



VANTAGE®

Distribution

Date Stamp
(Office use only)
Rev. 5/5/2023

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: _____ **Last 4 of SSN:** _____

Types of Distributions - CHECK ONLY ONE OPTION

Traditional, SEP, and SIMPLE IRA

Early Distribution - Account Holder is under age 59½. (IRS penalties may apply. If you believe an exception may apply, consult a tax professional.)

Normal Distribution - You are the Participant and age 59½ or older (This also applies to Requirement Minimum Distributions)

SIMPLE IRA Distribution to Employee - Date employee first participated _____

Roth IRA

Roth IRA Non-Qualified Distribution (IRS penalties may apply. If you believe an exception may apply, consult a tax professional.)

Roth IRA Qualified Distribution- I certify that I have held my Roth IRA for 5 years and am requesting a distribution for the following reason:

On or after I attain age 59 1/2

To a beneficiary on or after the participant's death

On account of my becoming disabled

Qualified first time homebuyer expense

Other

Health Savings Account Distribution

Re-Characterization To: **Traditional** **Roth**

Contribution of \$ _____ Earnings of \$ _____ In which tax year was the contribution made? _____

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

Contribution plus earnings removed in the same year? **Yes** **No** In which tax year was the contribution made? _____

Death You are a beneficiary of this account. A certified copy of the Death Certificate is required

Beneficiary Name: _____ Beneficiary Date of Birth: _____ Beneficiary Last 4 of SSN: _____

Distribution Due To:

Divorce (A copy of the divorce decree must be attached.) **Legal Separation** (A copy of the separation maintenance agreement must be attached.)

Substantially Equal Payments (within the meaning of section 72(m)(7) of the Internal Revenue Code).

Direct Rollover of a Distribution to a Qualified Plan

Distribution Frequency Instructions - Funds must be available the business day prior. If the processing day falls on a weekend or holiday it will be processed the previous business day. Please allow for deposit hold times.

One Time - I hereby authorize and direct Administrator to make a one-time distribution using the Delivery Instructions below

Recurring Payments - I hereby authorize and direct Administrator to make recurring distributions using the Delivery Instructions below

Payment Frequency: **Monthly** **Quarterly** **Semi-Annually** **Annually** **Processing Day (i.e. 1st, 7th, 23rd):** _____

Date Payments to Commence: _____ **Date Payments to End:** _____

Page 1 of 3

What Would You Like to Distribute?

All Assets I authorize Administrator to close my account

Total Cash Distribution: \$ _____

In-Kind - (Valuation Update Required, Please contact our office to discuss valuation process)

Asset Description: _____ Asset Value: \$ _____

Asset Description: _____ Asset Value: \$ _____

Asset Description: _____ Asset Value: \$ _____

Withholding Election

I elect to **not** withhold **federal** income tax

I elect to withhold **federal** income tax at the rate of _____% (No less than 10%)

I elect to withhold Arizona State Income tax at the rate of _____% (Only applies to AZ Residents)

Delivery Instructions

CHECK (if no delivery option selected, we will default to regular mail)

Regular Mail

Overnight (Cannot be delivered to a P.O. Box)

Payable to: _____

Mail to Address: _____ City: _____ State: _____ Zip: _____

WIRE **ACH** Bank Account #: _____ Bank Routing #: _____

Account Holder's Name: _____ Bank Name: _____

Account Holder's Address (Required for Wires): City _____ State: _____

Transaction Fees (If no indication is made, fees will be deducted from your uninvested cash. If there is not sufficient funds available, the transaction will not be processed.)

How Would You Like To Pay The Transaction Fees?

Vantage Account

Visa

MC

Discover

AMEX

Name on Card: _____

Card Number: _____ Exp: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Notice of Withholdings, Distributions and Signatures

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.

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. Administrator does not verify any signatures and I am responsible for any damages associated with falsified or forged information or signatures. 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:** _____