

STANDARD EXPEDITED PROCESSING (1-2 BUSINESS DAYS)

PREMIUM EXPEDITED PROCESSING (24 HOURS - IF POSSIBLE)

In selecting expedited processing, you acknowledge and accept the terms and fees associated with these services. Please see our [FEE SCHEDULE](#) & [FINANCIAL DISCLOSURE](#) for additional costs.

Only use this form to request An RMD distribution from your account. A Form 1099-R will be issued for all distribution requests.

Return by regular or overnight mail: 221 South Phillips Avenue, Suite 206, Sioux Falls, SD, 57104
For inquiries, call: 800-472-1043 or visit IRAFINANCIALTRUST.COM

A. IRA OWNER IDENTIFICATION

LAST NAME FIRST NAME MIDDLE INITIAL PHONE NO. ACCOUNT NUMBER

B. TYPE OF DISTRIBUTION Please select one

I do NOT want any distribution taken from this Account

Age 70 ½ Required Minimum Distribution (RMD)

RMD distribution for tax year: 20____ (indicate amount below)

Beneficiary Distribution Options

Beneficiary Required Minimum Distribution (indicate amount below)

Beneficiary Five Year Full Distribution Election (Distribute the entire account)

C. AMOUNT AND FREQUENCY OF DISTRIBUTION Prior to releasing your funds we may contact you for verbal confirmation of these instructions.

IMPORTANT: You must have sufficient funds in your custodial cash account to cover the distribution amount, the withholding amount (if you indicate any below), plus any transaction fees, outstanding fees, and your minimum balance requirement. Having insufficient funds will delay your distribution. It is your responsibility to ensure you have sufficient cash in your custodial cash account prior to submitting this form to us. If sufficient cash is not available in the custodial cash account, please complete and attach a [LIQUIDATION REQUEST](#) form.

Distribute the following amount in Cash: \$ _____

Please ensure you have sufficient funds in your custodial cash account to cover the distribution amount, the withholding amount (if you indicate any below), plus any transaction fees, outstanding fees, and the minimum balance requirement.

Distribute the following assets in-kind:

These assets will be re-registered to your name. If an asset cannot be re-registered, we will send you an Assignment of Interest. A Form 1099-R will be issued, for the value of the asset(s) at the time of re-registration/assignment.

Asset Name: _____ No. of shares _____

Frequency: (check one) Default is "One Time Only - Distributed as soon as possible"

One Time Only Monthly Quarterly Semi-Annually Annually **Start my distributions on (mm/dd/yyyy):** _____

D. FEDERAL AND STATE INCOME TAX WITHHOLDING ELECTION There may be penalties for not paying enough tax through withholding or estimated tax.

Check here if you wish to have Federal Tax withheld from your distribution, otherwise, no taxes will be withheld:

Withhold exactly \$ _____ (whole dollars) OR Withhold _____ % (whole percentage)

E. LIQUIDATION INSTRUCTIONS Only if you have insufficient cash (a liquidation fee will apply per asset liquidated)

List the asset(s) to be liquidated: List only those assets which are liquid.

Asset Name	Asset Sponsor Telephone No. (required)	No. of Shares/Units		Dollar Amount
			or	
			or	

F. DELIVERY INSTRUCTIONS Default is by check if no option is selected below

I authorize IRA Financial Trust Co. to withdraw the funds from my custodial cash account and send me the net amount (less any withheld taxes) by the method selected:

Check to my current address of record (disbursement fee applies) Send via (select one):

Regular mail Overnight mail (overnight delivery fee + shipping cost* apply) * Charge cost to FedEx account: _____

If no account number is specified above, the cost of shipping will be charged to your account

Wire (disbursement fee + outgoing wire fee apply) : Attach a [WIRE REQUEST](#) form available from our website at: www.irafinancialtrust.com

F. ACKNOWLEDGMENT & IRA OWNER SIGNATURE

As set forth in my IRA Financial Trust Company Custodial Agreement, I hereby elect and acknowledge the foregoing distribution. I understand that IRA Financial Trust and the Custodian neither assumes nor implies any liability for the failure of my elected distribution to meet any required minimum distribution requirements under the law and that the amount of the distribution is exclusively mine to make. I acknowledge that if I do not provide a notarized signature, IRA Financial Trust Company may contact me for verbal confirmation of my distribution instructions, which may cause delays if I cannot be reached at the phone number provided in Section A of this form or any of my phone number(s) on record.

CUSTODIAL USE ONLY
Verified by: _____ On: ____/____/____

IRA Owner Signature

Date (mm/dd/yyyy)