

## IMPORTANT INFORMATION FOR YOU

- **Distributions submitted via myEQUITY generally process in 1-2 business days. Visit [myEQUITY](#) and navigate to Money Movement > Distribution.**
- **Cash Distribution:** Only available cash may be distributed. Selling an asset may require a Sale Direction of Investment form, and may delay processing of your distribution request. .
- **Fair Market Valuations:** Must be updated within past 12 months for in-kind distributions of real estate and private investments.
- **Credit Card:** Ensure current expiration date on file to avoid processing delay. Visit [myEQUITY](#) and navigate to **Profile > Preferences** to manage your credit card information on file.

## 1 ACCOUNT HOLDER INFORMATION

LEGAL NAME ( <i>Last, First, Middle</i> )	ACCOUNT NUMBER (9 Digits)
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## 2 TYPE OF DISTRIBUTION (Select only one option)

If no distribution election is selected, Equity Trust Company will default the selection based upon the account holder age and account type. If account listed in section 1 is an inherited IRA, all distributions are a **Beneficiary Distribution**.

Normal (Age 59½ or older)	Charitable Distribution
Premature (Under 59½)	Direct Rollover
HSA	Beneficiary Distribution (View our <a href="#">Beneficiary Options Guide</a> for support)
CESA	
<b>Removal of Excess Contribution</b> For Removal of Excess Contribution: <ul style="list-style-type: none"> <li>• Original contribution was made for tax year: _____</li> <li>• If this removal is to be recharacterized as a new contribution into your Equity account, please indicate for what tax year: _____</li> </ul>	

### SPECIAL DISTRIBUTION INSTRUCTIONS

**For HSA, CESA, or Charitable Distributions:**

Checks will be sent to your address on file. If you need the check sent to a different address, please provide the address and any accompanying letter instructions below.

PAYEE NAME (HSA PROVIDER/CESA BENEFICIARY/CHARITY NAME)	ACCOUNT NUMBER/REFERENCE INFORMATION
ALTERNATIVE MAILING ADDRESS (IF DIFFERENT FROM ADDRESS ON FILE)	
SPECIAL INSTRUCTIONS FOR CHARITABLE DISTRIBUTION ONLY	

## 3 DISTRIBUTION DETAILS

**Full Distribution\* (Close Account)**

**Partial Distribution**

All Available Cash      Partial Cash Amount: \$ \_\_\_\_\_

Specific Assets (Complete Table Below)

1	ASSET NUMBER	# OF SHARES/UNITS	DOLLAR AMT		5	ASSET NUMBER	# OF SHARES/UNITS	DOLLAR AMT
		<b>OR</b>					<b>OR</b>	
2	ASSET NUMBER	# OF SHARES/UNITS	DOLLAR AMT		6	ASSET NUMBER	# OF SHARES/UNITS	DOLLAR AMT
		<b>OR</b>					<b>OR</b>	
3	ASSET NUMBER	# OF SHARES/UNITS	DOLLAR AMT		7	ASSET NUMBER	# OF SHARES/UNITS	DOLLAR AMT
		<b>OR</b>					<b>OR</b>	
4	ASSET NUMBER	# OF SHARES/UNITS	DOLLAR AMT		8	ASSET NUMBER	# OF SHARES/UNITS	DOLLAR AMT
		<b>OR</b>					<b>OR</b>	

**If more lines are necessary to list additional assets, attach a separate sheet titled "Asset Sheet".**

Yes, an additional Asset Sheet is attached. Please remember to sign and date.

\*Fees apply for account closure. See current fee schedule for more details.

For Real Estate, Mobile Home, Private Equity (LLC, LP, LTD), and Private Debt assets, an annual valuation must be on file to distribute the asset. Please review your asset holdings and submit a completed Fair Market Value form for any asset requiring an updated valuation. Requests cannot be processed until a current valuation is provided.

For Precious Metals In-kind Distributions, in the above section you must provide a quantity of metals to be distributed. We will not accept a percentage or dollar value. Precious Metals are shipped to your mailing address of record by your depository. Please allow up to 3 weeks for metals to be received after submitting the distribution request.

