



Documents Required Prior to Distribution Funding

Taking money out of an IRA is referred to as a distribution. See below for more information on Equity Trust's requirements for taking a distribution from your account.

TO BE SUPPLIED BY CLIENT TO EQUITY BY FAX/EMAIL/MAIL:

- **Distribution Form** - Completed and signed by client
- **Account Information** - All information must be completed in order to process
- **Distribution Type**
- **Distribution Details** - Including manner of distribution and federal withholding. If elected, federal withholding must be 10% or greater; Equity Trust does not withhold state taxes.
- **Funding Instructions** - ACH - No Charge (ACH may take up to three business days), Wire - \$30 fee, Check - \$5 fee, International Wire - \$50 wire fee plus \$25 processing fee (deposit times vary)
- **Signature and Acknowledgement**

COMMON QUESTIONS ABOUT IRA DISTRIBUTIONS

Q: How does Equity Trust report distributions to the IRS?

A: Equity reports distributions to the IRS annually on Form 1099-R. Clients who have taken distribution(s) throughout the year will receive IRS Form 1099-R in the mail at the end of January.

Q: Do I have to elect federal tax withholding?

A: No. If you elect for federal tax withholding, you are essentially prepaying taxes that you may owe for this distribution. If you would prefer to settle any tax obligations at tax time, you can elect out of tax withholding by selecting the first option, "I elect NOT to have federal income tax withheld."



1 PERSONAL INFORMATION

NAME <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____		EQUITY TRUST ACCOUNT NUMBER	
TYPE OF ACCOUNT <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Coverdell ESA <input type="checkbox"/> HSA		SOCIAL SECURITY NUMBER (last four)	PHONE NUMBER
HOME ADDRESS		CITY, STATE, ZIP	

2 DISTRIBUTION TYPE

THE DISTRIBUTION IS FROM THE IRA (Traditional, Roth, SIMPLE or SEP)

- ☐ Normal (age 59 1/2 or older)
☐ Premature (under age 59 1/2)
☐ Direct rollover to a qualified plan (Please provide a letter of acceptance from the receiving institution)
☐ Removal of excess contribution - Original contribution was made for tax year: _____.
If this removal is to be re-characterized as a new contribution into your Equity account, please indicate for what tax year: _____.
☐ HSA/ESA ☐ Qualified ☐ Non-Qualified/ESA
☐ Beneficiary Distribution - Provide a copy of death certificate and complete Beneficiary information below.

For Beneficiary Distribution Only (\$25 Processing Fee plus Delivery)

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

3 DISTRIBUTION DETAILS

Manner of Distribution	Federal Withholding
<input type="checkbox"/> Full Distribution (Close Account) Termination fee will apply! <input type="checkbox"/> Partial Distribution (Only distribute cash/assets as described below) <input type="checkbox"/> Cash Only: Amount \$ _____ <input type="checkbox"/> In-Kind ² : Asset(s) to be distributed: _____ Would you like to set up a scheduled recurring distribution³? <input type="checkbox"/> No <input type="checkbox"/> Yes (Select recurrence below) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually Date Payments to Commence: _____	<input type="checkbox"/> I elect NOT to have Federal Income Tax withheld <input type="checkbox"/> I ELECT to have Federal Income Tax withheld (cannot be less than 10%) <input type="checkbox"/> withhold _____% from my payment(s) <input type="checkbox"/> withhold \$_____ from my payment(s) Withholding Instructions: Equity will send the amount requested LESS your Federal withholding election (if applicable). If you do not make a withholding election, federal income tax will be withheld from the amount withdrawn at a rate of 10%.

Signature: _____ Date: _____

¹ Refer to fee schedule to determine amount

² A Current Fair Market Value must be provided to distribute assets in-kind.

³ This recurring distribution will remain in effect until you provide a written request to cancel or change.



4 FUNDING INSTRUCTIONS

☐ For WIRE (\$30 fee) or DIRECT DEPOSIT/ACH (no charge)

Federal Withholding

☐ ACH/Direct Deposit* - allow for 2-3 days.
Not available for requests \$100,000.00 and greater.

BANK NAME

☐ Wire* - Deposited same day

ACCOUNT HOLDER NAME

☐ International Wire* - Deposit times vary. Separate wire instructions required for processing (\$50 wire fee plus \$25 processing fee)

Account holder is required to be client name

ABA ROUTING NUMBER

ACCOUNT NUMBER

*In either case, please allow 1-2 business days for Equity processing

☐ Checking Account

☐ Savings Account

ADDITIONAL INSTRUCTIONS (if necessary)

☐ For CHECK (\$5 fee) - Please complete the info below

Federal Withholding

Not available for requests \$100,000.00 and greater. All checks will be made payable to the legal name of our client EXCEPT in cases of Charitable distributions or direct rollovers.

If charitable distribution is applicable, make check payable to:
(\$25 Processing Fee plus Delivery)

If direct rollover is applicable, make check or wire payable to:

Name of Charity

Name of Qualified Plan

Any mailed check will be sent to the mailing address of our client regardless of who is listed as the payee

SEND CHECK VIA:

☐ Regular Mail

☐ Overnight Mail (\$30)

☐ Cashier's Check (\$30 + Overnight Fee)

☐ Hold for pick-up

5 SIGNATURE AND ACKNOWLEDGEMENT

Notice of Withholding

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.

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 Custodian, and 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 Custodian shall in no way be responsible for those consequences.

Signature: _____ Date: _____

Please note, Equity Trust Company reserves the right to require a verbal verification for some distribution requests before processing. If your distribution will require a verbal verification, Equity will reach out to you within 2 business days.