



Account Number _____

Rep ID _____ Alternate Branch _____

DISTRIBUTION REQUEST – IRA/SEP/ROTH/SIMPLE

This form should not be used for same name IRA to IRA transfers.

SECTION ONE: CLIENT INFORMATION

Name and Address _____	Check issued via: <input type="checkbox"/> Minneapolis <input type="checkbox"/> At firm printer _____	
	SSN _____	Date of Birth _____

SECTION TWO: TYPE OF DISTRIBUTION

Premature: Client is under age 59½. This distribution may be subject to an IRS 10% premature distribution tax.

Normal: Client has attained age 59½.

Required Minimum Distribution

Substantially Equal Payments – Calculation Method: Life Expectancy Annuitization Amortization

Disability: Within the meaning of Section 72(m)(7) of the Internal Revenue Code.

Death of Account Owner: A death certificate must be attached.
Beneficiary's Name _____
Beneficiary's Social Security Number _____ New Beneficiary Account Number _____

Distribution to Beneficiary (In decedent account status.)

Transfer Due to Divorce: Attach the relevant portions of the divorce decree.

Simple IRA: Distribution prior to completion of 2 years in the Plan.

Conversion to Roth

Recharacterization:
Date of Deposit _____ Tax year for which contribution was made _____
Amount of Recharacterization _____

Reverse Direct Rollover: Name of Plan _____
Address _____
Account Number _____ Attention _____

SECTION THREE: AMOUNT OF DISTRIBUTION

Lump Sum (Account closure; appropriate fees will be applied.)

Liquidate all assets (FA must complete the liquidation in order for RPO to process this request.)

Distribute all assets in kind

Lump Sum (Account is to remain open; if requested to close at a later date, applicable fees will be assessed.)

Liquidate all assets (FA must complete the liquidation in order for RPO to process this request.)

Distribute all assets in kind

Partial Payment (Indicate gross amount to be distributed. Any taxes will be deducted from this amount.)

Distribute cash in the amount of \$ _____

Distribute shares

# of shares/bonds _____	security # _____	name of security _____
# of shares/bonds _____	security # _____	name of security _____
# of shares/bonds _____	security # _____	name of security _____
# of shares/bonds _____	security # _____	name of security _____

Other: Indicate payout type _____



Account Number _____

Rep ID _____ Alternate Branch _____

DISTRIBUTION REQUEST – IRA/SEP/ROTH/SIMPLE

SECTION FOUR: METHOD OF DISTRIBUTION

Until further written notification to RBC Correspondent Services, a division of RBC Capital Markets, LLC (“RBC CM”), Member NYSE/FINRA/SIPC, I authorize RBC CM to distribute the funds requested as follows:

- Installments:** Frequency: Monthly Biweekly (1st & 15th only) Quarterly Semiannually Annually
Beginning on: Month _____ Day _____
 New Amended
- Deposit to RBC CM account number:** _____
- ACH Profile Number:** _____
- Wire Funds (Attach Instructions)** _____
- Alternate Address** _____
- Single Payment:** A check will be issued for this distribution and forwarded to the address of record unless otherwise noted.

SECTION FIVE: WITHHOLDING ELECTION

Distributions you receive from your retirement account are subject to federal income tax withholding unless you elect not to have withholding apply. If you elect withholding, government regulations require the rate to be no less than 10%. If you elect not to have withholding apply, you are still liable for payment of federal income tax on your distribution(s). You may be responsible for payment of estimated tax. In addition, you may incur penalties under estimated tax rules if your withholding and estimated tax payments are not sufficient. Withholding is merely a method of paying taxes that you owe; therefore, it does not change your total tax liability. This section will remain in effect until RBC CM receives written notification to exchange the method of withholding.

- I elect **not to have federal income tax** withheld from my payment(s).
- I elect to **have** _____ % or \$ _____ withheld from my distribution(s) as a prepayment of **federal income tax**.
- I elect **not to have state income tax** withheld from my payment(s).
- I elect to **have** _____ % or \$ _____ withheld from my distribution(s) as a prepayment of **state income tax**.
State for withholding _____

SECTION SIX: SIGNATURES

I authorize and direct RBC CM to withdraw funds from this account and to disburse them according to the above instructions. I certify that this withdrawal is made for the reason indicated above, that this withdrawal request complies with the provisions of the Individual Retirement Account Agreement, and that this withdrawal request satisfies the requirements of the Internal Revenue Code. By authorizing the payment above, I acknowledge constructive receipt of the funds from my retirement account. I acknowledge that I may be liable for any taxes (including, without limitation, tax on ordinary income) and penalties imposed by the Internal Revenue Service (IRS) arising from or related to the amount distributed from my IRA to a third party. I agree to hold harmless RBC Capital Markets, LLC (as custodian) for following my instructions for payment to a third party. I understand that the distribution of assets out of my IRA to a third party will be reported to the IRS under my Social Security Number.

Client Signature	Date	Print Name
Firm Principal Signature		Date