

Request for Distribution from Retirement Account

Client Name _____	Social Security _____
Street _____	Date of Birth _____
City _____ State _____ Zip _____	Account Number _____

Please accept this letter as your authorization to commence distribution as indicated below.

I AM AWARE THAT MY ACCOUNT MAY INCUR CHARGES AS A RESULT OF THIS REQUEST.

- 1. Early Distribution (Accountholder under age 59 ½ not disabled and subject to the early distribution penalty)
- 2. Early Distribution (Accountholder under age 59 ½ taking substantially equal periodic payments)
- 3. Permanent Disability (Accountholder disabled within the meaning of section 72(m)(7) of the Internal Revenue Code)
- 4. Death (Beneficiary of this account who furnishes a certified copy of the Death Certificate)
- 5. Normal Distribution
- 6. Removal of Excess Contribution. Was the contribution made in the prior year? Yes No

If "yes", is the contribution being removed prior to the tax return due date of the year for which the contribution was made? Yes No

- 1. Total Distribution — Close Account
 - A. In Cash (Liquidate all investments, if possible)
 - B. In Kind (Reregister all assets into my name)
 - C. Other (Specify) _____

- 2. Partial Distribution (Choose A, B, C)
 - A. Distribution in cash. Specify dollar amount \$ _____
 Frequency: Single Distribution Monthly Quarterly
 Semiannually Annually
 - B. Distribution in kind (Specify) _____
 - C. Other (Specify) _____

In compliance with the "Tax Equity and Fiscal Responsibility Act", Reliance Trust Company as custodian, is required to withhold Federal Income Tax from all distributions. You may elect out of this withholding by checking the appropriate box below. If no election is made, Reliance Trust Company will withhold Federal Income Tax. Penalties may be incurred under the estimated tax rules if your withholding and /or estimated tax payments are not sufficient.

- Do not withhold
- Withhold _____% (not less than 10%) from the amount withdrawn

Authorized Signature

Date