

To complete this form, you will need your:

- Millennium Account Number
- Date of Birth
- Distribution Type
- Social Security/Tax ID Number
- E-mail address
- Banking Information (if funds are to be sent by ACH)

A copy of your unexpired government issued identification card (either a driver's license, state ID, or passport) is required for a distribution, 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 utility bill showing your current address. If you supply a mailing address in addition to your residential address, we will require verification for both.

Distribution requests may take up to 15 days to process. Please print this request after completion. For assistance with this application, please contact a client service specialist during normal business hours.

A Account Owner Information

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

▶ Name: _____
 Social Security/Tax ID No.: _____ Last 4 digits of Millennium Account No.: _____
 Daytime Phone No.: _____ Date of Birth: _____
 E-mail Address: _____

Note - We will attempt to reach you by phone and/or email if any additional documentation or verification is required. Please supply the best contact information to ensure we are able to reach you promptly.

Your legal Residential Address cannot be a P.O. Box, Mail Drop or c/o address. Provide the address you use for tax filing.

Residential Address

Address: _____
 City: _____ State: _____ Zip: _____

If your mailing address is different from your residential address, indicate here.

Account Mailing Address

Address: _____
 City: _____ State: _____ Zip: _____

Note: If a mailing address is provided, Millennium will send all future mailed correspondence to this address including statements and tax reporting.

Please select one account type:

- ▶ Traditional IRA Roth IRA
 Inherited Traditional IRA Inherited Roth IRA

Change of Address:

- ▶ Check here if requesting a change of address with Millennium Trust. **Your distribution request may be subject to a 10 business day hold after Millennium Trust completes the processing of your Address Change Request.**

Please continue to page two to complete this form.



B Reason For Distribution

Please select only ONE reason for your distribution from Section 1, 2, or 3.

1. From a Traditional IRA, Rollover IRA, or Inherited Traditional IRA only:

- Normal Distribution.** - Select if the taxpayer is age 59½ or older.
- Early (Premature) Distribution.** - Select if the taxpayer has **not** reached age 59½.
- Distributions before the age 59½ may be subject to ordinary income tax and may also be subject to a 10% federal penalty tax unless you meet an IRS exception.
 - A distribution from a SIMPLE IRA taken within two years of the date the first contribution was made may be subject to a 25% penalty tax unless you meet an IRS exception.
- Note:** If you believe an exception may apply to the early withdrawal penalty, you should consult your tax advisor to determine if you need to submit IRS Form 5329 to the IRS.
- Disability Distribution.** - Select if distribution is due to permanent disability within meaning of IRS Code Sec 72(m)(7). Consult your tax advisor for assistance. **(Attach Physician's Statement.)**
- Distribution from an Inherited Traditional IRA. (Certified Copy of Death Certificate required if not already on file with Millennium.)**

2. From a Roth IRA or Inherited Roth IRA only:

- Qualified Distribution from a Roth IRA.** - Select if the five-year holding period has been completed and the taxpayer has reached age 59½, if the taxpayer is disabled (**attach Physician's Statement**), or for a distribution from an Inherited Roth IRA. **(Certified Copy of Death Certificate required if not already on file with Millennium.)**
- Roth IRA Distribution, Exception applies.** Consult your tax advisor for assistance. Select if it is not known if the five-year holding period has been completed and the taxpayer has reached age 59½, if the taxpayer is disabled (**attach Physician's Statement**), or for a distribution from an Inherited Roth IRA. **(Certified Copy of Death Certificate required if not already on file with Millennium.)**
- Early Distribution from a Roth IRA.** - Select if the taxpayer has **not** reached age 59½.

3. Direct Rollover to a Employer Sponsored Qualified Plan - For direct Trustee to Trustee IRA transfers, contact the receiving institution to request a transfer. This form will not facilitate a direct Trustee to Trustee transfer process of an IRA.

