

IRA DISTRIBUTION REQUEST  
TRADITIONAL/ROTH/SEP/SIMPLE/CESA

Form W-4P  
Department of the Treasury  
Internal Revenue Service  
OMB No. 1545-0074

IRA Holder's Name

Responsible Individual's Name (Parent/Guardian for CESA only)

Account Number

SSN

State of Residence

**DISTRIBUTION INFORMATION**

**Traditional Distribution**

- Premature Distribution - I may qualify for a waiver of the IRS 10% penalty if one of the following applies:
  - Qualified Education Distribution
  - Eligible First-time Home Buyer (\$10,000 lifetime limit)
  - Eligible Medical Expense (expenses exceed 7.5% of AGI)
  - Eligible Medical Insurance Payment (unemployment required)

The IRA owner may be required to file for the exception on IRS FORM 5329.
- Disability [Defined in section 72(m)(7)]
- Prohibited Transaction
- Normal Distribution (Over the age of 59½) - IRA Uniform RMD is **required** for a Traditional Required Minimum Distribution (RMD)
- Premature SIMPLE IRA distribution (Under age 59½)
  - Within the first two years of initial deposit (25% penalty may apply)
  - After the first two years of the initial deposit (10% penalty may apply)
- IRA Conduit Rollover to QRP

**IRA ROTH Distribution**

- Distribution after the five-year holding period, and age 59½ or older. (Please continue to Distribution Payment Instructions)
- Distribution within the first five years, and age 59½ or older. (Please continue to Distribution Payment Instructions)
- Distribution after the five-year holding period, but under the age of 59½.
- Distribution within the first five years, but under the age of 59½.
- Disability (Defined in section 72(m)(7))

**CESA Distribution**

**Distribution Reason**

- Qualified Education Distribution
- Non-qualified Reason

**DISTRIBUTION PAYMENT INSTRUCTIONS**

Does this distribution close the account?  Yes  No

If yes, pay closing fees from another account. Account Number: \_\_\_\_\_

**Payment Type**

- One-time distribution in the amount of \$\_\_\_\_\_. (Gross amount)
- Standing distribution amount upon request (This form will be maintained for subsequent distributions)
- Periodic distribution in the amount of \$\_\_\_\_\_. (Gross amount)
  - Semi-Monthly  Monthly  Quarterly  Semi-Annually  Annually

Specify start date of periodic payment: \_\_\_\_\_ Specify end date of periodic payment: \_\_\_\_\_ (optional)
- Dividend/Interest



**Payment Method**

Check by mail

Third Party Check

Name: \_\_\_\_\_

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

Wire (*Wire not available for periodic distributions*)

Financial Institution Name: \_\_\_\_\_

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

ABA Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Further Credit: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

By ACH on demand

Distribute to existing account #: \_\_\_\_\_ Number of shares: \_\_\_\_\_ Symbol: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Overnight Delivery (*Fees apply*)

Pay fee from another account. Account Number: \_\_\_\_\_

Saturday Delivery (*Fees apply*)

Pay fee from another account. Account Number: \_\_\_\_\_

**WITHHOLDING (Purpose of Form W-4P)**

The IRA Owner must elect whether or not to have money withheld for federal income tax purposes and on what basis. You can make this election on this substitute Form W-4P, or you can attach an actual Form W-4P. Unless elected otherwise, IRA distributions will have federal income tax withheld at a flat rate of 10%. You may use this form to elect to have no income tax withheld (except for payments to U.S. citizens delivered outside the U.S. or its possessions), to have 10% withheld, or to have more than 10% withheld. Check the box below reflecting your choice. Generally, your election will apply to any later distributions from the same IRA. You may, however, revoke your withholding election by completing a new W-4P with PrimeVest. Copies of Form W-4P will not be sent to the IRS by the payer. STATE WITHHOLDING: Your state may allow or even require state income tax withholding. Please discuss this issue with your tax advisor. Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. (See publication 505)

**WITHHOLDING ELECTION (Form W-4P Instructions)**

I elect not to have federal income tax withheld from my distribution.

I elect to have the following \$ \_\_\_\_\_ or \_\_\_\_\_% of federal income tax withheld from my distribution.

(10% minimum, additional dollars may be withheld)

For periodic payments: The number of allowances on which withholding is to be computed:

single  married  married but withhold at a higher single rate. Enter number of allowances \_\_\_\_\_

I elect not to have state income tax withheld from my distribution.\*

I elect to have the following \$ \_\_\_\_\_ or \_\_\_\_\_% of state income tax withheld from my distribution.\*

\*Check with state for applicable tax rate. If state withholding is not marked, the default percentage will be applied.

\_\_\_\_\_  
Signature of IRA Owner, or Responsible Individual or Designated Beneficiary

\_\_\_\_\_  
Date

**Fax completed form to Brokerage Operations at 888.428.9904.**