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ROTH IRA DISTRIBUTION REQUEST

(for Investment Advisor Clients Only)

A ACCOUNT INFORMATION

Account Owner's Name:

Millennium Account No.:

Address:

City:

State:

Zip:

Daytime Phone No.:

Work Phone No.:

E-mail Address:

Social Security No.:

Date of Birth:

Check here for address change; please submit Address Change Request Form (OPR-009).

B DISTRIBUTION TYPE

Please select one:

- Qualified Distribution.** I have met the 5-year holding period requirement and I have attained age 59½.
- Distribution from Roth (Exception Applies).** I have attained age 59½, but have not met the 5-year holding period requirement.
- Early Distribution.** I am under age 59½.
- Early Distribution (Exception Applies)** (Please choose one of the following.)
 - 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) Was the 5-year holding period met? Yes No (Attach Physician's Statement)
- Death.** Was the 5-year holding period met? Yes No (Attach a Certified Copy of the Death Certificate.)
- 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.)

Please continue to page two to complete this form.



C AMOUNT AND METHOD OF DISTRIBUTION

Please select one:

- Total distribution of my entire account and close account.
 - Partial distribution of \$ _____ . (Tell us what to sell in "OTHER" if insufficient cash.)
 - Recurring payment. (Please complete Section D.)
 - Re-register all assets in my name and send them to me along with the total cash balance in my account.
 - OTHER: (e.g. name of asset, number of shares, tell us if the asset should be sold or re-registered, etc.)
- | Asset Name | Futures Acct. # | No. Shares/Dollar Amt. | Sell or Re-Register |
|------------|-----------------|------------------------|---------------------|
|------------|-----------------|------------------------|---------------------|

D RECURRING PAYMENTS

NOTE: Only complete this section if you checked the "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 (First payment will be issued immediately by check.)
(Please enter bank information below, then proceed to Section F.)
(Signature Guarantee required for ACH payments - please see Section G.)

Bank Name:

Bank Address:

City: _____ State: _____ Zip: _____

ABA Routing No.: _____ Bank Account No.: _____

Name on Bank Account:

(To expedite the processing of this authorization, you must attach a voided check or deposit slip with this form.)

E PAYMENT DELIVERY

- Mail a check to the home address of record. Overnight Delivery
 - Mail a check to the following address (Signature Guarantee Required - Section G): Overnight Delivery
- Address: _____
- City: _____ State: _____ Zip: _____
- Wire Funds (Signature Guarantee required - Section G.)

(If the distribution is to be wired to your personal bank account, please provide wire instructions below.
Wire option only available for **NON-RECURRING** distributions.)

Bank Name:

Bank Address:

City: _____ State: _____ Zip: _____

ABA Routing No.: _____ Bank Account No.: _____

Name on Bank Account:

Please continue to page three to complete this form.

