

## General Instructions

Use these instructions to complete the IRA Distribution Request form.

**Purpose of this form.** This form is required to request a one-time distribution from an IRA by ACH, check, or wire. It is also required to establish, change, or cancel a systematic distribution from an IRA. *Note: Only one set of instructions should be submitted on this form.*

Use this form for:

- Systematic distributions
- A direct rollover or transfer to another Trust Company account in your name
- IRA rollovers to a qualified plan account at Trust Company
- Divorce transfers
- Return of excess contributions
- Conversions to a Roth IRA
- IRA recharacterizations

**Important:** Use the **Beneficiary Distribution Request** form for:

- Distributions from a deceased account owner's account
- Distributions from a Beneficiary IRA or a Beneficiary Roth IRA

**Important:** This form cannot be used to transfer assets from your Trust Company IRA to a qualified plan in your name at another trustee or custodian. Use the new custodian's transfer form to complete this type of action.

**Distribution fees.** There may be fees associated with your distribution request, including but not limited to:

- Wire fees
- Check fees
- Overnight mail fees

**Important:** Applicable distribution fees will be deducted from your account balance. *Note: For information on distribution fees for this request, contact your investment advisor.*

**All fields are required unless noted.** All fields are required unless designated as 'if applicable'. 'If applicable' indicates the section or entry is required if certain conditions apply. These conditions are outlined in detail in these instructions.

You must **complete all required fields and provide all required additional forms and documentation** to expedite processing and to avoid requests for additional information.

**Print or type all entries.** Print clearly in all CAPITAL LETTERS to complete this form. To type entries, a fillable PDF of this form can be found online at [www.trustamerica.com/advisor-forms](http://www.trustamerica.com/advisor-forms).

## Section 1: Request Type

Check the appropriate box to indicate the type of action you want to take with this form.

**Change a systematic distribution.** Provide account information in Section 2 and information to be changed in Sections 4, 5, 6, and 7 as applicable.

**Cancel a systematic distribution.** Select which type of systematic distribution should be cancelled. If the account has more than one systematic distribution, indicate the distribution amount and the withdrawal schedule of the systematic distribution to cancel.

## Section 2: Account

### A. Account Type

Check the box indicating the retirement account type and then select if it is a new or existing account. For an existing account, provide the Trust Company account number. For a new account, provide the appropriate Trust Company account application with this form.

### B. Account Owner

Enter the account owner information for this account exactly as it

appears on your Trust Company account. For new accounts, enter the account name exactly as it is written on the application form.

## Section 3: Reason for Distribution

This information is required for IRS reporting purposes. In most situations, Trust Company is required to issue a Form 1099-R for distributions from your IRA. Depending on the nature of the distribution, the distribution may or may not be taxable. *Note: For additional information, consult your tax advisor or the IRS.*

Select one of the following distribution reasons.

- **Normal distribution.** (age 59½ or older.) Also used for Required Minimum Distribution (RMD) or if you intend to rollover the distribution to another retirement account within 60 days.
- **Premature distribution.** (under age 59½; may or may not be subject to 10% early withdrawal penalty.) *Note: For additional information, consult your tax advisor or the IRS.*
- **Substantially Equal Periodic Payment (SEPP) distribution.** Use if the distribution is part of a series of a SEPP program.

**Important:** Any contributions or distributions other than the SEPP program distributions will be considered a modification of the SEPP program and could be cause for exemption disqualification by the IRS.

- **Disability distribution.** (under age 59½; not subject to 10% early withdrawal penalty.) Under Internal Revenue Code an individual is deemed to be disabled if "he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration." *Note: The Social Security definition of disability does not apply here. Proof of disability may be required by the IRS.*
- **Divorce distribution.** (under age 59½, not subject to 10% early withdrawal penalty.) Use this method to move all or a portion of your IRA to a former spouse under a divorce decree. *Note: Assets from a Roth IRA can only be moved to another Roth IRA.*

