

Direct/Automatic Rollover Traditional IRA Distribution Request Instructions

To request a full or partial distribution of funds, complete a **Direct or Automatic Rollover Traditional IRA Distribution Request** form.

Steps

Section A: Account Information

- Complete personal information for identification purposes. For name change, please submit legal documentation. For address change, a Signature Guarantee is required on page 4.

Section B: Distribution Type

- Select the reason for distribution and attach documentation as requested.

Section C: Amount and Method of Distribution

- If taking a total distribution and closing your account, mark "Total Distribution".
- If selecting a partial distribution of your IRA, please identify which assets to sell, if applicable.

Section D: Recurring Payments

- Indicate amount, starting date, and frequency.
- Select payment method. If you choose bank direct ACH, an original Signature Guarantee is required on page 4.

Section E: Payment Delivery

- If you want your check delivered to your mailing address of record, check first option.
- If you want your check delivered to an address other than your mailing address of record, an original Signature Guarantee is required on Page 4.
- If you would like your funds sent via wire, an original Signature Guarantee is required on Page 4. Please ensure the accuracy of your financial institution's wire instructions. If a wire is rejected due to the incorrect wire instructions, an additional \$25.00 will be charged.

Section F: Tax Withholding Election

- Mark the appropriate boxes for your Federal and State withholding election(s).

Section G: Fee Information

Section H: Recipient's Acknowledgement and Signature

- To avoid delays in processing, ensure there is sufficient cash in the account to cover requested distribution and any applicable fees.
- If requesting a partial distribution, **please maintain the required minimum balance on deposit in your account as indicated on your fee schedule.**
- Review the acknowledgement section, **sign and date form.**

Submission Options

A copy of your driver's license or State ID is required for a distribution, transfer of funds, or a rollover to a qualified plan from an Automatic Rollover Account. If the address on your ID is different than your present address, include a copy of a current bill showing your current address.

Please submit forms to Millennium Trust by:

- Mail: Millennium Trust Company
Attn: ARP Department
820 Jorie Blvd., Suite 420
Oak Brook, IL 60523
- E-mail: ARP@mtrustcompany.com, or
- Fax No.: 630.368.5697

All requests requiring a Signature Guarantee must be received by mail.

Questions?

For assistance, please contact a Client Service Specialist at 877.682.4727.



820 Jorie Blvd. Suite 420
Oak Brook, IL 60523
877.682.4727 Telephone
630.368.5697 Fax

www.mtrustcompany.com

DIRECT OR AUTOMATIC ROLLOVER TRADITIONAL IRA DISTRIBUTION REQUEST

A ACCOUNT INFORMATION

Account Owner's Name*:

Millennium Account No.:

Address:

City:

State:

Zip:

Social Security No.:

Date of Birth:

Daytime Phone No.:

E-mail Address:

- Check here for address change. **Distribution to a new address will require a Signature Guarantee – see page 4.**
Your distribution request will not be processed until 10 business days after Millennium processes this change.
- Expedited Check Processing Service** \$25.00 (Please check box).** If your distribution request paperwork is in proper order, expedited processing requests will generally be processed within 3 to 5 business days unless corrections are required. **This service cannot be performed if an address change is required.**

*For name change, please submit legal documentation. (i.e., marriage certificate, divorce decree, etc.)

**This feature guarantees that your request will be processed before other non-expedited requests.

B DISTRIBUTION TYPE

Please select one:

