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# TRADITIONAL IRA DISTRIBUTION REQUEST

## A ACCOUNT INFORMATION

Account Owner's Name:

Millennium Account No.:

Address:

City: State: Zip:

Daytime Phone No.: E-mail Address:

Social Security No.: Date of Birth:

- Check here if this address is different than the address on record with Millennium Trust. To verify the current address on file, refer to your most recent Millennium Trust statement. If checking this box, please submit an Address Change Request Form (OPR-009).

## B DISTRIBUTION TYPE

Please select one:

- Normal Distribution.** I am at least age 59½.
- Early Distribution.** I am not yet 59½, nor am I disabled. I understand that a 10% IRS penalty tax may apply to the taxable amount of the distribution.
- Early Distribution.** (Exception applies.)
- Periodic Payments** prior to age 59½ (IRC Section 72(t)(2)(A)(iv)). Payments can only be taken over Participant's single or joint life expectancy (with Beneficiary). Should the Participant change or terminate the distribution schedule prior to the latter of attaining age 59½ or five years from the date of the first distribution, the 10% Federal Tax Penalty will apply to all payments received prior to age 59½. **NOTE:** You are responsible for notifying Millennium Trust of the exact amount of each payment to meet the IRS requirements. Consult your tax advisor for assistance.

Please indicate the amount of each payment to be distributed: \$

- Payment of an IRS Levy** (Attach IRS documents.) *Please note, the check will be made payable to the IRS. If you choose to have the check made payable to yourself, your distribution will be coded as a premature or normal distribution.*
- Disability.** Within meaning of IRS Code Sec 72(m)(7). (Attach Physician's Statement.)
- Death.** (Certified copy of the death certificate required.)
- Excess Contribution for the year:** (Indicate year) .  
 Has tax return been filed for that year?  Yes  No If NO, when is your tax filing deadline?  
 If the excess is returned prior to your tax filing deadline for the above year, earnings must be returned. Earnings will be subject to ordinary income tax and may be subject to the 10% IRS premature distribution tax. If the excess is returned after your tax filing deadline, the excess is subject to a cumulative 6% IRS penalty tax. Additionally, taxes and penalties may apply if contributions exceed IRS limits.
- Divorce.** (Attach a copy of the divorce decree and other pertinent legal documents.)

Please continue to page two to complete this form.



**C AMOUNT AND METHOD OF DISTRIBUTION**

If funds are invested in securities other than a cash investment, the timing of liquidation will vary depending on where the funds are invested. **MTC will request funds be sent by check unless otherwise indicated in Section C2.** Once received, the check is held for 5 business days to clear before the distribution can be issued.

Please select one:

- Total distribution of my entire account and close account. (Section C1 must be completed.)
- Partial distribution of \$ \_\_\_\_\_ . (Tell us what to sell in Section C1 if insufficient cash.)
- Systematic Payment (Please complete Section D.) *Please note: If funds are not available at the time of systematic distribution, your check or ACH will not be issued as scheduled.*
1. List: (e.g. name of asset, number of shares, Investment Account # (Futures, Forex, Brokerage, etc.), indicate if the asset should be sold or re-registered.) **Please Note: Cash investment will be automatically liquidated. For all other assets, please complete Section C1.**

- In order to avoid duplicate liquidation requests by you and Millennium Trust; please check this box if you have personally requested a liquidation of your investments online or directly through your investment representative. **If this box is not checked, then Millennium Trust will request the liquidation.**

Asset Name	No. Shares/Dollar Amt/All	Investment Acct #	Sell or Re-Register
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If additional space is needed, please attach a separate page.

2. Select the method that funds should be sent to Millennium Trust from assets sold. If no delivery method is selected, funds will be requested via check.
- Check (Upon receipt of funds, a 5 business day hold is required before funds are disbursed.)
- Wire Transfer (Additional fees may apply.)

Millennium Trust Company, LLC is not responsible if the asset has its own required delivery method.

**D SYSTEMATIC PAYMENTS**

**NOTE: Only complete this section if you checked "Systematic Payment" box in Section C.** This distribution form needs to be received 15 days prior to the date of the first systematic payment. To avoid delays, please ensure the requested dollar amount is available in your MTC account 7 days prior to the distribution date.

Amount of systematic payment: \$ \_\_\_\_\_ Starting: \_\_\_\_\_ (Payments issued on the 15th of the month.)

Frequency of future payments:  Monthly  Quarterly

Indicate preferred payment method:

- Check (Skip bank information, proceed to Section E.)
- Bank Direct ACH (Signature Guarantee required for ACH payments - See Page 4). First payment will be issued immediately by check. However, Standard NACHA Rules apply; an ACH may take up to 72 hours to credit your account.

**Banking Information:**

Bank Name:

Bank Address:

City:

State:

Zip:

ABA Routing No.:

Bank Account No.:

Name of Bank Account:

(To expedite the processing of this request, you must attach a voided check with this form.)