**Important:** A divorce requires your former spouse to complete their personal information and sign in Section 9, in addition to your signature in Section 8. *Note: All information and required signatures must be submitted on one form. Do not send a copy of a divorce decree to Trust Company.*

- **Direct rollover to a qualified retirement plan at Trust Company.** This method moves cash and securities to a qualified retirement plan at Trust Company. *Note: If the receiving account is not an existing account, attach the appropriate Trust Company account application.*
- **Early SIMPLE IRA distribution.** (under age 59½; first contribution was less than two years ago; subject to 25% penalty tax.) Use this method if you are under 59½, your first contribution was less than two years ago, and none of the exceptions allowed by the IRS are known to apply. You may be subject to a 25% penalty tax. *Note: The two-year period begins on the day contributions were first deposited in your SIMPLE IRA. For additional information regarding exceptions, refer to your tax advisor or the IRS.*

**Important:** Do not choose this distribution reason if the first contribution went into your SIMPLE IRA more than two years ago. Select Premature Distribution instead if you are younger than 59 1/2 and the SIMPLE has been in existence for more than 2 years.

- **Recharacterization.** This method changes your IRA contribution designation and moves either all or a portion of an original contribution (in your original IRA,) adjusted for earnings or losses, to another IRA type (your second IRA.) Use this form to:

- Recharacterize any conversion contributions you made to a Roth IRA

- back to the original Traditional IRA; or
  - Recharacterize any annual contributions you made to a Roth IRA to be an annual Traditional IRA contribution; or
  - Recharacterize any annual contributions you made to a Traditional IRA to be an annual Roth IRA contribution.
- Return of excess contribution plus earnings.** This method withdraws funds prior to the tax-filing deadline plus extensions for the year for which the excess contribution was made. *Note: If the excess contribution is being removed after the tax-filing deadline plus extensions, depending on your age, the distribution is either a Normal Distribution or Premature Distribution. Check the appropriate box and complete Gross Cash Amount in Section 4B.*
  - Conversion to a Roth IRA.** This method moves funds from a Traditional, SEP, or SIMPLE to a Roth IRA. By choosing this option, you are certifying that the conversion meets the requirement under law for a qualifying conversion contribution and that you understand the tax consequences of the transaction. *Note: If you are 70½ or older, your RMD must be satisfied prior to completing a conversion. For additional information, consult your tax advisor or the IRS.*

## Section 4: Distribution Amount

Complete either the full distribution instructions in Section 4A or the partial distribution instructions in Section 4B.

**Liquidate assets for cash distribution.** To liquidate assets for a full, partial, or systematic distribution in cash, contact your investment advisor to initiate any liquidations required. If your investment advisor needs to liquidate assets to cover the requested cash, the distribution will not be processed until the settlement date for the sells. *Note: If you request to liquidate an asset that cannot be liquidated, we will return the paperwork to your investment advisor for clarification and no action will be taken on the request.*

### A. Full Distribution Instructions, if applicable

For full distributions, select either Full Cash Distribution or Full In-kind Distribution checkbox. *Note: Distributions requiring the liquidation of assets will be processed after all liquidating trades have settled.*

**Important:** If you are requesting a full distribution, all systematic distributions for the account will be stopped upon receipt of this distribution request.

### B. Partial or Systematic Distribution Instructions, if applicable

For partial or systematic distributions, select the appropriate type of distribution and provide the requested information, if applicable.

- Dividends and Interest Only.** All dividends and interest earned by the account during the systematic period will be distributed. *Note: For systematic distributions only.*
- Gross Cash Amount.** The gross cash amount is the amount before any tax withholding has been applied. Provide the gross cash amount for any distribution reason, including requesting a RMD amount that has been calculated by you or your tax advisor. *Note: For a systematic distribution, enter the gross cash amount to withdraw each period.*
- The Required Minimum Distribution (RMD) amount.** Trust Company will calculate your RMD amount based on the information provided in this section. *Note: May be delivered one-time or by a systematic distribution.*

**Full RMD amount.** Trust Company will calculate and distribute the total RMD amount for the year. *Note: Any previous distributions for the year will be ignored.*

**Remaining RMD balance.** Trust Company will calculate the total RMD amount for the year, subtract any previous distributions for the year, and distribute the remaining amount.