- Complete information below and skip Section E. **NOTE:** It is your obligation to ensure that the Qualified Plan named below will accept the rollover of your benefit payment. Payment Delivery via check only. **(If the mailing address below is different than the address on record with Millennium Trust then a Notary is required - See Page 5.)**

An additional fee may apply if check for rollover funds are returned to Millennium or if tax reporting corrections are necessary.



Check Payable To:

Qualified Plan Name:

Qualified Plan No.:

Mailing Address:

City:

State:

Zip:

Please continue to page three to complete this form.

C Amount And Method Of Distribution

For funds invested in assets other than cash (or cash equivalents), the timing of liquidation will vary depending on where the funds are invested. If your Millennium Account only holds one asset and cash is not available to satisfy your distribution request, Millennium Trust will automatically liquidate funds from the asset to process your distribution request, unless indicated otherwise.

- Please select one: Total distribution of my entire account and close account. **(All assets will be liquidated.)**
 Partial distribution of \$ _____ . **(Tell us what to sell in Section C2 if insufficient cash.)**
 Systematic Payment (Please complete Section D.)

- In the event your account holds a stable value fund we will first automatically liquidate such stable value fund for the full amount of the requested distribution, including any fees.
- In the event your account holds other assets, please list all assets you are directing Millennium Trust to liquidate or re-register below. (Cash investments will be automatically liquidated.)

Note: All liquidation requests are subject to processing times based on current volumes at the time this request is submitted. *Execution price is not guaranteed.* Due to market fluctuations, you may wish to execute your publicly traded security transaction(s) online to ensure desired execution timing.

Liquidation or Re-Registration fees may apply.	Liquidate	or	Re-Register	Asset Name/Description	Dollar Amt/All
▶	<input type="radio"/>		<input type="radio"/>		
	<input type="radio"/>		<input type="radio"/>		
	<input type="radio"/>		<input type="radio"/>		
	<input type="radio"/>		<input type="radio"/>		

If additional space is needed, please attach a separate page.

D Systematic Payments

Only complete this section if you checked the "Systematic Payment" box in Section C. This distribution form needs to be received by the 1st of the month in which the first systematic payment is to begin. Please note that checks received are subject to a 5 day hold and may impact the availability of dollars to fund this recurring distribution. Systematic payments, including your tax withholding election, will continue until Millennium receives written direction to cancel.

Note: Systematic payments with a set dollar amount will be discontinued if there are three consecutive failed attempts due to insufficient cash.

- New/Set Up
 Change of Instructions (Complete entire form.)

Amount of systematic payment: \$ _____

If cash funds are not available at the time of distribution, your check or ACH will not be issued as scheduled.

- ▶ Starting Month: _____ *(Payments issued on the 15th of the month.)*
 Frequency of future payments: Monthly
 Quarterly

E Payment Delivery

Prepaid Debit Card can be used immediately and is good at ATMs and everywhere major credit cards are accepted.

A Prepaid Debit Card will be sent for distributions under \$10,000 from the IRA at Millennium to you via U.S. Mail unless another selection is made. These Prepaid Debit Cards are fulfilled by a 3rd party vendor. Please allow additional time for receipt.

Any taxable distribution request over \$200,000 will be processed as a Direct Deposit to Bank (ACH).

Note: A Prepaid Debit Card is not available for Direct Rollover distributions, Systematic Payments, distributions over \$10,000, processing of death benefits, or those being mailed to a foreign address. A standard check will be mailed in those instances.

E Payment Delivery Continued

Please select your delivery method from the following three options.

- Mail a Prepaid Debit Card or Systematic Payment check (if you chose systematic payment in Section D) to the address of record.
- Mail a Prepaid Debit Card, Systematic Payment (if you chose systematic payment in Section D) or Death Benefit check to the following payee/address. **(Notary Required if sending funds to a different address than the one on file - See Page 5.)**

Payee:

Address:

City:

State:

Zip:

Standard NACHA Operating Rules apply.

- Direct Deposit to Bank (ACH) - For distributions for \$2,000 or more, please submit a voided check (starter checks are not acceptable) and provide the financial institution's ACH instructions below. **Note: For accounts without checks, submit a preprinted deposit slip or a letter from the other financial institution, on letterhead and signed by an officer.** This documentation must include the account title, account number, ABA routing number and account type. **(Notary is required if funds are being sent to an account not registered in the name of the Account Owner.)**

Please ensure the accuracy of your financial institution's ACH instructions. An additional fee will be charged if a ACH is rejected due to the incorrect instructions.

Bank Name:

Bank Address:

City:

State:

Zip:

ABA Routing No.:

Bank Account No.:

Name on Bank Account:

Type of Account: Checking

Savings

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 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.

Please select one of these options. 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 - State income tax withholding may be required from your distribution. In some cases, you may elect not to have withholding apply, or you may elect to increase the rate of withholding. In other cases, state income tax withholding may not be available. **Refer to the State Income Tax Withholding Information sheet for specific information concerning your state's withholding rates.**

State income tax withholding is based on the state of residence, federal income tax withholding election and account type. Millennium may not be able to process a distribution without state income tax withholding if the state requires it. **Note: We will only withhold state income tax for the states listed on the State Income Tax Withholding Information sheet located in the back of this form.**

I declare my permanent state of residence is: _____ and that my election should reflect the requirements of that state. If a permanent state of residence is not noted, we will default to the state of residence listed on file at Millennium.

Please select one of these options. If no selection is made, we will withhold your state's requirement from your distribution(s).

- I **DO NOT** want state income tax withheld from my distribution(s).
- Withhold my state's minimum requirement. (Only applicable if a minimum tax rate exists for your state.)
- Withhold this amount: _____ % or \$ _____
We will withhold at least your state's minimum requirement as listed on the State Income Tax Withholding Information sheet.

G Fees

Account fees are payable in accordance with the custodial agreements and will be deducted from the account unless you remit the amount due. Please refer to your fee schedule for applicable fees.

H Distribution Authorization & Certification

Applicable account distribution and/or closing fees will be assessed and if this distribution brings your account balance to zero, your account will be closed.

I authorize and direct you to make the distribution requested herein and certify that all of the information provided on this form is correct.

If I am over age 70½, I accept full responsibility for taking Minimum Required Distributions from any NON-Roth IRAs as required by the Internal Revenue Code. If under the age of 59½, I understand that any NON-Roth IRA distributions are generally taxed as ordinary income and may be subject to a 10% early withdrawal penalty.

I understand that distributions from a Roth IRA that are attributable to either converted amounts, retirement plan rollover basis or earnings may be taxed as ordinary income and subject to a 10% early withdrawal penalty unless certain requirements are met.

I understand that I am responsible for all taxes and penalties that may result from this distribution, if any. I certify that Millennium Trust and its affiliates, including InspiraFS, Inc., have not provided me with any tax, investment or legal advice, and I have consulted a tax professional to the extent I have deemed necessary concerning the taxable effect of this distribution.

IMPORTANT USA PATRIOT ACT INFORMATION

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means to you: You must provide us with your name, residential address, social security number, date of birth and a clear copy of an unexpired government issued identification card (either a driver's license, state ID, or passport) before we can allow you to exercise control over your account. Additional documentation may be required for verification purposes in certain circumstances.

FOREIGN CITIZENS AND OTHER NON-U.S. PERSONS

You must submit a completed IRS Form W-8BEN.

▶ **Check here** if you are a foreign citizen or other non-U.S. person. *By checking here, the certification below for U.S. Citizens or Other U.S. Persons does not apply.*

U.S. CITIZENS OR OTHER U.S. PERSONS (INCLUDING A U.S. RESIDENT ALIEN)

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct tax identification number; and (2) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or if so notified, such notice is no longer in effect; and (3) I am a U.S. citizen or other U.S. person (including a U.S. resident alien). The IRS does not require that I consent to any provisions of this document other than this certification to avoid backup withholding.

