

**1 Account Owner Information**

NAME (as it appears on your account application)	ENTRUST ACCOUNT NUMBER	ACCOUNT TYPE
EMAIL ADDRESS (required)		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, SEP, or SIMPLE)**Traditional, SEP, SIMPLE**

- ☐ NORMAL DISTRIBUTION (over age 59 ½)
- ☐ PREMATURE (under 59 ½)
- ☐ DUE TO DEATH (you must furnish a certified copy of the Death Certificate if you are beneficiary of this account)
- ☐ Transfer to beneficiary IRA (spouse/non-spouse)
- ☐ Transfer to own IRA (spouse only)
- ☐ 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.

**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 (you must furnish a certified copy of the Death Certificate if you are a beneficiary of this account)
- ☐ Transfer to beneficiary IRA (spouse/non-spouse)
- ☐ Transfer to own IRA (spouse only)
- ☐ 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)

- |   |   |
|---|---|
| <input type="checkbox"/> HSA: DISTRIBUTION        | <input type="checkbox"/> COVERDELL ESA: DISTRIBUTION        |
| <input type="checkbox"/> HSA: EXCESS DISTRIBUTION | <input type="checkbox"/> COVERDELL ESA: EXCESS DISTRIBUTION |
| <input type="checkbox"/> HSA: DUE TO DEATH        | <input type="checkbox"/> COVERDELL ESA: DUE TO DEATH        |
|   | <input type="checkbox"/> COVERDELL ESA: TRANSFER            |
|   | <input type="checkbox"/> ELIGIBLE FAMILY MEMBER             |

## 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 distribution<sup>1</sup>?

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

<sup>1</sup> 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

- ☐ I ELECT NOT TO HAVE FEDERAL INCOME TAX WITHHELD
- ☐ I ELECT TO HAVE \_\_\_\_\_% FEDERAL INCOME TAX WITHHELD

### STATE WITHHOLDING

- ☐ I ELECT NOT TO HAVE STATE INCOME TAX WITHHELD FROM MY DISTRIBUTION
- ☐ I ELECT TO HAVE \_\_\_\_\_% STATE INCOME TAX WITHHELD<sup>2</sup>

<sup>2</sup>State withholding will only be processed for the following state: California

## 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 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.

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

**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
<b>Send Check Via:</b>	
<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)	
<input type="checkbox"/> Overnight <input type="checkbox"/> 2 Day <input type="checkbox"/> Ground <b>Note:</b> we will use the preferred carrier of your depository. If you have a specific carrier preferred, please provide details in the ADDITIONAL INFORMATION field	
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 be fully responsible for applicable shipping fees. The carrier will default to your depository's preferred provider.

**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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