

IRA Distribution

Use this form to request a one-time distribution or to establish or modify a scheduled recurring distribution.

Before completing this form, please review the important information on all pages and consult with your tax advisor regarding the tax implications that may result from an IRA distribution. It is your responsibility to provide us with accurate information, which will be used to report the distribution to the IRS. Review IRS Publication 590-B or visit IRS.gov for more information regarding IRA distributions. The Wells Fargo Clearing Services (WFCS) IRA Disclosure Statement and Custodial Agreement provides the terms and conditions of the account and information about the IRA Custodian.

Section 1: IRA Information

Please provide the following information about your account.

Account Name	Account Number
IRA Type (Select one) <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP/SAR-SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Inherited Traditional <input type="checkbox"/> Inherited Roth	

Section 2: Reason for Distribution

Your distribution will be reported to the IRS based on the date of birth we have on file for you and your account type. Multiple selections are not permitted; a new form and signature are required to change from one category to another. Please note there are specific rules when rolling an IRA distribution back into an IRA within 60 days. **Please select one of the distribution reasons below.**

Normal, Premature, or Death. The distribution will be based on your age and account type. Includes Normal (after age 59½), Premature (before age 59½), Roth Non-qualified, and Beneficiary distributions.

Exception. If you are eligible for an exception, select one of the following options to specify the distribution reason.

Roth Qualified
(Year Roth first funded) _____

Early SIMPLE
(date of first deposit) _____

IRA to Qualified Retirement Plan (QRP)
(attach letter of acceptance from QRP)

Disability
By selecting Disability, I attest that:

- I irrevocably elect to treat this distribution as a disability distribution under Internal Revenue Code ("Code") § 72(t)(2)(A)(iii).
- I certify that I satisfy the definition of disabled under Code § 72(m)(7) and any conditions for such a distribution under the Code and/or the regulations thereunder.

Account(s) carried by First Clearing. First Clearing is a trade name used by Wells Fargo Clearing Services, LLC, a registered broker-dealer and non-bank affiliate of Wells Fargo & Company.

Section 3: Distribution Instructions

The IRA Custodian is authorized to distribute as indicated below.

Type

Choose only one of the following distribution types. A separate form is needed for each distribution type.

- One-time (partial - to be made upon receipt of signed form unless future date provided) _____
- Establish New Periodic Instructions (effective date) _____
- Change Existing Periodic Instructions (effective date) _____
- Current Amount \$* _____ *Current Frequency* _____
- Termination of Entire Account (fee may apply)
- On Demand (verbal requests)

You authorize partial distributions from this IRA without completing a new form. Upon completion of this form, a distribution may be requested immediately. Your selections below will be used when requesting a distribution. Multiple distribution methods may be selected. A new form must be completed if you want to make changes to the Reason for Distribution or Method sections. Only one set of On Demand distribution instructions can be in effect per IRA. A separate form is needed for each of your IRAs.

Periodic Frequency

Select one of the following frequencies for periodic distributions.

- Annually (once a year) Monthly (once a month) Semi-Annually (every 6 months)
- Bi-monthly (every other month) Monthly (last business day) Semi-Monthly (2 times/month)
- _____ and _____
- Bi-weekly (every other week) Quarterly (every 3 months) Weekly (same day each week)

Amount

- Cash.** You are responsible for selling enough securities to ensure that cash is available for distributions.

Specify the value using one of the options below.

Amount \$ _____

Annual Required Minimum Distribution (RMD)

For taxes on cash distributions, select one of the options below.
(If no option is selected, Gross of taxes will be used.)

Gross of taxes
(this amount will be reduced by any
applicable fees and tax withholding)

Net of taxes

Securities. Specify assets below. (Distributions of Securities will be Net of taxes only.)

Symbol or CUSIP Number _____ Number of Shares _____

To list additional assets, attach separate signed page.

Dividends, Interest, and/or Other. Only available for periodic distributions.
(Distributions of Dividends and Interest will be Gross of taxes only.)

Dividends Interest Variable Source of Funds: _____

Payment Method

Deposit electronically via ACH/Money Transfer.

Complete ACH/Money Transfer information below.

Name on Account	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Financial Institution Name	
ABA Routing Number (9 digits)	Account Number

Journal to another internal account.

Account Name	Account Number
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Check. If you would like a check, indicate payee information below.

To Address of Record To Alternate Address below Hold for Pickup at Branch

Name (Payable to)		
Mail to Address (if different than address of record)		
City	State or Province	Postal Code

Wire Funds.

- Fees may apply.
- Fill out the wire instructions on the last page of this form.

Section 4: Tax Withholding

Make your withholding elections by choosing one option in the Federal Taxes section and one option in the State Taxes section. If you are eligible to elect out of federal or state withholding and decide to do so, you may be liable for the tax and potential penalties for underpayment of estimated taxes on your distribution. You should consult with your tax advisor before making your elections. To withhold taxes from On Demand instructions, elect a withholding percentage; a dollar amount is not permitted.

