



VANTAGE®

# Distribution

Date Stamp  
(Office use only)  
Rev. 6/1/2020

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 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

☐ **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? \_\_\_\_\_

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

☐ **Death** - You are a beneficiary of this account. (A certified copy of the Death Certificate is required. Please complete the Death Distribution section on page 2.)

☐ Distribute to beneficiary (spouse/non-spouse)

☐ 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 (A copy of the separation maintenance agreement must be attached.)

☐ **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: \_\_\_\_\_

☐ **Re-Characterization To:** ☐ Traditional ☐ Roth ☐ SEP ☐ SIMPLE

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

☐ **Direct Rollover of a Distribution to a Qualified Plan, Section 403(b) Plan, or Governmental 457(b) Plan**

For information regarding recharacterizations, including eligibility requirements, please refer to IRS Publication 590-A.

## 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    ☐ I authorize Administrator to close my account

☐ Partial Distribution

☐ Cash

☐ **In-Kind** - Asset Description: \_\_\_\_\_ Asset Value: \$ \_\_\_\_\_

<b>Gross Amount Requested:</b>	\$
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<b>Re-Characterization Amount:</b>	\$
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<b>Administrative Fees:</b>	—	\$
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<b>Amount Withdrawn (Reported to IRS):</b>	=	\$
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<b>Federal Income Tax Withheld:</b>	—	\$
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<b>State Income Tax Withheld (only applicable for Arizona State Tax):</b>	—	\$
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<b>Net Total</b>	\$
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## 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.

## 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.

## Distribution Frequency Instructions

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

Payable to: \_\_\_\_\_

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

**\*NOTE: Payments must begin within 45 days of Vantage receiving payment instructions.**

Payable to: \_\_\_\_\_

Payment Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Processing Day: ☐ 1st ☐ 5th ☐ 15th ☐ 20th

Date Payments to Commence: \_\_\_\_\_ Date Payments to End: \_\_\_\_\_

**PLEASE ALLOW TWO BUSINESS DAYS FOR PROCESSING**

## Delivery Instructions

Check Memo or Reference Information: \_\_\_\_\_

☐ **CHECK** (If no delivery option selected, we will default to regular mail) ☐ **CASHIER'S CHECK** (Please allow one additional business day for processing)

☐ Hold for Pick Up (Checks are available for pick up at Vantage after 2pm) ☐ Regular Mail ☐ Overnight (Cannot be delivered to a P.O. Box)

Mail To Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

☐ **WIRE** ☐ **ACH** Bank Account #: \_\_\_\_\_ Bank Routing #: \_\_\_\_\_

Account Holder's Name: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account Type: ☐ Checking ☐ Savings Account Holder's Address (Required for Wires) - City: \_\_\_\_\_ State: \_\_\_\_\_

**Transaction Fees** (All fees due at time of transaction. If no indication is made, fees will be deducted from your un-invested cash balance, if available. If cash balance is inadequate, the transaction will not be processed.)

## How Would You Like To Pay The Transaction Fees?

☐ Vantage Account ☐ Check (Made payable to Vantage) ☐ Visa ☐ MC ☐ Discover ☐ AMEX

Name On Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp.: \_\_\_\_\_ CVC: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Special Instructions

## 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. 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: \_\_\_\_\_

**NOTE:** Please allow Vantage two (2) business days to complete your request. Documents received after 2pm will be considered as received the next business day.

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