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IRA 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, including required minimum 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. Regular Contribution of: \$ Earnings of: \$ For Tax Year:

11. IRA paid directly to trustee of employer's plan. Payable to:



SECTION 3 - Withholding Election

Choose either Option 1 or 2. Complete for any kind of distribution except for Reasons 7, 9, 10 and 11 in Section 2 above.

Option 1: Withhold federal income tax at the rate of % (not less than 10%) plus an additional amount of \$ from amount withdrawn.

Option 2: Effective , I elect not to have federal income tax withheld. (Must have U.S. residence address on file.)

I understand that I am still liable for the payment of federal income tax and all other taxes on the taxable amount. I also understand that I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate.

Notice of Withholding on Distributions from IRAs

The distributions you receive from your IRA 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 Option 2 above.

If you do not complete this 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.

SECTION 4 - Financial Information

Choose a Distribution Option:

- Entire Account Balance (This Will Close Account) Partial Distribution

Amount Requested to Be Withdrawn (Reported to IRS): \$

Payment Instructions:

- Issue Check to Participant/Beneficiary

Federal Income Tax Withheld (Based on Section 3 above): (-) \$

Payee Name:

Net Amount Paid to Recipient or Transferred to Another Organization: \$

Payee Address:

- Distribute Funds via Wire (Complete the Fields Below; Wire Fee Applies)*

- Distribute Funds via ACH (Complete the Fields Below; **Please Provide a Copy of a Voided Check**)

Payee Name/Name on Bank Account:

Bank Name:

Account Number: Routing Number:

Bank Address:

Bank Phone Number:

- In-Kind Shares (Complete the Fields Below, as Necessary; Shipping Fee May Apply)

Number of Shares: Name of Security:

Number of Shares: Name of Security:

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Number of Shares: Name of Security:

* If using an intermediary bank, the same banking information as above must be provided.

SECTION 5 - Scheduled Payments

The custodian should distribute the amount requested as follows:

Date Distribution to Begin: Amount of Distribution: \$ One-Time Monthly Quarterly

SECTION 6 - Incidental Fees

Below are the options available to you for paying incidental fees. Please choose one by checking the box immediately to the left of the payment method you want Kingdom Trust to use. See Fee Schedule for a complete list of fees due and the date you are expected to provide payment.

Deduct from Available Cash in Account (If sufficient cash is not available in the account, additional charges will be incurred.)

Bill Credit Card* Visa MasterCard Discover American Express

**Please ensure credit card information on file is accurate/valid.*

Name as It Appears on Card:

Card Number: Expiration Date:

Credit Card Billing Address:

By signing the Cardholder Signature line below, you authorize Kingdom Trust to bill the above credit card for incidental fees and expenses.

Cardholder Signature:

SECTION 7 - General Provisions & Signatures

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 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: Date: