

Distribution/Notice of Withholding Form

Complete this form to request a distribution from your *New Direction Trust Company* IRA. Requests will be processed within 3 business days. If you have questions, call 877-742-1270.

1. REGISTRATION (PLEASE PRINT)

Account holder's name (first, middle, and last)

Account Number

Social Security Number

Date of birth (mm/dd/yyyy)

2. CHANGE OF ADDRESS

* Complete this section only if requesting the distribution to be sent to an address other than the address on record or if the address on record has recently been changed.

Check one:

One-time: The address provided should only be used for this transaction

Change of address: My address has permanently changed to the address listed below. By checking this box, I authorize New Direction Trust Company to update the address on all my NDTCO accounts, and I acknowledge that all future correspondence will be sent to the new address listed below.

All distributions being sent to an address that has been changed within the past 15 days (whether updated using the Distribution Form or the Change of Address Form), will require your signature to be Medallion Signature Guaranteed in Section 9 of this form.

U.S. residential street address (cannot be a PO Box or mail drop)

City

State

ZIP

Email address

Cell phone

Home phone

If your mailing address is not the same as the residential address listed above, please provide your mailing address.

U.S. mailing address (if different than residential address above)

City

State

ZIP

3. REASON FOR DISTRIBUTION

IRA distributions may have possible tax consequences and rollover limitations. Consult your tax advisor for information about possible taxes, penalties, and the IRA One-Rollover-Per-Year rule.

Premature Distribution: (if you are the account owner, under age 59½, and not disabled; you may be subject to an early withdrawal penalty)
Note: If this is a SIMPLE IRA and the distribution is within the two-year period in which you first participated in your employer's SIMPLE IRA plan, you may be subject to a 25% premature distribution penalty.

Normal Distribution: (if you are the account owner and age 59½ or older)

Permanent Disability: (if you are the account owner and disabled under Section 72(m)(7) of the Internal Revenue Code)

Excess Contribution: Is the excess contribution being removed prior to your tax return due date (including extensions)? Yes No
Year of excess contribution _____ Amount of excess contribution: \$ _____ Amount of earnings attributable to excess: \$ _____
Note: NDTCO does not provide calculations for earnings attributable to removal of excess.

Distribution from an Inherited IRA (must have completed an Inherited IRA Election Form)

Recharacterization: Date of conversion/contribution _____ Amount of recharacterization and attributable earnings \$ _____
Note: NDTCO does not provide calculations for earnings attributable to a recharacterization.

Required Minimum Distribution
Note: NDTCO does not provide calculations for RMD.

Rollover Distribution (Letter of Acceptance required)

HSA Distribution
Note: Withholding election is not permitted.

Distribution/Notice of Withholding Form

4. DISTRIBUTION TYPE

If the cash balance in the account does not cover the amount requested plus applicable fees, the distribution will be for the amount requested less applicable fees.

Cash Distribution * **Specific Amount \$** _____ **OR** **All Available Cash**

In-Kind Distribution *

Please submit a completed Fair Market Value Form and supporting documents along with your distribution request. Real estate distributions require an appraisal within one year. For precious metals, current market value will be used.

Name of Asset: _____ Quantity: _____

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Name of Asset: _____ Quantity: _____

***Full distribution requests will result in account closure.**

5. PAYMENT FREQUENCY

If a payment frequency is not selected, your distribution will be processed as a one-time request.

One-time Distribution processed upon receipt **OR**

Recurring Distribution

Note: If a recurring distribution is selected, you **MUST** select both a recurring and distribution option.

Recurring Option:

Monthly Quarterly Annually

Specify month to begin: _____

Choose day of the month: 1st 15th

Distribution Option:

Only distribute recurring distributions if full amount requested in Section 4 is available. If elected, funds must be available within 5 business days of payment date.

Distribute recurring distribution if _____% of full amount requested in Section 4 is available in cash.

6. PAYMENT METHOD

Include a preprinted, voided check for the electronic funds transfer (EFT) or wire payment method to ensure accurate bank account information.

A Medallion Signature Guarantee may be required to process your request. **Refer to Section 9 of this form to determine if a Medallion Signature Guarantee is required.**

Choose one:

I would like this distribution to be paid to me by check and sent to the mailing address on file or new address listed in Section 2 of this form.

I would like this distribution to be sent via EFT to the bank account indicated on the attached preprinted, voided check. The proceeds will normally arrive at my bank within three banking days.

ABA # _____ Account # _____

I would like a one-time distribution to be paid by wire transfer. Wire instructions must be included along with Distribution Form.

I would like this in-kind distribution to be sent to my residence at the address on file, or as noted in Section 2.

Note: Checks must be preprinted with your name and address. We cannot accept starter or counter checks.

Distribution/Notice of Withholding Form

7. TAX WITHHOLDING

* Section not available for excess contribution, recharacterization, and HSA accounts.

Federal Tax

Choose one (if no box is selected, we will not withhold any funds):

- Do **not** withhold federal income tax from my distribution
- I elect to have _____% federal income tax withheld from my distribution (**must be 10% or greater**)
- In addition to the above percentage, I elect to have \$ _____ federal income tax withheld from my distribution
(Additional specific dollar withholding is only available on one-time distributions.)

State Tax (please review carefully, as not all states are eligible for withholding)

Residents of Iowa, Kansas, Maine, Massachusetts, Nebraska, and Oklahoma	If federal tax is withheld, state tax withholding is mandatory. NDTCO will automatically withhold the minimum required by your state unless you specify a higher amount below.
Residents of Arkansas, California, Delaware, Michigan, North Carolina, Oregon, and Vermont	If federal tax is withheld, state tax withholding is mandatory unless you specifically elect not to have state tax withheld. NDTCO will automatically withhold the minimum required by your state unless you either check the Don't Withhold box or specify a higher amount below.
Residents of Mississippi	If federal tax is withheld, state tax withholding is mandatory if your distribution is subject to the federal early withdrawal penalty. NDTCO will automatically withhold the minimum required by your state unless you specify a higher amount below.
Residents of all other states	If you aren't a resident of a state listed above, state tax withholding isn't available for you at this time.

Choose one:

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

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.

Distribution/Notice of Withholding Form

8. HOW WOULD YOU LIKE TO PAY FOR THE TRANSACTION? (All fees are due at time of transaction.)

Choose One:

Your Account

Credit Card

Credit Card Type: (the following are accepted) Visa MasterCard Discover

Card Number: _____ 3 Digit Security Code: _____ Exp. Date: _____

Exact Name on Card: _____ Signature: _____

9. SIGNATURE

To complete this distribution request, you must sign and date here. A Medallion Guarantee may be required.

I authorize *New Direction Trust Company* to process the distribution from the account indicated in Section 1 of this form. I further understand that I am responsible for any tax consequences that may result from the election I have made.

Medallion Guarantee** (if applicable)

Signature of account holder

Print name

Date

HAVE YOUR SIGNATURE MEDALLION GUARANTEED FOR ANY DISTRIBUTION THAT IS:

- * Sent to a new address that has not been on file for 15 days
- * Sent to a bank account if you are not a registered owner of the bank account

**** A Medallion Signature Guarantee** may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, savings associations, credit unions, and brokerage firms that participate in the Medallion Program. The bar-coded stamp with the words "**MEDALLION GUARANTEED**" must be stamped near **each** signature being guaranteed. The guarantee must appear with the name of the guarantor institution and the signature of an individual authorized on behalf of the guarantor institution. **Note that a notary public stamp or seal is not acceptable.**