

Distribution Request Form

1 Account Information		
Your Name	Account Number	Phone Number
Email Address	Date of Birth:	Social Security Number:
Type of Account: <input type="checkbox"/> Traditional <input type="checkbox"/> ROTH <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> CESA <input type="checkbox"/> HSA <input type="checkbox"/> Inherited Account(check type also)		

2 Distribution Type <i>(Complete one of the following groups below)</i>	
<p>This distribution is from an IRA: (Review Distribution Type Chart For Explanation) (Traditional, ROTH, SIMPLE, SEP)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> RMD <input type="checkbox"/> Normal (over age 59 ½) <input type="checkbox"/> Premature (under age 59 ½) <input type="checkbox"/> Premature With Exception (under age 59 ½) <input type="checkbox"/> Periodic Payments prior to age 59 ½ 72(t)(2)(A)(iv) <input type="checkbox"/> Payment of IRA levy <input type="checkbox"/> Qualified ROTH: Age 59 ½ has met the 5 year holding period <input type="checkbox"/> ROTH IRA: Age 59 ½ but have not met the 5 year holding period <input type="checkbox"/> Death (complete section below) </div> <div style="width: 45%;"> <input type="checkbox"/> Revocation <input type="checkbox"/> Refund of excess contribution AFTER tax filing date <input type="checkbox"/> Disability –attach physician’s statement <input type="checkbox"/> Divorce –attach decree or legal docs <input type="checkbox"/> Timely refund of excess/nondeductible contribution + earnings <input type="checkbox"/> Re-characterization <input type="checkbox"/> Other: _____ </div> </div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p>See our website for a complete explanation of distribution types</p> </div> <p>This distribution is from a Special Purpose Plan: (HSA or Coverdell ESA)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> HSA: Qualified Medical Expense <input type="checkbox"/> Coverdell ESA: Qualified Educational Expense <input type="checkbox"/> Coverdell ESA: Disability <input type="checkbox"/> Coverdell ESA: Rollover to another family member </div> <div style="width: 45%;"> <input type="checkbox"/> HSA: Non-Qualified Distribution <input type="checkbox"/> Coverdell ESA: Non-Qualified Distribution <input type="checkbox"/> Coverdell ESA: Divorce/Legal Separation <input type="checkbox"/> Other: Describe: _____ </div> </div>	

Is this a distribution due to death? <input type="checkbox"/> NO- Skip this section <input type="checkbox"/> YES – Please complete the following			
Beneficiary Name	Beneficiary SSN	Beneficiary Date of Birth	Beneficiary Phone Number
Beneficiary City, State, Zip		Beneficiary Home Address	

3 Distribution Details	
Manner of Distribution	
<input type="checkbox"/> Full Distribution (Close Account)	<input type="checkbox"/> Partial Distribution (Only distribute cash/asset as described below) <input type="checkbox"/> Cash Only: Amount \$ _____ <input type="checkbox"/> In-Kind*: Asset(s) to be distributed: _____ _____ _____
*A current appraisal must be provided to distribute assets in-kind	
Frequency of Distribution	
Would you like to set up a scheduled recurring distribution? ** <input type="checkbox"/> No <input type="checkbox"/> Yes > <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <u>RMD's are not processed on a recurring basis.</u> > Date Payments to commence: _____	
**A recurring distribution will remain in effect until you provide a written request to cancel or change	

Withholding

Federal Tax

Choose one

- Do NOT withhold federal income tax from my distribution
- I elect to have _____% federal income tax (must be 10% or greater)
- I elect to have \$_____ federal income tax withheld from my distribution (must be equal to 10% or greater)

State Tax(ONLY NC, SC, GA)

Choose one

- Do NOT withhold state income tax from my distribution
- Withhold this amount (must meet your state's minimum requirement) \$_____

Physical Address:(Not PO Box)_____

City:_____ State:_____ Zip Code:_____

Note: We encourage you to consult your accountant or tax advisor regarding your IRA distributions. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding are not adequate. While we make every effort to obtain information about state tax withholding laws, we do not guarantee the accuracy or the timeliness of state tax withholding information we provide, because state tax laws are subject to constant change and interpretation. The information we provide is not intended to serve as tax or legal advice, and we strongly recommend that you contact your tax advisor regarding your tax withholding elections and to obtain the most current information about your state's withholding laws.