**Important:** The RMD calculation will be based on the information available to Trust Company. The account owner is responsible for notifying Trust Company if there are any outstanding rollovers, outstanding transfers, conversions, or recharacterizations that are not reflected on the previous year-end statement.

**Important:** Trust Company will calculate the RMD using the Uniform Lifetime Table unless the sole beneficiary is a spouse more than 10 years younger than the account owner. If the spouse beneficiary is more than 10 years younger, Trust Company will calculate the RMD using the Joint Life Expectancy Table.

- Partial security shares.** Provide the number of shares and the security description and symbol, if available. *Note: The value of the distribution, including securities, is determined as of the closing price on the business date the distribution is issued. Certificates of deposit, treasuries, and some mutual funds and securities cannot be delivered in certificate form.*

**More than two securities.** For a partial distribution, if there are more than two securities being requested, list the information for the additional securities on a separate piece of paper and check the 'Additional securities information provided' checkbox at the end of the section.

- Recharacterization.** Select the type of recharacterization and select the year for which the contribution was intended.

**IMPORTANT:** Also complete Section 4C, Recharacterization or Excess Calculation.

- Return of excess contribution plus earnings.** For distributions prior to the tax-filing deadline plus extensions. Check the Current Year or Prior Year checkbox to denote the year for which the contribution was made.

**IMPORTANT:** Also complete Section 4C, Recharacterization or Excess Calculation.

## C. Recharacterization or Excess Calculation, if applicable

Select who will calculate the earnings and losses for the recharacterization or excess.

**Earnings or losses calculated by you or your tax advisor.** Enter the gross amount, adjusted for earnings or losses, to distribute. Also enter the amount of earnings or losses used to calculate the gross amount.

**Earnings or losses calculated by Trust Company.** Enter the amount of the original or excess contribution. Also enter the date of the contribution or conversion was made. *Note: Calculations performed by Trust Company use the method posted in the current applicable IRS regulation.*

## Section 5: Withholding

**Important:** The distributions you receive from your retirement account are subject to federal and possibly state income tax. Even if you elect not to have tax withheld, you are liable for payment of income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your withholding or payments of estimated tax, if any, are not adequate. *Note: For additional information, consult your tax advisor or the IRS.*

### A. Federal Withholding

Check the box indicating the federal withholding and the percent or amount to be withheld or specify that you want no federal tax withheld. *Note: The total amount withheld must be no less than 10%. To elect no federal withholding, Trust Company must have a street address on file for your account.*

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**IRA DISTRIBUTION REQUEST**



**Important:** If no election is made, federal withholding of 10% will be withheld.

### B. State Withholding

Check the box indicating the state withholding and the percent or amount to be withheld or specify that you want no state tax withheld. *Note: All state withholding will be rounded to the nearest whole dollar. The account's legal address of record at the time of the distribution determines the state withholding requirements.*

**Important:** State withholding is not available for all states. For a list of states available for withholding and the withholding rules by state, refer to the Trust Company Withholding Information document found online at [www.trustamerica.com/advisor-forms](http://www.trustamerica.com/advisor-forms).

**Important:** If your state has mandatory withholding requirements, state withholding may be processed even if the 'I elect not to have state income tax withheld' box is checked or no state withholding box is checked.

**Withholding on in-kind security distributions.** For in-kind security distributions, there must be a sufficient cash balance to cover the withholding amounts specified. For withholdings specified as a percentage, the withholding amounts will be calculated on the gross cash amount plus the value of in-kind securities.

## Section 6: Distribution Frequency

Select the appropriate distribution frequency.

**Systematic distribution.** Select the Systematic Distribution checkbox and complete the schedule information. *Note: Allow up to 7 days from receipt of this form for the systematic distribution to be activated, changed, or cancelled.*

**Important:** Your first distribution may be delayed to the next scheduled date if this form is received less than 8 days before your first requested withdrawal.