Please sign and date to authorize this distribution.

▶ Account Owner's Signature: _____
Date: _____

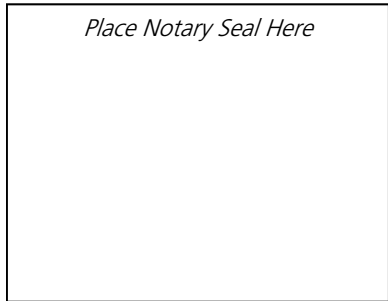
I Notary Public

A Notary Public is required if requesting funds over \$10,000 that will be sent to an address other than the account owner's current address of record, an account not held in the name of the account owner, or if the proceeds will be sent to an ex-spouse due to divorce. Forms received without the required Notary will be rejected.

Sworn to and subscribed before me on: _____, 20____.

Notary Public: _____

My Commission Expires: _____



All requests requiring a Notary or certified legal documentation must be received by mail unless uploaded to Millennium through a secured portal.

As of 01/01/19

The general information provided in the chart below is to help you understand state income tax withholding requirements for Individual Retirement Account (IRA) distributions. **While Millennium Trust makes every effort to obtain information about state tax laws from sources believed to be reliable, we cannot guarantee the accuracy or timeliness of state tax withholding information because state tax laws are subject to constant change and interpretation. You should contact your tax advisor regarding your tax withholding elections, and to answer any questions regarding your state's withholding laws.**

Millennium Trust may be required to withhold state tax from your distribution based upon state tax law for your state of residency. Your state of residency is determined by the legal address of record on your account or as provided in the Tax Withholding Election section of the Distribution form. In some cases, you may elect not to have withholding apply, or you may elect to increase the rate of withholding. In other cases, state tax withholding is not supported by Millennium.

- You may specify a percentage or dollar amount to be withheld for state income tax by completing the appropriate section on the distribution form. Some states require a minimum percentage or flat dollar amount. We will withhold at least the state-required minimum amount when such a minimum applies.
- You may instruct us not to withhold state income taxes only when your state of residence allows such an election.
- For any states not listed below, Millennium Trust will not withhold state income tax even if instructed to.
- If you are required to submit your state W-P4 Withholding form, it can be found on your **state's** government website not the IRS website.

State of residence	State income tax withholding information
AZ, CO, D.C., MD, NJ, NY, VA	State income tax will be withheld ONLY if you instruct us to withhold it whether or not you elect to have federal income tax withheld. See below for exception. D.C.: Required if a <i>total</i> distribution is elected or taken by default
KS, MA, ME, NE, OK, VT	State income tax withholding is required when federal withholding is elected or taken by default.
CA, DE, OR	State income tax withholding is required when federal withholding is elected or taken by default, unless you instruct us not to withhold state income taxes.
AR, CT, IA, MI, NC	State income tax withholding is required. However, if you believe you will not have a balance due on your state income tax return, you may elect not to have state income tax withheld by submitting your states W-4P form. Consult your tax advisor for guidance on all of the limitations/restrictions for state tax withholding.

State of residence	Minimum state income tax rate is <i>at least</i>
AR	3% of the gross distribution amount
CA	10% of the <i>federal withholding</i> amount when elected
CT	6.99% of the gross distribution amount
D.C.	8.95% of the gross total distribution amount
DE, IA, KS, ME, NE, OK	5% of the gross distribution amount
MA	5.05% of the gross distribution amount
MI	4.25% of the gross distribution amount
NC	4% of the gross distribution amount
OR	8% of the gross distribution amount
VT	30% of the <i>federal withholding</i> amount when elected
AZ, CO, MD, NJ, NY, VA	There is no minimum tax rate. You may provide any amount.