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# 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  Inherited IRA  401(k)/Qualified Plan

Address:

Daytime Phone Number:  Email Address:

**For death distributions *only*, 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 distribution (participant is under age 59 1/2). This reason includes, but is not limited to, a distribution due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, or substantially equal periodic payments. (Code 1 - Account Holder must complete IRS Form 5329)
- 2. Early distribution due to IRS levy. (Code 2)
- 3. Distribution due to permanent disability. (Code 3 - if you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code)
- 4. Beneficiary distribution (death distribution). (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 (RMD). (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 in SIMPLE IRA:
- 9. Transfer incident to divorce or legal separation, qualified charitable distribution, 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. Distribution to be rolled over to another IRA or paid directly to trustee of employer-sponsored plan.  
Payable to:   
Employer Plan Address:



**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 a non-Roth 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:**

- ALL Cash and Assets (This Will Close Account)     Partial Distribution

Amount Requested to Be Withdrawn (Reported to IRS):\* \$

*Besides any amount elected to be withheld for taxes, this amount may be less any fees incurred, where applicable, as a result of this Distribution Request.*

**Payment/Processing Instructions:**

- Issue Check to Participant/Beneficiary

Payee Name:

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:

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

Number of Shares/Units:       Name of Asset:

Number of Shares/Units:       Name of Asset:

Number of Shares/Units:       Name of Asset:

Number of Shares/Units:       Name of Asset:

Number of Shares/Units:       Name of Asset:

- Distribution from an IRA-owned Single-Member LLC (Complete the Fields Below *and* Section 6 on Page 3)

Name of LLC:       Total Value (Including Cash): \$       Distribution Amount: \$

Name of LLC:       Total Value (Including Cash): \$       Distribution Amount: \$

\* 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:

Amount of Distribution: \$  Distribution Frequency:  One-Time  Monthly  Quarterly  Annually

Start Distribution on (mm/dd/yy):\*

\* Distributions are processed on the first, fifteenth, or twenty-seventh of each month.

## SECTION 6 - Single-Member LLC Distribution

*required only for those distributing from an IRA-owned single-member LLC*

**Please list all assets in the IRA-owned single-member LLC, regardless of whether the LLC will be fully or partially distributed.**

Kingdom Trust will distribute the assets requested as follows. If more space is required, please attach a separate page. The value provided below will be the amount reported to the Internal Revenue Service. **CASH CANNOT BE DISTRIBUTED IN-KIND FROM THE LLC AND MUST BE RETURNED TO THE IRA.**

Choose an Option:  Entire Asset Balance  Partial Distribution of Assets Amount of Uninvested Cash in LLC: \$

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

Asset Name/Description	Total Value of Asset (\$)	Quantity in LLC	Quantity to Distribute
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**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.

## 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 in Section 3 above and have completed the Withholding Election. 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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