*Note: Systematic distributions will be withdrawn from the models in the account according to the account's model distribution percentages.*

## Section 7: Distribution Method

Select the appropriate distribution method.

**Important:** Funds sent overnight via check or wired may be subject to a fee, which will be deducted from your account balance. Your investment advisor can provide you with fee information regarding this transaction.

**Cash and in-kind instructions.** Check either the By Electronic Transfer or By Check box for the cash portion of the distribution and complete the By Security Delivery information for the in-kind portion.

- **By electronic transfer.** Select the type of electronic transfer and provide the bank information below. If you select the Voided Check Provided box, provide a blank check with this form. If you select either Checking Account or Savings Account, enter your banking information. *Note: Allow 1-2 business days for delivery from the processed date for ACH, and the same or next business day for wires.*  
**Important:** All systematic distributions will be processed by ACH, even if the By Wire box is selected.
- **By check.** Select the appropriate box indicating the payee and address information for this request. *Note: Allow up to 10 business days for delivery of mailed checks. Overnight delivery is not available for P.O. Box addresses. If no election is made, a check will be sent to the address of record, payable to the account owner.*
- **By internal transfer/direct rollover to a Trust Company account.** Select this method to move cash or securities from your IRA into

another Trust Company retirement or non-retirement account in your name.

Check the box indicating if it is a new or existing account. For new accounts, enter the type of account and attach the appropriate Trust Company account application to this form. For existing accounts, provide the Trust Company account number and account type.

**Important:** For a direct rollover into your qualified retirement plan account, the plan's authorized trustee or administrator must sign Section 10 or you can include a separate Letter of Acceptance, referencing this request, from the authorized plan trustee or administrator.

- **By security delivery.** Select this option to request that your in-kind distribution of securities be delivered in certificate form to you or in electronic form to a third party to hold for your non-retirement account. *Note: Allow approximately four to six weeks to process distributions of securities in certificate form. Certificates of deposit, treasuries and some mutual funds and securities cannot be delivered in certificate form.*

## Section 8: Signature

Sign and date the form.

**Custodial IRA or Custodial Roth IRA.** The custodian must sign.

**Advisor Authorization for Distributions.** If your investment advisor has been preauthorized to sign IRA distribution requests for you and the distribution situation does not require a client signature, your investment advisor may sign in place of you. *Note: Complete the Advisor Authorization for Distributions form to authorize your investment advisor to sign on your behalf in selected situations.*

**Client signature always required.** Your signature will always be required for the following instruction requests:

- Check withdrawal to an address different than the account's address of record
- Check or wire distribution made payable to someone other than the account owner
- IRA distributions for a disability
- Distributions of \$100,000.00 or more

## Section 9: Divorce Certification, if applicable

Provide your former spouse's name, social security number, and date of birth. Your former spouse must sign and date the form. *Note: All information and required signatures must be submitted on one form. Do not send a copy of a divorce decree to Trust Company.*

## Section 10: Qualified Plan Acceptance of an Internal Transfer/Direct Rollover, if applicable

An authorized plan trustee or administrator for the receiving business retirement plan (401(k), 403(b), 403(b) Roth, qualified plan, etc.) must sign this section approving and accepting delivery of the assets specified, or you can attach a separate Letter of Acceptance referencing this request.

Return your completed form as instructed by your investment advisor or your client representative. Questions regarding this form should be directed to your investment advisor.

**SECTION 1: Request Type**

Select one:

- Request One-time, Full Distribution.
- Request One-time, Partial Distribution.
- Establish Systematic Distribution.
- Change Systematic Distribution. *Provide information in Sections 2, 4, 5, 6, and 7 as applicable and sign in Section 8.*
- Cancel Systematic Distribution. *Provide information below and in Section 2 and sign in Section 8.*

To cancel a systematic distribution, select one:

- Cancel the sole systematic distribution currently on file
- Cancel the specified systematic instructions listed below:

\_\_\_\_\_

Distribution Amount	Withdrawal Schedule
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**SECTION 2: Account**

**A. ACCOUNT TYPE**

Select one:

- |  |  |
|--|--|
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> Custodial Roth IRA  |
| <input type="checkbox"/> Custodial IRA   | <input type="checkbox"/> Conversion Roth IRA |
| <input type="checkbox"/> Rollover IRA    | <input type="checkbox"/> SEP IRA             |
| <input type="checkbox"/> Roth IRA        | <input type="checkbox"/> SAR SEP IRA         |
| <input type="checkbox"/> SIMPLE IRA      |  |

Select one:  New account  Existing account

\_\_\_\_\_

Trust Company Account Number, if applicable

**B. ACCOUNT OWNER**

\_\_\_\_\_

First Name	MI	Last Name
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\_\_\_\_\_

Last 4 Digits of Social Security Number	Date of Birth
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**SECTION 3: Reason for Distribution**

This information is required for IRA reporting purposes, select one:

- Normal distribution.** (age 59½ or older.) Also select for a Required Minimum Distribution (RMD).
- Premature distribution.** (under age 59½; may or may not be subject to 10% early withdrawal penalty.)
- Substantially Equal Periodic Payment (SEPP) distribution.**
- Disability distribution.** (under age 59½; distribution not subject to 10% penalty tax.) By checking this box, I certify that this distribution meets all the disability requirements of the IRS Code.
- Divorce distribution.** By checking this box, I certify that I agree to the divorce certification terminology in Section 9. *Note: Delivery method in Section 7 must be by internal transfer/direct rollover to a Trust Company account. Complete and have your former spouse sign in Section 9.*
- Direct rollover to a qualified retirement plan at Trust Company.** *Note: Delivery method in Section 7 must be by internal transfer/direct rollover to a Trust Company account.*
- Early SIMPLE IRA distribution.** (under age 59½; first contribution was less than two years ago; subject to 25% penalty tax.)

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**SECTION 3: Reason for Distribution Continued**

- Recharacterization.** *Note: Distribution amount in Section 4 must be Recharacterization.*
- Return of excess contribution plus earnings.** (For distributions prior to the tax-filing deadline plus extensions.) *Note: Distribution amount in Section 4 must be Return of Excess Contribution Plus Earnings.*
- Conversion to a Roth IRA.**

**SECTION 4: Distribution Amount**

Provide either full distribution instructions or the partial or systematic distribution instructions.

**IMPORTANT:** To liquidate assets for a full, partial, or systematic distribution in cash, contact your investment advisor to initiate any asset liquidations required. If your investment advisor needs to liquidate assets to cover the requested cash, the distribution will not be processed until the settlement date for the sells.

**A. FULL DISTRIBUTION INSTRUCTIONS, if applicable**

Select one:

- Full cash distribution.** Confirm that my investment advisor has liquidated all assets in my account, send the total balance of my entire account, and close my account.
- Full in-kind distribution.** Distribute all cash and security balances in-kind and close my account.

**B. PARTIAL OR SYSTEMATIC DISTRIBUTION INSTRUCTIONS, if applicable**

Select one:

- Dividends and interest only.** *Note: Systematic distributions only.*
- Gross cash amount of \$** \_\_\_\_\_ *Note: Provide amount before tax withholding. For a systematic distribution, enter the gross cash amount to withdraw each period.*
- The Required Minimum Distribution (RMD) amount.** Provide the following information for the calculation.

Type of RMD, select one:

- Full RMD amount for this account
- Remaining RMD balance for this account

Answer true or false:

I have designated my spouse or a qualifying trust (where my spouse is the sole primary beneficiary of the trust) as sole primary beneficiary of my account AND my spouse is at least 10 years younger than I.