- Normal Distribution.** I am at least age 59½.
- Early Distribution.** I am not yet 59½, nor am I disabled. I understand that a 10% IRS penalty tax may apply to the taxable amount of the distribution.
- Early Distribution.** (Exception applies.)
- Periodic Payments** prior to age 59 ½ (IRC Section 72(t)(2)(A)(iv)). Payments can only be taken over Participant's single or joint life expectancy (with Beneficiary). Should the Participant change or terminate the distribution schedule prior to the latter of attaining age 59 ½ or five years from the date of the first distribution, the 10% Federal Tax Penalty will apply to all payments received prior to age 59 ½. NOTE: You are responsible for notifying Millennium Trust of the exact amount of each payment to meet the IRS requirements. Consult your tax advisor for assistance.
Please indicate the amount of each payment to be distributed: \$
- Payment of an IRS Levy** (Attach IRS documents.) *Please note, the check will be made payable to the IRS. If you choose to have the check made payable to yourself, your distribution will be coded as a premature or normal distribution.*
- Disability.** Within meaning of IRS Code Sec 72(m)(7). (Attach Physician's Statement.)
- Death.** (Certified copy of the death certificate required.)
- Excess Contribution for the year:** (Indicate year) .
Has tax return been filed for that year? Yes No If NO, when is your tax filing deadline?
If the excess is returned prior to your tax filing deadline for the above year, earnings must be returned. Earnings will be subject to ordinary income tax and may be subject to the 10% IRS premature distribution tax. If the excess is returned after your tax filing deadline, the excess is subject to a cumulative 6% IRS penalty tax. Additionally, taxes and penalties may apply if contributions exceed IRS limits.
- Divorce.** (Attach a copy of the divorce decree and other pertinent legal documents.)
- Rollover.** Please attach a copy of your current employer's plan rollover form.

Please continue to page two to complete this form.



C AMOUNT AND METHOD OF DISTRIBUTION

If funds are invested in securities other than a cash investment, the timing of liquidation will vary depending on where the funds are invested. Millennium Trust will request funds be sent by check unless otherwise indicated in Section C2. Once received, the check is held for 5 business days to clear before the distribution can be issued.

Please select one: (Cash investment will be automatically liquidated. For all other assets, please complete Section C1.)

- Total distribution of my entire account and close account.
- Partial distribution of \$ _____ . (Tell us what to sell in Section C1 if insufficient cash.)
- Recurring Payment (Please complete Section D.)*

*Please note: If funds are not available at the time of recurring distribution, your check or ACH will not be issued as scheduled.

1. List: (e.g. name of asset, number of shares, indicate if the asset should be sold or re-registered.)

- In order to avoid duplicate liquidation requests by you and Millennium Trust; please check this box if you have personally requested a liquidation of your investments online or directly through your investment representative. If this box is not checked, then Millennium Trust will request the liquidation.

Asset Name	No. Shares/Dollar Amt/All	Sell or Re-Register
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If additional space is needed, please attach a separate page.

2. Select the method that funds should be sent to Millennium Trust from assets sold. If no delivery method is selected, funds will be requested via check.
- Check (Upon receipt of funds, a 5 business day hold is required before funds are disbursed.)
- Wire Transfer (Additional fees may apply.)

D RECURRING PAYMENTS

NOTE: Only complete this section if you checked "Recurring Payment" box in Section C.

Amount of recurring payment: \$ _____ Starting: _____ (Payments issued on the 15th of the month.)

Frequency of future payments: Monthly Quarterly

Indicate preferred payment method:

- Check (Skip bank information, proceed to Section E.)
- Bank Direct ACH (Signature Guarantee required for ACH payments - See Page 4).
(First payment will be issued immediately by check.)

Banking Information:

Bank Name:

Bank Address:

City:

State:

Zip:

ABA Routing No.:

Bank Account No.:

Name of Bank Account:

(To expedite the processing of this request, you must attach a voided check with this form.)

Please continue to page three to complete this form.

E PAYMENT DELIVERY

Checks will be sent to you via U.S. Mail unless overnight delivery is requested.

- Mail check to my address of record. Overnight Delivery
- Mail check to the following address (*Signature Guarantee Required - See Page 4*) Overnight Delivery

Payee:

Address:

City:

State:

Zip:

- Wire funds - **Please complete banking information below.** (*Signature Guarantee required-See Page 4*).

