



IRA Distribution Request

Instructions and Form

877.836.3949
203.388.2714
www.vfmarkets.com

Send to: (Please submit using one method)
Email: clientservices@vfmarkets.com
US Mail: 120 Long Ridge Rd., 3 North
Stamford, CT 06902

Use this form when you want to receive a distribution (withdrawal) from your STRATA IRA.

Guidelines

- Complete all sections of the form to avoid processing delays.
- To avoid process delays, ensure there is sufficient cash in the account to cover the requested distribution and any applicable fees.
- When requesting a cash distribution, please specify the desired payment method.
- If requesting to receive a distribution by bank wire, be sure to contact your bank in advance to obtain the proper wire routing instructions.
- When taking an *in-kind* distribution of an asset, you may be asked to provide an independent valuation for the asset using our Fair Market Valuation form.
- Please see our IRA Fee Schedule for the applicable fee(s) that your account may incur for this distribution. (No fee is charged for recurring distributions (monthly or quarterly) which are sent by ACH transfer.)
- Service fees incurred are not included in the gross distribution amount requested.
- If taking a premature or non-qualified distribution, you may be subject to taxes and/or penalties. Please contact your tax professional with any questions regarding the possible tax consequences of your distribution.
- If taking a premature distribution for which an exception applies, please contact your tax professional to determine if IRS Form 5329 needs to be filed. STRATA only reports the amount as a premature distribution.



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This form is used to receive a distribution (withdrawal) from your IRA with STRATA Trust Company ("STRATA"). Please complete all sections of this form to avoid processing delays.

SECTION 1		ACCOUNT INFORMATION		
Accountholder Name		Account Number		
Social Security Number (Last 4 Digits Only)		Birthdate		
Address of Record (Last known address used if blank)		City	State	Zip
Daytime Phone		Domicile tax state for state withholding if different than above		State
Account Type	<input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE		Email Address	

Check here if this request is to satisfy your annual Required Minimum Distribution.

SECTION 2 TYPE OF DISTRIBUTION Must select one

Traditional/SEP/SIMPLE IRA

Normal Distribution: I am age 59½ or older.

Roth IRA

Qualified Roth Distribution: I am age 59½ or older and have met the 5-year holding period.

Roth Distribution – Exception Applies: I am age 59½ and the 5-year holding period has not been met.

Traditional/Roth/SEP/SIMPLE IRA

Early/Premature Distribution: I am not yet age 59½.

Early/Premature Distribution Exception Applies

Timely refund of excess or nondeductible contribution plus earnings for tax year: _____

Refund of principal amount of excess contribution after tax filing date for tax year: _____

Divorce: Must attach a certified copy of the divorce decree or other legal document.

Death: Must attach a certified copy of the Death Certificate.

Revocation: Must be requested within 7 days of account establishment.

Payment of IRS Levy: Must attach IRS documents

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.

Section 3**Select your Distribution Option – Must select Option 1 or 2 and complete the steps indicated** **Option 1: One-Time Distribution**

Step 1: Specify: ___ Partial Distribution ___ Complete Distribution (Account will be closed and the Termination Fee will apply.)

- All available cash
- Cash in the amount of \$ _____ (Gross Amount)
- In-kind distribution of the asset(s) shown below.

Step 2: If we need to liquidate or re-register any asset(s) for this distribution, indicate this instruction in the space below. Otherwise, leave blank.

Liquidate	Re-Register/ In-Kind	Asset Name/Description	# of Shares	Approximate Value
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

Step 3: Tell us how you want this distribution to be sent.

<input type="checkbox"/> Send Check – A check will be mailed to your address of record. Please verify that STRATA has your current address on file. All checks will be sent via U.S. Mail unless you select overnight delivery.	
Make Check Payable To	
Send By	<input type="checkbox"/> U.S. Mail <input type="checkbox"/> UPS Overnight (specify below) <input type="checkbox"/> FedEx Overnight (specify below)
Overnight Fee	<input type="checkbox"/> Deduct from my IRA account <input type="checkbox"/> Third Party Billing Number # _____

* If you need a check mailed to an address other than your address of record, please contact STRATA before completing this Distribution Request Form.

