnight deliveries)
PAYEE ADDRESS	CITY, STATE, ZIP CODE
<input type="checkbox"/> SEND IN-KIND ASSETS TO (if different than payee)	
NAME	TELEPHONE NUMBER (for overnight deliveries)
ADDRESS	CITY, STATE, ZIP CODE
REASON FOR SHIPPING TO NON-PAYEE (required)	
WHICH DELIVERY SPEED DO YOU PREFER? (required; faster delivery speeds generally carry a higher cost, which will be charged to your default payment method)	
<input type="checkbox"/> Overnight <input type="checkbox"/> 2 Day <input type="checkbox"/> Ground Note: We will use the preferred carrier of your depository. If you have a specific carrier preference, please provide the details in the Additional Information field below.	
ADDITIONAL INFORMATION	

7 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 below 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 agree to pay all applicable shipping fees. The carrier will default to the preferred provider of the depository.

I declare that I have reviewed this document and any accompanying information, and to the best of my knowledge, it is true, correct, and complete.

PARTICIPANT'S OR BENEFICIARY'S SIGNATURE	DATE
--	------