

Distribution

Date Stamp
(Office use only)

This is a fillable PDF form. To complete the form, click in an area and type.

Account Owner Information (As it appears on your account application)

Legal Name: _____ **Vantage Account #:** _____
First, Middle, Last

Legal Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Social Security Number:** _____

Phone: _____

Types of Distributions - CHECK ONLY ONE and fill-in where applicable

Traditional, Roth, SEP, and SIMPLE IRA

☐ **Early (premature) Distribution** - Account Holder is under age 59½ and no other code applies.

☐ **Early (premature) Distribution** - Substantially equal payment exception applies.

☐ **Normal Distribution** - You are the Participant and age 59½ or older

☐ **Removal Of Excess/Non-Deductible Contribution** plus earnings before tax filing deadline.

Is the contribution plus earnings being removed in the same year? ☐ Yes ☐ No

In which tax year was the contribution made? _____

☐ **Permanent Disability Of The Designated Beneficiary** (within the meaning of section 72(m)(7) of the Internal Revenue Code)

☐ **Death** - If you are a beneficiary of this account, you must furnish a certified copy of the Death Certificate.

☐ Transfer to beneficiary IRA (spouse/non-spouse)

☐ Transfer to own IRA (spouse only)

☐ **Transfer Due To:**

☐ Divorce A copy of the divorce decree must be attached.

☐ Legal Separation

Payable to: _____

☐ **Re-Characterization To A Traditional IRA**

Contribution of \$ _____ Earnings of \$ _____

☐ **Roth IRA Non-Qualified Distribution**

☐ **Distribution From A SIMPLE IRA** - Date employee first participated: _____

☐ **Conversion to a Roth IRA** ☐ IRA paid directly to Trustee of employer's plan

Payable to: _____

Health Savings Account

☐ This distribution is from a Health Savings Account

Qualified Roth

This Roth IRA distribution satisfies the 5 year holding period requirement and such distribution is made under the following reason:

- ☐ On or after I attain age 59½;
☐ To a beneficiary on or after the participant's death;
☐ On account of my becoming disabled (*within the meaning of section 72(m)(7) of the Internal Revenue Code*); or
☐ Qualified first-time homebuyer expenses

Death Distribution

If you are a beneficiary of this account, you must furnish a certified copy of the Death Certificate.

Beneficiary Name: _____

Beneficiary Address: _____

City: _____ **State:** _____ **Zip:** _____

Beneficiary Date of Birth: _____ **Beneficiary Social Security Number:** _____

Beneficiary Phone: _____

What Would You Like To Distribute?

☐ All Assets ☐ Partial Distribution (*name assets below*)

☐ Cash ☐ In-Kind Asset Description: _____ Amount: _____

☐ Fees are to be paid from remaining IRA funds ☐ I authorize Administrator to close my account

Gross Amount Requested:	\$
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Re-Characterization Amount:	\$
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Administrative Fees:	—	\$
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Amount Withdrawn (Reported to IRS):	=	\$
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Federal Income Tax Withheld:	—	\$
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State Income Tax Withheld (<i>Only applicable for Arizona State Tax</i>):	—	\$
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Net Total:	\$
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Distribution Delivery Instructions (Can not be delivered to a P.O. Box)

Until I give written instructions to the contrary, I direct the Administrator to distribute the amount requested as follows:

Distribution(s) To Be Made: ☐ One-Time ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Date Payment(s) To Commence: _____ **Date Payment(s) To End:** _____

Distribution Payable To: ☐ IRA Account Holder/Beneficiary ☐ Other: _____

Send Distribution(s) Via: ☐ In-Kind: _____ ☐ Check (*complete address below*) ☐ ACH Please Complete Outgoing Wiring Instructions Form

☐ Wire: Routing #: _____ Account#: _____ ☐ Will Pick Up

6U_b BU_a Y **DW_i dAddress:** _____

City: _____ **State:** _____ **Zip:** _____

Withholding Election

Choose either Option 1 or 2. Complete for any kind of distribution.

- ☐ **Option 1** Withhold federal income tax at the rate of _____% (not less than 10%) plus an additional amount of \$ _____ from the amount withdrawn.
- ☐ **Option 2** I elect not to have federal income tax withheld. (Must have US Residence address on file.) I understand that I am still liable for the payment of federal income tax 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 and take all such responsibility and/or liability.

Transaction Fees

I would like to pay the transaction fees by: ☐ Vantage Account ☐ Check ☐ Credit Card (please fill out below)

Credit Card Information (if applicable)

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Name On Card: _____ Card # _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Expiration Date: _____ 3 or 4 Digit Security Code: _____

Special Instructions

Notice of Withholding on Distributions

Vantage Retirement Plans, L.L.C. ("Administrator") performs recordkeeping and administration duties in connection with Account Owner's self-directed retirement account (the "Account") on behalf of the custodian ("Custodian") as set forth in Account Owner's account application (the "Account Application"). The terms and conditions of this document are incorporated into the Account Application, and the terms and conditions of the Account Application are incorporated herein.

The distributions you receive from your Account 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 are responsible for payment of any estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You understand that Administrator and Custodian do not provide any tax advice, and you are encouraged to consult a tax professional.

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 on Distributions above and have completed the Withholding Election above. I further certify that no tax advice has been given to me by the Administrator or Custodian. I understand that distributions are reported to the IRS, and that all decisions regarding this withdrawal are my own. I expressly assume the responsibility for any consequences which may arise from this distribution and I agree that the Administrator and Custodian are in no way responsible for those consequences. Please fax or mail this form to Administrator's office.

I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete.

Account Owner's Signature: _____ Date: _____