ACH Transfer Information	
Bank Name	Bank Phone
Bank Location	City State
ABA Routing #	Must be 9 digits _____
For Credit To	Account #
For Further Credit To	Account #

<input type="checkbox"/> Send Wire A wire fee of \$35 will be incurred.		
Bank Name		Bank Phone
Bank Location	City	State
ABA Routing #	Must be 9 digits _____	
For Credit To		Account #
For Further Credit To		Account #
Wire Fee	<input type="checkbox"/> Deduct from my IRA account <input type="checkbox"/> Check enclosed (\$35)	

<input type="checkbox"/> Send Re-Registered Asset(s) A \$30 in-kind distribution fee will be charged for each asset distributed in-kind unless the account will be closing. Re-registration forms will be sent via U.S. Mail unless specified for overnight delivery.		
Name		
Send By	<input type="checkbox"/> U.S. Mail <input type="checkbox"/> UPS Overnight – specify how you wish to pay the overnight fee below	
Overnight Fee	<input type="checkbox"/> Deduct from my IRA account <input type="checkbox"/> Credit Card (attach form)	
Email Address for tracking alerts/info		

* If you need assets or paperwork mailed to an address other than your address of record, please contact STRATA before completing this Distribution Request Form. If you are unsure about the listed address of record with STRATA, please check the data with us prior to forwarding your instructions.

Option 2: Partial Recurring Distribution by ACH Transfer

Step 1: Specify frequency and start date: Monthly Quarterly Start Date: _____

Step 2: Specify the amount or percentage to distribution.

- All available cash
- Cash in the amount of \$ _____
- Cash in the percentage of _____%

Step 3: Provide the ACH transfer information in the space below.

ACH Transfer Information (ACH transfers are only available for Partial Recurring Distributions. No fee is charged.)		
Bank Name		Bank Phone
Bank Location	City	State
ABA Routing #	Must be 9 digits _____	
For Credit To		Account #
For Further Credit To		Account #

Elect Federal and/or State Withholding (Form W-4/OMB No. 1545-0074)

Must complete one if the box above is checked:

Withhold Federal income tax at the rate of _____ % or \$ _____. **Must be 10% or more.**

Withhold State income tax at the rate of _____ % or \$ _____.

You may refer to the State Withholding Information at the back of this form.

 Waive State and/or Federal Withholding (Form W-4/OMB No. 1545-0074)

Must complete one if the box above is checked:

Effective _____, I elect not to have Federal income tax withheld.

I understand that I am still liable for the payment of Federal income tax on the amount received. I also understand that I may be subject to Federal income tax penalties under the estimated tax payment rules if my payments of the estimated tax and withholding are insufficient.

Effective _____, I elect not to have State income tax withheld.

If the state I reside in requires income tax, I understand that I am still liable for the payment of State income tax on the amount received. I also understand that I may be subject to State income tax penalties under the estimated tax payment rules if my payments of the estimated tax and withholding are insufficient.

Please read the **Withholding Notice Information** below and make your Federal withholding election. If you do not choose an election, we are required to withhold Federal taxes at a flat 10% rate. We will not reverse any Federal or State withholding in the event you neglect to make an election. The minimum allowable amount for Federal Withholding is 10%. Federal withholding must be designated as either a percentage or dollar amount. See *IRS Publication 505: Tax Withholding and Estimated Tax* available on the IRS website, www.irs.gov.

Withholding Notice Information:

Basic Information About Withholding from Pensions and Annuities. Generally, Federal income tax withholding applies to payments made from pension, profit sharing, stock bonus, annuity and certain deferred compensation plans, IRAs and commercial annuities.

Purpose of Form W-4P. Unless you elect otherwise, Federal income tax will be withheld from payments from IRAs. You can use IRS Form W-4P or a substitute form, such as that contained on this form, furnished by STRATA Trust Company ("STRATA"), to instruct STRATA to withhold no tax from your IRA payments (or to revoke this election). This substitute form should be used only for distributions from IRAs which are payable upon demand.

Nonperiodic Payments. Payments from IRAs that are payable upon demand are treated as nonperiodic payments for Federal income tax purposes. Generally, nonperiodic payments must have income tax withheld at a rate not less than 10%.

You can elect to have no income tax withheld from a non-periodic payment (IRA payment) by filing IRS Form W-4P or a substitute form with STRATA and checking the appropriate box on that form. Your election remains in effect for any subsequent distribution unless you change or revoke it.