- True  False

If the above statement is true, enter the following information:

\_\_\_\_\_

Spouse's Date of Birth

**SECTION 4: Distribution Amount Continued**

**Partial security shares.** Enter share information.

Number of Shares	Security Description/Symbol

Additional security shares information provided

*Note: The value of a securities distribution is determined as of the closing price on the business date the distribution is issued. Certificates of deposit, treasuries and some mutual funds and securities cannot be delivered in certificate form.*

**Recharacterization.** Select one:

**IMPORTANT:** Also complete Section 4C below.

- Recharacterize a prior conversion
- Recharacterize a contribution from a Roth IRA to Traditional IRA
- Recharacterize a contribution from a Traditional IRA to Roth IRA

Select the tax year for which the contribution was intended:

- Current year
- Prior year

**Return of excess contribution plus earnings.**

**IMPORTANT:** Also complete Section 4C below.

Select the tax year for which the contribution was made:

- Current year
- Prior year

*Note: The earnings are taxable for the year the contribution was made and may require you to file an amended tax return for the prior year.*

**C. RECHARACTERIZATION OR EXCESS CALCULATION, if applicable**

Select one:

**Earnings or losses calculated by you or your tax advisor.** By checking this box, I affirm that Trust Company can accept the calculation method and amount to be accurate.

\$ \_\_\_\_\_  
 Gross Amount to Distribute (Adjusted for Earnings or Losses)

\$ \_\_\_\_\_  
 Earnings or Losses Included in Gross Amount

**Earnings or losses calculated by Trust Company.** By checking this box, I accept the calculation method and amount determined by Trust Company to be accurate.

\$ \_\_\_\_\_  
 Amount of Original or Excess Contribution

\_\_\_\_\_  
 Date of Original or Excess Contribution

**SECTION 5: Withholding**

**IMPORTANT for withholding on in-kind security distributions:** There must be a sufficient cash balance to cover the withholding amounts specified. For withholdings specified as a percentage, the

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**SECTION 5: Withholding Continued**

withholding amounts will be calculated on the gross cash amount plus the value of in-kind securities.

**A. FEDERAL WITHHOLDING**

Select one:

Withhold federal income tax of \_\_\_\_\_% or \$ \_\_\_\_\_ from the amount distributed. *Note: The total amount withheld must be no less than 10%.*

I elect not to have any federal income tax withheld. *Note: To elect no federal withholding, Trust Company must have a street address on file for your account.*

**IMPORTANT:** If no election is made, federal tax withholding of 10% will be withheld.

Even if you elect not to have tax withheld, you are liable for payment of income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your withholding or payments of estimated tax, if any, are not adequate.

**B. STATE WITHHOLDING**

**IMPORTANT:** For a list of states available for withholding and their withholding rules, refer to the Trust Company Withholding Information document found online at [www.trustamerica.com/advisor-forms](http://www.trustamerica.com/advisor-forms). *Note: The account's legal address of record at the time of the distribution determines the state withholding requirements.*

Select one:

Withhold state income tax of \_\_\_\_\_% or \$ \_\_\_\_\_ from the amount distributed for the state in the address of record for this Trust Company account. *Note: Amounts will be rounded to the nearest whole dollar.*

I elect not to have state income tax withheld.

**IMPORTANT:** If your state has mandatory withholding requirements, state withholding may be processed even if the 'I elect not to have state income tax withheld' box is checked or no state withholding box is checked.

**SECTION 6: Distribution Frequency**

Select one:

**One-time distribution.**

**Systematic distribution.** Provide the schedule information below.

**IMPORTANT:** It takes approximately 7 days from receipt of this form for the systematic distribution to be activated.

\_\_\_\_\_  
 Month to Begin Distributions

Frequency of Distributions  
 Select one:  Monthly  Quarterly  Semi-annually  Annually

Day of Month to Withdraw Distributions  
 Select one:  5th  15th (checks only)  25th

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**IRA DISTRIBUTION REQUEST**



**SECTION 7: Distribution Method**

**Important for cash and in-kind instructions:** Check either the By Electronic Transfer or By Check box for the cash portion of the distribution and complete the By Security Delivery information for the in-kind portion.

**IMPORTANT:** Funds sent via check, overnight, or wired may be subject to a fee, which will be deducted from your account balance. Your investment advisor can provide you with fee information regarding this transaction.

