

# DISTRIBUTION REQUEST FORM

Forward To:  
28011 Clemens Rd Suite B  
Westlake, OH 44145  
F) 440-815-2214  
E) [info@iplangroup.com](mailto:info@iplangroup.com)

Clear Form



**Questions?** Our representatives are available to assist you at 855-604-7526.

**WILL DISTRIBUTION CLOSE ACCOUNT?**  YES  NO

## 1. ACCOUNT OWNER INFORMATION

Account Owner Name		iPlanGroup Account Number:	
Phone Number	Email Address	Social Security Number	
Street Address	City/State/ Zip Code		Date of Birth

## 2. DISTRIBUTION TYPE

- 1 Early distribution, no known exceptions.
- 2 Early distribution, exception applies.
- 4 Death.
- 5 Prohibited transaction.
- 7 Normal distribution.
- 8 Excess contributions plus earnings/excess deferrals (and/or earnings) taxable for the current tax year.  
Was the Contribution made in a prior year?  N (Code 8)  Y (Proceed to next question)  
Is Contribution being removed prior to the tax return due date for which the contribution was made?  
 Y (Code P)  N (  Code 1 or  Code 7)
- J Early Distribution from a Roth IRA.
- Q Qualified distribution from a Roth IRA.
- S Early distribution from a SIMPLE IRA in the first 2 years, no known exception.
- T Roth IRA distribution, exception applies.

## 3. METHOD OF PAYMENT

**Please Note: Checks and/or assignments will be issued to the account owner and to the address on file unless indicated otherwise.**

### CHECK

By Regular Mail  By Overnight Mail (\$20 Fee + Cost)  Pickup at iPlanGroup

**SEND FUNDS BY WIRE** (\$35 Fee)  **SEND FUNDS BY ACH** (\$5 Fee/ ACH Amount may not exceed \$15,000)

Bank Name	City	State
ABA Routing Number:	Account Number:	Account Name:

## 4. FREQUENCY OF DISTRIBUTION

- One Time Distribution
- Recurring Distributions. Distributions to Begin On This Date: \_\_\_\_\_
  - Monthly  Quarterly

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## 5. DISTRIBUTION AMOUNT

- CASH Distribution**
  - Partial Cash Distribution in the amount of: \$ \_\_\_\_\_
  - All Available
  
- ASSET Distribution** (A Current Fair Market Valuation Is Required For Any Asset Being Distributed)

Asset Description	Amount or %	<input type="checkbox"/> In-Kind
Asset Description	Amount or %	<input type="checkbox"/> In-Kind
Asset Description	Amount or %	<input type="checkbox"/> In-Kind

## 6. TAX WITHHOLDING ELECTION AND NOTICE

*Unless a previous election is in place or otherwise indicated below, 10% Federal Income Tax will be withheld from your IRA distribution.*

I WANT \_\_\_\_% or \$ \_\_\_\_\_ of Federal Income Tax (not less than 10% or equivalent dollars) withheld from my Distribution.

**NOTICE:**

The distributions that you receive from your IRA are subject to Federal Income Tax Withholding unless you elect to waive the withholding. You may elect to waive the withholding on your IRA distribution by returning a signed and dated IRS Form W-4R, Withholding Certificate for Pension or Annuity Payments, or this substitute Form W-4R to your IRA Trustee or Custodian. If you waive the withholding on your IRA distribution, or if you do not have enough Federal income tax withheld from your IRA distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You may waive state income tax withholding to the extent permitted by law. You are responsible for determining and paying all Federal, and if applicable, state and local taxes on distributions from all IRAs you own. If you do not waive withholding or elect an alternative withholding amount, ten percent will be withheld from your non-periodic IRA distribution. Your election is valid until you revoke it. You may change your withholding election by completing another Form W-4R or substitute. Also note, if you are a U.S. citizen or resident alien receiving an IRA distribution that is delivered outside the United States or its possessions, withholding is required. That is, you may not waive withholding. If you are a non-resident alien you may not use Form W-4R to withhold income tax or to waive withholding. A foreign person should refer to IRS Publication 515 and to Form W-8BEN.

## 7. ACKNOWLEDGEMENT AND SIGNATURE

By signing this *Distribution Request Form*, I certify that the information I have provided is true and correct, and I authorize the Trustee/Custodian to distribute my IRA as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this distribution and I assume all responsibility for any consequences as a result of my actions. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my instructions, including payments made in error. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Trustee/Custodian. I also understand that if this distribution involves a SIMPLE IRA, special rules apply, and I assume responsibility for my actions regarding those issues. I agree that any fees associated with this transaction will be debited from my account.

### Account Owner Authorization and Signature

<input checked="" type="checkbox"/>	Print Name	Date
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