A U.S. citizen or resident alien may not waive withholding on any distribution delivered outside of the U.S. or its possessions. Distributions to a nonresident alien are generally subject to a tax withholding rate of 30 percent. A reduced withholding rate, including exemption, may apply if there is a tax treaty between the nonresident alien's country of residence and the United States, and the nonresident alien submits Form W8-BEN, *Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding*, or satisfies the documentation requirements as provided under the regulations.

For more information, please see Publication 505, *Tax Withholding and Estimated Tax*, and Publication 515, *Withhold of Tax on Nonresident Aliens and Foreign Entities*, available from most IRS offices.

Caution: Remember that there are penalties for not paying enough tax during the year, through either withholding or estimated tax payments. New retirees should see Publication 505. It explains the estimated tax requirements and penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your IRA using IRS Form W-4P.

Revoking the Exemption from Withholding. If you want to revoke your previously filed exemption from withholding, file another IRS Form W-4P with STRATA and check the appropriate box on that form.

Statement of Income Tax Withheld from Your IRA. By January 31 of next year, you will receive a statement from STRATA showing the total amount of your IRA payments and the total Federal income tax withheld during the year. Copies of Form W-4P will not be sent to the IRS by STRATA.

The undersigned hereby authorizes and directs STRATA Trust Company ("STRATA") to distribute funds from my account referenced above in accordance with the instructions completed on this form.

By signing this form, I acknowledge that I have read and understand the **Withholding Notice Information** and that STRATA is not responsible for determining the appropriateness of the withholding election. I also understand that my federal withholding election is applicable to any subsequent scheduled distributions until I revoke the election under the procedure established by STRATA. STRATA may rely on the certification without further investigation or inquiry and shall incur no liability for this distribution request or its processing.

If I plan to take a *series of substantially equal payments* which qualify for penalty exemption under Internal Revenue Code 72(t), by signing this form, I understand that I am solely responsible for the distribution including maintaining the appropriate cash balance for the distribution(s) and that STRATA is not responsible for monitoring such distribution(s). I further understand that I am solely responsible for the calculation used to derive payment amount(s), and that I should seek competent tax or legal advice from a professional of my choice.

I hereby agree to hold harmless STRATA, and its affiliates and assigns, from any problem arising out of or in any way connected with this request for distribution. I fully understand the tax consequences of the requested distribution, and if necessary, I have consulted a tax or legal professional of my choice, and agree to be fully responsible for any taxes. I further certify that no tax advice has been given to me by STRATA. All decisions regarding this withdrawal are my own. I expressly assume the responsibility of any adverse consequences which may arise from this withdrawal and I agree that STRATA shall in no way be held responsible.



Accountholder or Beneficiary Signature

Date

State Income Tax Information

Elections regarding dollar amount and specific percentages may be made for residents of some states by completing the appropriate section of the distribution form. Certain states will require a minimum percentage or flat dollar amount. The minimum state-required amount will be withheld when applicable. All state withholding amounts will be rounded up to the nearest whole dollar.

Note: Rates subject to change without notice.

State of Residence	State Income Tax Withholding Information
AK, FL, HI, NH, NV, SD, TN, TX, WA, WY	No state income tax will be withheld for residents of these states.
AL, AZ, CO, GA, ID, IL, IN, KY, LA, MO, MN, MS, MT, ND, NJ, NM, NY, OH, PA, RI, SC, UT, WI, WV	State income tax is voluntary.
AR, CT, DC, IA, KS, MA, MD, ME, NC, NE, OK, VA, VT	<p>State income tax withholding is required if federal withholding has been elected. Specific state information is listed below.</p> <ul style="list-style-type: none"> AR: 3.00% of the distribution amount CT: 6.99% of the distribution amount DC: 8.95 % of the distribution amount IA: 5.00% of the distribution amount KS: 5.00% of the distribution amount MA: 5.10% of the distribution amount MD: 7.75% of the distribution amount ME: 5.00% of the distribution amount NC: 4.00% of the distribution amount NE: 5.00% of the distribution amount OK: 5.00% of the distribution amount VA: 4.00% of the distribution amount VT: 2.40% of the distribution amount
CA,DE,MI,OR	<p>State income tax withholding is required when federal withholding applies, unless opted out specifically by the client. Specific state information listed below.</p> <ul style="list-style-type: none"> CA: 1.00% of the distribution amount DE: 5.00% of the distribution amount MI: 4.25% of the distribution amount OR: 8.00% of the distribution amount