Complete and sign a new form to make a change to a federal and/or state withholding election. The tax withholding election only applies to the distribution referenced on this form and does not revoke or change any separate distribution instructions on file.

Federal Taxes (W-4P | OMB No. 1547-0074)

You cannot elect out of the 10% mandatory withholding if you have not supplied the IRA Custodian with your correct SSN or TIN and a "residence address" within the United States. **If no election is made, we are required to withhold federal income taxes at a rate of 10% of the gross distribution amount. If you elect to withhold a percentage or a dollar amount, the value must be equal to or greater than 10% of the gross distribution amount.**

Do NOT withhold federal income tax. Withhold federal income tax of _____ % or \$ _____

State Taxes

Withholding is required in some states if federal withholding applies, unless you specifically elect out. *Residents of CA or VT:* The withholding rate applies to the federal withholding amount and not the gross distribution amount.

Residents of MI: If you elect out, you are certifying your distribution is not taxable because you were born before 1946 or you believe that you will not have a balance due on your MI-1040. *Residents of CT:* If you've opted out of state tax withholding or elected an amount to withhold for partial or scheduled distributions, you are electing withholding code "E", as defined by Connecticut's form CT-W4P.

State taxes will be withheld based on the state listed on your account registration. If no selection is made, the minimum state withholding will be applied.

Do NOT withhold state income tax. Withhold state income tax of _____ % or \$ _____

If this is a total distribution for the state of CT or Washington, D.C., you cannot opt out of withholding; you can only elect an amount greater than the state withholding minimum (CT has a 6.99% minimum, D.C. has a 8.95% minimum).

Connecticut Perjury Declaration: I declare under penalty of law that I have examined this certificate and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for reporting false information is a fine of not more than \$5,000, imprisonment for not more than five years, or both (as defined by the state of Connecticut on the CT-W4P).

Section 5: Client Signature and Acknowledgment

By signing below, you certify that:

- You are the proper party to request payment(s) from this IRA.
- All information provided is true and accurate.
- No legal or tax advice was provided to you.
- You agree that the IRA Custodian, your financial advisor, or the broker dealer servicing your account shall in no way be held responsible for, and you expressly assume responsibility for, any tax implication or adverse consequences which may arise as a result of this distribution.

Signature of the Account Holder, Responsible Individual, Custodian for a minor, Legal Guardian, or Attorney-in-Fact (POA document required)

Signature	Printed Name	Date Signed

Office Use Only: Verbal Instructions from Client

Verbal instructions allowed only for updates to periodic distributions when canceling or changing frequency, distribution amount, or cycle date.

Name of Authorized Account Holder providing the instructions	Method of Authenticating the Account Holder(s) (select one option below)	
	<input type="checkbox"/> Personally known to me	<input type="checkbox"/> Confirmed by two pieces of identification (e.g. SSN, DOB, recent account activity)
Name of Associate Who Authenticated	Identification (1)	Identification (2)

Additional Information Regarding Tax Withholding

- Generally, federal income tax withholding applies to the taxable part of payments made from pensions, profit-sharing, stock bonus, annuity, and certain deferred compensation plans, from individual retirement arrangements (IRAs), and from commercial annuities. If you are receiving regularly scheduled distributions from a traditional IRA, you are subject to withholding. **Because your tax situation may change from year to year, you may want to refigure your withholding each year.**
- If you are a U.S. citizen or resident alien and your address of record with us is outside the United States, or its possessions, federal income taxes are required to be withheld in the amount of 10% from all IRA distributions. You may not elect out of this mandatory withholding.
- Generally, there is a mandatory federal tax withholding requirement of 30% on distributions for non-resident aliens. Therefore, a 30% Federal withholding will be applied on all partial and total non-resident alien IRA distributions.
- An election not to have federal income tax withheld is void if a TIN or SSN is not provided or when an obviously incorrect taxpayer identification number is furnished.
- In certain states, tax withholding is required on IRA distributions unless you specifically elect out of state withholding. States have various withholding requirements. You should consult your tax advisor or your state department of revenue for additional information.
- State withholding is not an option for states that do not have a state income tax.

Federal Wire Funds Request

Domestic or Foreign - Fee May Apply

Wire Instructions

Bank Name		ABA Routing Number (Domestic Only)	
Bank Address	Bank City	Bank State or Province	Bank Country (Foreign Only)
Name on Bank Account		Account Number	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Recipient Name		Recipient Address (no PO Box or APO)	
Swift/BIC Code (Foreign Only)	IBAN Number (if applicable)	IFSC Number (India)	Sort Code
Intermediary Bank Name		Account Number	
Intermediary Bank Information <input type="checkbox"/> ABA Number <input type="checkbox"/> SWIFT Number: _____			Purpose of Wire
Special Instructions		Further Credit (if applicable)	

SUBMIT THIS PAGE ONLY IF REQUESTING A FEDERAL WIRE

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