



IRA Distribution Form

Beneficiary, ROTH, SEP, SIMPLE and Traditional IRA's,
ROTH Conversion and Re-characterization

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IRA Distribution Form (Beneficiary, ROTH, SEP, SIMPLE and Traditional IRA's, ROTH Conversion and Re-characterization)

IRA Account Number: _____

Part 1: IRA Owner Information

Name:		Social Security Number (SSN):	
Type of IRA (select one):			
<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Rollover IRA	<input type="checkbox"/> Beneficiary IRA
<input type="checkbox"/> SEP	<input type="checkbox"/> SIMPLE		
Address (number, street and apt#):		City, State and ZIP Code:	
Date of Birth:	Date of Death:	Daytime Phone:	Tax Year of First ROTH IRA Contribution or Conversion Year:

Part 2: Reason for Withdrawal (Select One Box Only)

Most Common Responses

- Normal distribution (over 59.5 years old, including required minimum distributions for people over 70.5 years old)
- Premature distribution - no withholding exception available (under 59.5 years old or 60+ Days IRA Rollover)

Special Circumstances

- Premature distribution, withholding exception applies: IRS Levy SEPP/72(t)
- Roth conversion to account # _____ Full ___ Partial ___ (attach a list for individual securities)
- Divorce (attach divorce decree)
- Disability (attach letter from physician verifying disability dated in past 12 months, or Social Security Notice of Award)
- Correction of excess contribution for tax year: _____
 Amount of excess contribution for tax year: _____
 Date of contribution: ____ / ____ (mm/yyyy)
 - On or before my tax-filing due date, including extensions
 - In previous year from excess contribution
 - In same year as excess contribution
 - After my tax-filing due date, including extensions, if any
 Earnings attributed to excess (if applicable): \$ _____ (excess will be remitted to you)
- Revocation (reversal of a contribution within 7 days of deposit)
- Recharacterization of:
 - Prior tax year regular contribution/conversion in the current year
 - Current tax year regular contribution/conversion in the current year
- Death (paid in accordance with beneficiary designation / Retirement Account provision. Attach certified death certificate)

Part 2: Reason for Withdrawal (continued)

Recipient Information (Only necessary if "Death" box is checked)

Name: _____

Beneficiary Date of Birth: ____ / ____ / ____ (mm/dd/yyyy)

Taxpayer Identification Number (TIN/SSN): _____

Address: _____

City, State and ZIP Code: _____

Part 3: Type of Distribution

Total distribution / Account termination (annual fee applies)

One-time partial distribution \$ _____

Recurring distribution - Beginning Date: ____ / ____ / ____ (mm/dd/yyyy)

Amount: \$ _____ Monthly (5th or 20th)

- or - \$ _____ Quarterly (Jan 10th Apr 10th Jul 10th Oct 10th)

Please Note:

- Please allow 10 business days for the use of newly established EFT links.
- Distributions will occur on or around the date specified.
- Distribution forms must be received at least 3 weeks prior to first distribution date for recurring distributions.
- Only normal, premature and disability distributions are available for recurring distributions.

Part 4: Method of Distribution (Select One)

Deposit into another account. Account number: _____

Electronic Funds Transfer (no fees) - **This Method is Required for Recurring Distributions**

EFT Link already established

New EFT Link (complete section below)

Part 4: Method of Distribution (continued)

New EFT link (attach voided check here)

Type of Account: Checking/Money Market Savings

You authorize us to electronically transfer funds from your account with us to the bank or financial institution with which you request an EFT link to be established. You agree to indemnify and hold us and Reich & Tang Asset Management L.P. harmless for any loss, liability or expense incurred from acting on these instructions. You may terminate this authorization at any time by deleting the EFT link through our website.

Attach Voided Check Here

Check (mailed to address of record only - fee applies) overnight check (fee applies)

Wire (please provide the following instructions – fee applies)

Bank name: _____

Bank address: _____

Bank routing number (ABA): _____

Bank account name (no third party wires): _____

Bank account number: _____

For Further Credit

Name: _____

Account Number: _____

Part 5: Tax Withholding Elections

Not applicable to Roth IRAs. See IRS Form W-8BEN if you are of foreign nationality.

