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Single-Member LLC Distribution Request

INSTRUCTIONS: Please complete this form in its entirety. In addition, please be sure to read this entire form prior to completion to avoid any processing delays. By signing this form, you consent to all terms and conditions outlined in this document and reaffirm the terms and conditions in your Account Adoption Agreement.

SECTION 1 - Account Holder Information

Name: Account Number:

Account Type: Traditional IRA Roth IRA SEP IRA SIMPLE IRA Rollover IRA

Social Security Number: Date of Birth:

Address:

Daytime Phone Number: Email Address:

For death distributions, complete the following:

Name: Social Security Number:

Address:

Date of Birth: Daytime Phone Number: Relationship:

SECTION 2 - Distribution Reason

Choose ONLY ONE Option Below:

- 1. Early (premature) distribution (participant is under age 59 1/2 and no known exception applies). This reason includes but is not limited to a distribution due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, qualified reservist distributions or substantially equal payments (Code 1 - Account Holder needs to complete IRS Form 5329)
- 2. Early (premature) distribution. Distribution due to IRS levy exception. (Code 2)
- 3. Permanent disability. (Code 3 - if you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code)
- 4. Death. (Code 4 - if you are a beneficiary of this account and can furnish a certified copy of the death certificate)
- 5. Normal distribution. (Code 7 - if you are the participant and age 59 1/2 or older)
- 6. Removal of excess/nondeductible contribution plus earnings before tax filing deadline. Tax Year in Which Contribution Was Made:
 Is the contribution plus earnings being removed in the same year? Yes No
- 7. Removal of excess contribution (principal only) after tax filing deadline.
- 8. Distribution from a SIMPLE IRA. Date employee first participated:
- 9. Transfer, including transfer incident to divorce or legal separation, qualified charitable distribution transfer and qualified HSA funding distribution. This does not include IRA-to-IRA transfers.
 Transfer Payable to:
- 10. Recharacterization to a Roth IRA. Regular Contribution of: \$ Earnings of: \$ For Tax Year:
- 11. IRA paid directly to trustee of employer's plan. Payable to:



SECTION 3 - Account Information

Assets in the LLC (If more space is required, please attach a separate page):

Amount of Cash in LLC: \$

Quantity of Asset:	<input type="text"/>	Name of Asset:	<input type="text"/>	Value: \$	<input type="text"/>
Quantity of Asset:	<input type="text"/>	Name of Asset:	<input type="text"/>	Value: \$	<input type="text"/>
Quantity of Asset:	<input type="text"/>	Name of Asset:	<input type="text"/>	Value: \$	<input type="text"/>
Quantity of Asset:	<input type="text"/>	Name of Asset:	<input type="text"/>	Value: \$	<input type="text"/>
Quantity of Asset:	<input type="text"/>	Name of Asset:	<input type="text"/>	Value: \$	<input type="text"/>
Quantity of Asset:	<input type="text"/>	Name of Asset:	<input type="text"/>	Value: \$	<input type="text"/>

Total Value of LLC (Including Cash): \$

SECTION 4 - Distribution Information

The custodian should distribute the assets requested as follows. If more space is required, please attach a separate page. If the distribution in-kind is not precious metals, the value provided in Section 3 will be the amount reported to the Internal Revenue Service. If the distribution in-kind is precious metals, the value reported to the IRS will be based on Kingdom Trust values.

CASH CANNOT BE DISTRIBUTED IN-KIND.*

Choose an Option: Entire Asset Balance Partial Distribution of Assets

Quantity of Asset:	<input type="text"/>	Name of Asset:	<input type="text"/>	Value: \$	<input type="text"/>
Quantity of Asset:	<input type="text"/>	Name of Asset:	<input type="text"/>	Value: \$	<input type="text"/>
Quantity of Asset:	<input type="text"/>	Name of Asset:	<input type="text"/>	Value: \$	<input type="text"/>
Quantity of Asset:	<input type="text"/>	Name of Asset:	<input type="text"/>	Value: \$	<input type="text"/>
Quantity of Asset:	<input type="text"/>	Name of Asset:	<input type="text"/>	Value: \$	<input type="text"/>
Quantity of Asset:	<input type="text"/>	Name of Asset:	<input type="text"/>	Value: \$	<input type="text"/>

Total Value of Distribution: \$

**In order to take a distribution of cash, the LLC must return the cash to the IRA. The Account Holder must then complete an IRA Distribution Request form and return the completed form to Kingdom Trust for processing.*

SECTION 5 - General Provisions & Signature

I UNDERSTAND AND AGREE THAT THIS IS AN IN-KIND DISTRIBUTION AND THAT NO TAXES WILL BE WITHHELD FROM THIS DISTRIBUTION AND AGREE THAT I AM SOLELY RESPONSIBLE FOR THE PAYMENT OF ANY TAXES DUE AS A RESULT OF THIS DISTRIBUTION. I further understand that I may be subject to tax penalties under the estimated tax rules in my payments of estimated tax, if any, are not adequate.

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 above. I further certify that no tax advice has been given to me by the custodian or trustee, that distributions (except certain transfers) 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.

Participant or Beneficiary Signature: **X** Date:

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