**Please continue to page three to complete this form.**

**E PAYMENT DELIVERY**

Checks will be sent to you via U.S. Mail unless overnight delivery is indicated below.

- Mail a check to the address of record.  Overnight Delivery (*Fees may apply.*)
- Mail a check to the following address (*Signature Guarantee Required - Page 4.*)  Overnight Delivery (*Fees may apply.*)

Payee:

Address:

City:

State:

Zip:

- Wire funds- **Please complete banking information below.** (*Signature Guarantee required—See Page 4.*)

Please ensure the accuracy of your financial institution's wire instructions. If a wire is rejected due to the incorrect wire instructions, an additional \$30.00 will be charged.

**Banking Information:**

Bank Name:

Bank Address:

City:

State:

Zip:

ABA Routing No.:

Bank Account No.:

Name on Bank Account:

**F TAX WITHHOLDING ELECTION****Federal Withholding Election**

Internal Revenue Service ("IRS") regulations require this notice to be given to you each time you request a distribution from your Account.

The distribution(s) you receive from your Account are subject to Federal Income Tax withholding, unless you elect not to have withholding apply. You may be liable for payment of any Federal Income Tax due on distribution(s) from your Account, regardless of whether or not you elect to have taxes withheld. In addition, if your payments of estimated tax and withholding, if any, are not adequate, you may be subject to tax penalties under estimated tax payment rules.

You are urged to consult your tax advisor with respect to your election of Federal Income Tax withholding. If you do not want Federal Income Tax withheld from your distribution(s), please complete the first item in Section F.

*Please select one. If no selection is made, taxes will automatically be withheld from the distribution(s) at a rate of 10%.*

- I **DO NOT** want Federal Income Tax withheld from my distribution(s).
- Withhold 10% for Federal Income Taxes from my distribution(s).
- Withhold \_\_\_\_\_ % (*minimum 10%*)
- Withhold \$ \_\_\_\_\_ for Federal Income Taxes from my distribution(s). (*minimum 10%*)

**State Withholding Election (Mandatory States Only)**

*If you are a resident of CA, DC, DE, IA, KS, MA, MD, ME, MI, NC, NE, OK, OR, VA, or VT you need to complete the state withholding election below.*

For residents of the states listed above we are required to withhold state taxes from your Account when you have federal taxes withheld, unless otherwise elected. In addition, residents may voluntarily elect to have state taxes withheld, but opt out of federal withholding. **Please Note: We will only withhold state income tax for the mandatory states listed above.**

*Please select one. If no selection is made, we will withhold your state's minimum requirement from your distribution(s).*

- I **DO NOT** want state income tax withheld from my distribution(s).
- Withhold my state's minimum requirement.
- Withhold this amount: \_\_\_\_\_ % or \$  
We will withhold at least your state's minimum requirement.

***Please continue to page four to complete this form.***

**G RECIPIENT'S ACKNOWLEDGEMENT AND SIGNATURE**

To avoid delays in the processing of your request, please ensure that there is sufficient cash in the account to cover the requested distribution and any applicable fees. These or other fees are payable in accordance with the custodial agreements and will be deducted from the account unless you remit the amount due.

Wire Fee	\$30	Re-Registration Fee	\$125
Overnight deliveries		Special Handling	\$75hr
Domestic	\$25	Excess contribution earnings calculation	\$50
International	\$50	Account Closing Fee	\$50

If you are requesting a partial distribution, please maintain the required minimum balance on deposit in your account as indicated on your fee schedule.

Please make the above requested distribution(s). I have consulted my tax advisor concerning the taxable effect of the requested distribution(s) and agree to be fully responsible for the same.

[Signature Guarantee Stamp Here]

\_\_\_\_\_  
Recipient's Signature

Date:

An **original** Signature Guarantee is required if funds will be sent to an address other than the address of record or with a change to banking information, or if the proceeds will be sent to a beneficiary due to death. Forms received without the required Signature Guarantee will be returned.

*A Signature Guarantee may be obtained from an authorized officer at a brokerage firm, bank or other financial institution. Certification by a notary public is not a substitute for a Signature Guarantee.*

**Did you remember to:**

- Complete your account information? (Section A)
- Complete an Address Change Request Form (OPR-009), if necessary? (Section A)
- Check the type of distribution being requested? (Section B)
- Include any extra required documentation, (i.e. IRS documents, physician statement, death certificate, divorce decree, etc.) (Section B)
- Indicate the amount of your distribution request? (Section C)
- Indicate your choice of Distribution Method and Payment Delivery? (Sections C & E)
- Indicate how much federal and state income tax to withhold? (Section F)
- Obtain a Signature Guarantee, if applicable? (Section G)
- Sign and date this form? (Section G)