IN OFFICE CALCULATION (do not complete) we will complete and return to you for signature

Total Distribution Amount \$ _____

Federal Withholding \$ _____

Account Holder elected to not have withholdings

State Withholdings \$ _____

Account Holder elected to not have withholdings

Total amount payable to Account Holder \$ _____

Signature of Acceptance by Account Holder: _____ **Date:** _____

Custodian and/or Administrator have provided this withholding calculation as a courtesy and is based on information provided to us by you, as the Account Holder. You are solely responsible for the accuracy of the calculation. The Custodian and/or Administrator shall not be held liable for the accuracy of the calculation and you, as the Account Holder, shall release Custodian and Administrator for any fees, additional taxes due, costs, penalties, damages and/or losses arising from or related to the accuracy of the above withholding calculation.

5 Funding Instructions *Send funds via:* ACH WIRE CHECK

For ACH/WIRE – Please complete the info below

For Check – Please complete the info below

Bank Name	Make Check Payable To
ABA Routing Number	Mail Check To
Account Holder Name	Address
Account Number	City, State, Zip
For Credit To	Send Check via: <input type="checkbox"/> Regular Mail <input type="checkbox"/> Certified Mail (\$10) <input type="checkbox"/> Hold for pick up <input type="checkbox"/> Overnight Mail (\$20 plus shipping costs)

ACH Limit \$5,000

6 Signatures and Acknowledgement

Please note we will retain enough cash in your Custodial Account to maintain your minimum required balance, and to cover any investment-related fees or any unpaid fees before sending your requested amount. If there are insufficient funds to cover the minimum balance and/or fees, your request will be put on hold until sufficient funds are available.

I hereby acknowledge and confirm that I shall provide the Custodian and/or the Administrator the necessary supporting documentation within sixty (60) days from the funding of this investment from my Custodial Account. Failure to provide supporting documents within the sixty (60) day period may result in a distribution from my account. Such a distribution may result in fees and penalties. I further acknowledge that I am solely responsible for the investment updates I am making. I hold harmless, protect and indemnify the Custodian and/or Administrator from and against any and all liabilities, losses, damages, expenses and charges that the Custodian and/or Administrator arising from and/or related to this investment. **NEITHER NEW VISION TRUST COMPANY, a state-chartered South Dakota Trust Company ("Custodian") nor AMERICAN IRA, LLC, a North Carolina limited liability company ("Administrator") have provided any legal or financial advice related to this or any other transaction(s) of my Custodial Account.** I further acknowledge that I am solely responsible for the success or failure of this investment. I hereby authorized the update of the asset(s) listed above for my Custodial Account.

By my signature below, I confirm that I have read and consent to the terms of this document and I further acknowledge that I have read and consent to the terms of the New Account Application, Custodial Agreement (Form 5305, 5305-A, 5305-RA, 5305-SA, 5305-SEP, 5305-C or 5305-EA, as application, "collectively referred to as "5305" or 401K Plan Agreement ("Sponsored Plan") as applicable, Fee Schedule, Account Disclosure Statement and any other documents that govern my Custodial Account or Sponsored Plan, as such documents are currently written, or as they may be amended from time to time, (the "Documents"), which are incorporated by reference herein. (In the event of a conflict between the Documents and the 5305 and/or Sponsored Plan applicable to my Custodial Account, the 5305 or Sponsored Plan shall govern).

Print Name: _____

Signature: _____

Date: _____

Corporate Headquarters: New Vision Trust Company, 401 E. 8th Street, Suite 200R, Sioux Falls, South Dakota 57103