Please ensure the accuracy of your financial institution's wire instructions. If a wire is rejected due to the incorrect wire instructions, an additional \$25.00 will be charged.

Banking Information:

Bank Name:

Bank Address:

City:

State:

Zip:

ABA Routing No.:

Bank Account No.:

Name on Bank Account:

F TAX WITHHOLDING ELECTION**Federal Withholding Election**

Internal Revenue Service ("IRS") regulations require this notice to be given to you each time you request a distribution from your Account.

The distribution(s) you receive from your Account are subject to Federal Income Tax withholding, unless you elect not to have withholding apply. You may be liable for payment of any Federal Income Tax due on distribution(s) from your Account, regardless of whether or not you elect to have taxes withheld. In addition, if your payments of estimated tax and withholding, if any, are not adequate, you may be subject to tax penalties under estimated tax payment rules.

You are urged to consult your tax advisor with respect to your election of Federal Income Tax withholding. If you do not want Federal Income Tax withheld from your distribution(s), please complete the first item in Section F.

(Please select one. If no selection is made, taxes will automatically be withheld from the distribution(s) at a rate of 10%).

- I **DO NOT** want Federal Income Tax withheld from my distribution(s).
- Withhold 10% for Federal Income Taxes from my distribution(s).
- Withhold _____ % (*minimum 10%*).
- Withhold \$ _____ for Federal Income Taxes from my distribution(s) (*minimum 10%*).

State Withholding Election

If you are a resident of CA, DE, IA, KS, MA, MD, ME, NC, NE, OK, OR, VA or VT you need to complete the state withholding election below.

For residents of the states listed above we are required to withhold state taxes from your Account when you have federal taxes withheld, unless otherwise elected. In addition, residents may voluntarily elect to have state taxes withheld, but opt out of federal withholding.

If you do not make an election, we will withhold state taxes from your distribution(s).

Please select one.

- I **DO NOT** want state income tax withheld from my distribution(s).
- Withhold my state's minimum requirement.
- Withhold this amount: _____ % or \$ _____
We will withhold at least your state's minimum requirement.

Please continue to page four to complete this form.

G FEES

These or other fees are payable in accordance with the custodial agreements and will be deducted from the account.

Wire Funds	\$25	Check Fee	\$15
Overnight Delivery	\$25	Excess contribution earnings calculation	\$50
Re-Registration/Liquidation, per asset Distributions	\$50	Account Closing Fees	As quoted
Expedited Processing Service	\$25		

H RECIPIENT'S ACKNOWLEDGEMENT AND SIGNATURE

If you are requesting a partial distribution please maintain the required minimum balance on deposit in your account as indicated on your fee schedule.

Please make the above requested distribution(s). I have consulted my tax advisor concerning the taxable effect of the requested distribution(s) and agree to be fully responsible for the same.

[Signature Guarantee Stamp Here]

Recipient's Signature

Date:

An **original** Signature Guarantee is required if funds will be sent to an address other than the address of record or with a change to new address, a change to prior banking information, or if the proceeds will be sent to a beneficiary due to death. Forms received without the required Signature Guarantee will be returned.

A Signature Guarantee may be obtained from an authorized officer at a brokerage firm, bank or other financial institution. Certification by a notary public is not a substitute for a Signature Guarantee.

Did you remember to:

- Include a copy of your driver's license? (Required for ARP Accounts only.)
- Complete your account information? (Section A)
- Include legal documentation for a name change, if applicable? (Section A)
- Check the type of distribution being requested? (Section B)
- Include any extra required documentation, (i.e., plan's rollover form, IRS documents, physician statement, death certificate, divorce decree, etc.)? (Section B)
- Indicate the amount of your distribution request? (Section C)
- Indicate your choice of Distribution Method and Payment Delivery? (Section(s) C and E)
- Indicate how much federal and state income tax to withhold? (Section F)
- Obtain a Signature Guarantee, if applicable? (Section H)
- Sign and date this form? (Section H)