## 4 RECURRING DISTRIBUTION (Optional)

### Set up new recurring distribution

Monthly      Quarterly      Semi-Annually      Annually

Date of First Distribution (MM/DD/YYYY): \_\_\_\_\_

### Modify/replace existing recurring distribution

**STOP** Existing Recurring Distribution

Month/Year of Last Distribution (MM/YYYY): \_\_\_\_\_

**MODIFY** Existing Recurring Distribution

Monthly      Quarterly      Semi-Annually

New Date for Modified Payments to Commence (MM/DD/YYYY): \_\_\_\_\_

## 5 TAX WITHHOLDING ELECTION (Select one option for both Federal and State Withholding)

**Notice of Withholding:** The distributions you receive from your individual retirement account established at this institution are subject to federal income tax withholding unless you elect to not have withholding apply. You may elect to not have withholding apply to your distribution payments by completing the "Withholding Election" section below. 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 account 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 may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

If no box above is checked, Equity Trust Company is required to withhold 10% from the gross distribution. You can choose to have a different rate withheld by entering a rate between 0% and 100% above. Generally, you can't choose less than 10% if your payments are to be delivered outside of the United States and its possessions.

### Federal Withholding (Select One):

Do NOT withhold Federal Income Tax

Withhold 10% Federal Tax

Withhold Federal Income Tax at a Rate of \_\_\_\_\_ % OR \$ \_\_\_\_\_

### State Withholding:

Do NOT withhold State Income Tax

Withhold State Income Tax at a rate of \_\_\_\_\_ % OR \$ \_\_\_\_\_

## 6 METHOD OF DISBURSEMENT (Select one option) Funds will be sent via check/regular mail if an option is not selected

<b>ACH</b>	<b>REGULAR CHECK - Regular Mail</b>	<b>CASHIER'S CHECK - Overnight Mail (Fee will apply)</b>
<b>WIRE* (One-time only, fee applies)</b>	<b>REGULAR CHECK - Overnight Mail (Fee will apply)</b>	

### Banking Information (Required for ACH/Wire):

BANK NAME	ABA ROUTING NUMBER (9 DIGITS)
FOR CREDIT TO (NAME ON BANK ACCOUNT)	FOR CREDIT TO ACCOUNT NUMBER (BANK ACCOUNT NUMBER)
FOR FURTHER CREDIT TO (IF APPLICABLE)	FOR FURTHER CREDIT TO ACCOUNT NUMBER (IF APPLICABLE)

Account Type (For ACH only):      Checking      Savings

*\*Wire transfers incur additional fees and are available for one-time distributions only. Recurring distributions cannot be sent via wire transfer.*

## 7 PRECIOUS METALS DELIVERY INSTRUCTIONS

**For Precious Metals In-Kind Distributions:** Precious metals will be shipped to your mailing address of record via your depository's default carrier. Allow up to 3 weeks for delivery after submitting the request. Shipping fees will apply (estimate obtained from depository).

### Alternative: Transfer to Personal Depository Account

PERSONAL DEPOSITORY ACCOUNT TITLE	PERSONAL DEPOSITORY ACCOUNT NUMBER
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## 8 IN-KIND ASSET RE-REGISTRATION

For in-kind distributions or rollovers to another custodian, please select a document delivery method:

Regular Mail (No additional fees)	Overnight Mail (Fee applies)	Not Applicable
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NEW CUSTODIAN NAME (If applicable)

## 9 FEE PAYMENT

Deduct from available cash in account	Charge to credit card on file
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**Credit Card Reminder:** Ensure your credit card on file has a current expiration date. Expired cards will cause processing delays and result in invoicing, which may be difficult to collect if your account has insufficient cash.

## 10 SIGNATURE AND DATE

The undersigned hereby authorizes and directs Equity Trust Company to distribute funds from my account referenced above in accordance with the instruction completed on this form.

I acknowledge that: (1) this distribution request form is provided to the Custodian under the Custodial Account Agreement and Disclosure Statement; (2) this distribution is authorized under the provisions of the Custodial Account Agreement and Disclosure Statement and IRS Regulations and does not constitute a prohibited transaction; (3) the Custodian may require verbal verification before processing the distribution and the Custodian reserves the right to delay and/or cancel the distribution if the required verification is not timely received; (4) by signing this form, I understand and agree that the Custodian is not responsible for determining the appropriateness of any voluntary withholding election and such election is applicable to any subsequent distribution until it is revoked by me under the procedure established by the Custodian; (5) I certify that all information provided is true and accurate; (6) I have not received any tax or legal advice in connection with this distribution from the Custodian and I understand that it is my responsibility to determine the taxable amount of this distribution.