IRA owners must choose whether or not to have money withheld for Federal Income Tax purposes. Distributions from your IRA are subject to Federal Income Tax. The IRS requires us to withhold 10% of the distribution for payment of Federal Income Taxes, unless you elect to have no income tax withheld.

Federal Income Tax Withholding: FORM W-4P

I elect NOT to have Federal Income Tax withheld from my IRA distribution.

I elect to have Federal Income Tax withheld from my IRA distribution.

Withhold 10%

Withhold the following percentage _____ %

Withhold the following dollar amount \$ _____

Even if you elect not to have tax withheld, you are liable for payment of income tax on the taxable portion of your distribution. The election shall remain effective until revoked. You may wish to consult your tax advisor or IRS Publication 590 concerning your withholding election.

Part 5: Tax Withholding Elections (continued)

State Income Tax Withholding:

Depending upon your state of residency (determined by the legal address of record on your account) and whether you elected **not** to have federal income tax withheld, you may elect **not** to have state withholding apply, or you may elect to increase the rate of state withholding. In certain states, tax withholding is not available. In certain states, if you elect to have federal income tax withheld, state tax withholding is required. Please refer to the State Income Tax table below.

While we seek to obtain information about state tax laws from sources we believe to be reliable, we cannot guarantee the accuracy or timeliness of this information due to changes in state tax laws and interpretations. We recommend you contact a tax professional if you have any questions regarding your state's tax withholding laws.

If you do not make an election, we will apply (if required) the minimum withholding rate based upon your state of residency.

I elect NOT to have State Income Tax withheld from my IRA distribution.

I elect to have State Income Tax withheld from my IRA distribution.

(withholding must be a whole number, at least your state's minimum rate, and not more than 99% when combined with Federal Income Tax withholding.)

Withhold at my state's minimum rate

Withhold the following percentage _____ %

Withhold the following dollar amount \$ _____

State Tax Tables:

If you are a resident of this state:	Your withholding options are:
DE, IA, KS, MA, ME, NE	If you elect to have Federal Income Tax withheld, we are required to withhold State Income Tax. If you do not elect to have federal income tax withheld, you may optionally elect to have State Income Tax withheld.
AR, CA, GA, NC, OK, OR, VT	If you elect to have Federal Income Tax withheld, we are required to withhold State Income Tax unless you specifically elect not to have State Income Tax withheld .
AL, AZ, CO, CT, DC, ID, IL, IN, KY, LA, MD, MI, MN, MO, MT, ND, NJ, NM, NY, OH, PA, RI, SC, UT, VA, WI, WV	State Income Tax withholding is voluntary regardless of whether or not you elect to have Federal Income Tax withheld. We will withhold State Income Tax only if you instruct us do so.
AK, FL, HI, MS NH, NV, SD, TN, TX, WA, WY	State Income Tax withholding is not available.

For states that allow income tax withholding, you have the option to provide a percentage amount equal to or greater than your state's minimum withholding.

If you are a resident of this state:	Your minimum tax rate is:
AR	At least 3% of the gross distribution amount.
CA, OR	At least 1% of the gross distribution amount.
DE, IA, KS, ME, NE, OK	At least 5% of the gross distribution amount.
GA	At least 2% of the gross distribution amount.
MA	At least 5.3% of the gross distribution amount.
NC	At least 4% of the gross distribution amount.
NJ	No minimum tax rate. Provide a percentage that equals at least \$10.00 of the gross distribution amount.
VT	At least 2.7% of the gross distribution amount.
AL, AZ, CO, CT, DC, ID, IL, IN, KY, LA, MD, MI, MN, MO, MT, ND, NJ, NM, NY, OH, PA, RI, SC, UT, VA, WI, WV	No minimum tax rate. You may provide any percentage amount.
AK, FL, HI, MS NH, NV, SD, TN, TX, WA, WY	State Income Tax withholding not available.

Part 6: Authorization and Signature

You certify the accuracy of the distribution reason selected above and authorize this transaction. You agree to the terms of this form and its instructions. You understand that you are responsible for any consequences resulting from this distribution including taxes and penalties owed. You agree to indemnify and to hold us harmless for any tax, penalty, or other liability resulting from this distribution. You acknowledge that we cannot provide legal advice and you agree to consult with your own tax professional if you need advice.

IRA Account Owner or Beneficiary Signature _____ **Date** _____