Select one:

**By electronic transfer.** *Note: Allow 1-2 business days for delivery from the processed date for ACH, and the same or next business day for wires.*

Select one:

- By ACH
- By wire

Select one:

- Voided check provided in lieu of bank information
- Checking account with the bank information below
- Savings account with the bank information below

Bank Name ABA (Routing) Number

Name on Bank Account

Account Number

**By check.** *Note: Allow 10 business days for delivery.*

Select if applicable:

Send check via overnight delivery (not available for a P.O. Box address)

Select one:

- To the account owner at the address on record
- To the account owner at the address below
- To the third party payee at the address below

Payable To

For the Benefit Of (FBO), if applicable

Mailing Address

City State Zip+4

**By internal transfer/direct rollover to a Trust Company account.** Move the requested cash and securities specified in Section 4 into my Trust Company Account listed below. *Note: If the receiving account is not an existing account, include the appropriate Trust Company account application.*

Select one:  New account  Existing account

Trust Company Account Number Account Type

**IMPORTANT:** For a direct rollover into your qualified plan account, the plan's authorized trustee or administrator must sign Section 10 or you can include their Letter of Acceptance.

Trust Company Account Number

**SECTION 7: Distribution Method Continued**

**By security delivery.** Re-register and/or deliver the securities designated in Section 4 as a distribution from my Trust Company IRA. *Note: Must be FBO a non-retirement account.*

Deliver To

For the Benefit of (FBO), Account Title, if applicable

Account Number and Account Type, if applicable

Social Security Number (if not account owner)

Mailing Address

City State Zip+4

*Note: Allow approximately four to six weeks to process distributions of securities in certificate form. Certificates of deposit, treasuries and some mutual funds and securities cannot be delivered in certificate form.*

**SECTION 8: Signature**

I certify that I am the proper party to receive payment(s) from this IRA and that all information provided is true and accurate. I further certify that no tax advice has been given by Trust Company of America. All decisions regarding this withdrawal are my own. I expressly assume the responsibility of any adverse consequences which may arise from the withdrawal and I agree that Trust Company of America shall in no way be held responsible.

In the event an ACH entry is incorrect, Trust Company of America reserves the right to submit correcting entries. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

By signing, I hereby agree to indemnify and hold harmless Trust Company of America, their successors and assigns, from and against any losses, claims, liabilities, damages, actions, charges, and expenses including attorney fees, resulting from Trust Company of America compliance with this request, including but not limited to transfer to another party.

Account Owner or Authorized Party Signature Date

Print Name

Trust Company of America  
Institutional Advisor Services  
**IRA DISTRIBUTION REQUEST**



Trust Company Account Number

**SECTION 9: Divorce Certification, if applicable**

*Note: All information and required signatures must be submitted on one form. Do not send a copy of a divorce decree to Trust Company.*

\_\_\_\_\_  
Former Spouse Name

\_\_\_\_\_  
Social Security Number                      Date of Birth

We, the undersigned Account Owner and the Account Owner's former spouse, hereby request the transfer of cash and/or assets to the IRA of the former spouse. The cash and/or asset amounts indicated on this form have been agreed to by both the Account Owner and the Account Owner's former spouse and the amounts are in accordance with the divorce decree. We attest that the requested transfer is being made pursuant to Internal Revenue Code sections 408(d)(6) and 71(b)(2)(A) and meets all requirements of law and Trust Company of America plan documents. We agree to indemnify and hold Trust Company harmless from and against any and all claims including, but not limited to, damages, court costs and legal fees resulting from reliance or action taken in reliance upon the information provided on this form as received by Trust Company and that Trust Company bears no responsibility for verifying the accuracy of the transfer instructions provided to it.

\_\_\_\_\_  
Former Spouse Signature                      Date

**SECTION 10: Qualified Plan Acceptance of an Internal Transfer/Direct Rollover, if applicable**

The undersigned trustee or plan administrator is authorized and approves the direct rollover of IRA assets into the qualified plan designated below and agrees to accept the assets being transferred into the qualified plan account.

\_\_\_\_\_  
Plan Trustee or Administrator Signature                      Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Plan Title

- End of Form -