I agree to indemnify, hold harmless and release the Custodian for any liability due to the processing, amount or receipt of this distribution.

I certify that I am the proper party to receive payment(s) from this account, and that all information provided is true and accurate. I acknowledge that no tax advice has been given to me by Equity Trust Company, that distributions are reported to the IRS, and that all decisions regarding this withdrawal are my own. I expressly assume responsibility for any adverse consequences which may arise from this withdrawal and agree that Equity Trust Company shall not be responsible for those consequences.

SIGNATURE OF ACCOUNT HOLDER	DATE
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\*Additional fees may apply, see current fee schedule.

STATE INCOME TAX WITHHOLDING REQUIREMENTS												
State of Residence	State Income Tax Withholding											
AK, FL, HI, NH, NV, SD, TN, TX, WA, WY	State income tax is not allowed.											
AL, AZ, CO, GA, ID, IL, IN, KY, LA, MD, MN, MO, MS, MT, NJ, NM, NY, ND, OH, PA, RI, SC, UT, VA, WI, WV	<b>State Income Tax Withholding is Voluntary</b>											
	<ul style="list-style-type: none"> <li>We will withhold state income tax only if you instruct us to do so.</li> <li>You must indicate the amount to withhold.</li> <li>For <b>GA</b>, if you choose to withhold it must be at 5.39%.</li> <li>For <b>MD, NJ, &amp; NY</b> amounts must be whole dollars.</li> <li>For <b>MN</b>, if you choose to withhold it must be at 6.25%.</li> <li>For <b>PA</b>, if you choose to withhold it must be at 3.07%</li> </ul>											
AR, CA, IA, KS, ME, MA, NC, NE, OK, OR, VT	<b>State Income Tax Withholding is Mandatory Where Federal Withholding Applies</b>											
	<p>If federal tax is required, we will withhold the following unless you indicate otherwise:</p> <table border="0"> <tr> <td>AR - 3% of gross distribution</td> <td>NC - 4% of gross distribution</td> </tr> <tr> <td>CA - 10% of federal tax withheld</td> <td>NE - 5% of gross distribution</td> </tr> <tr> <td>IA - 5% of gross distribution if under age 55</td> <td>OK - 4.75% of gross distribution</td> </tr> <tr> <td>KS - 5% of gross distribution</td> <td>OR - 8% of gross distribution</td> </tr> <tr> <td>ME - 5% of gross distribution</td> <td>VT - 30% of federal tax withheld</td> </tr> <tr> <td>MA - 5% of gross distribution</td> <td></td> </tr> </table>	AR - 3% of gross distribution	NC - 4% of gross distribution	CA - 10% of federal tax withheld	NE - 5% of gross distribution	IA - 5% of gross distribution if under age 55	OK - 4.75% of gross distribution	KS - 5% of gross distribution	OR - 8% of gross distribution	ME - 5% of gross distribution	VT - 30% of federal tax withheld	MA - 5% of gross distribution
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State Income Tax Withholding												
CT	6.99% - Mandatory if lump sum distribution of the entire account balance, unless any portion of the lump sum distribution was previously subject to tax, or the lump sum distribution is a rollover as a trustee-to-trustee transfer.											
D.C.	10.75% - Mandatory if lump sum distribution. This does not include rollover distributions from a direct trustee to trustee transfer or a rollover from an individual retirement account to a traditional or Roth IRA that is a direct trustee-to-trustee transfer.											
DE	Distributions are subject to withholding if withholding is required for federal purposes. If withholding is not required, voluntary withholding may be requested at 5%.											
MI	Required unless you certify that your distribution is not taxable because you were born before 1946 or you believe you will not have a balance due on your Michigan Individual Income Tax Return, Form MI-1040. 4.25% of taxable distribution											
NOTE 1	The above applies to residents of each respective state. Special rules apply if you live in a foreign country, are not a U.S. Citizen, or are a non-resident alien.											
NOTE 2	The above is provided as a guideline only, and is not advice regarding withholding. State law is subject to change and Equity Trust is not responsible for changes in state law that may affect the accuracy of the above. Please contact your tax advisor before making an election regarding state withholding.											