



IRA Distribution Request Form

Account Holder Information

Full Name _____ Social Security
Number _____
Phone # _____ Date of Birth _____ Status US Citizen Resident
Alien Address _____ City _____ State _____
Zip _____

Account Info (check all that apply) Account # _____.

- Traditional (Pretax) Roth (After-tax) SEP Simple Inherited

Distribution Information

- One time Monthly on the _____, of each month (must renew every calendar year)
Method
 Issue Check to me, Send to address above.
 Deposit by Wire to My Account at ACCT # _____ Routing # _____
 Deposit by ACH to My Account at ACCT # _____ Routing # _____
 In Kind Asset Described as: _____

Applicable Special Codes for reporting _____ (See 1099-r instructions)

Amount

Requested _____.
Fed W/H _____.
Total to Me _____.

- I elect not to have income tax withheld** (No fed W/h listed above)

I hereby certify that my information is true and correct, and that I understand the tax ramifications of this distribution based on my age and specific type of account, and the rules associated with this account. I understand I am responsible for any tax ramifications, and have discussed this with my competent tax professional. If I have selected a special code I understand that Sunwest Trust Inc. has discretion not report that code without sufficient evidence as to it being true and applicable.

Signed This _____ day of _____, _____.
Month year

Signature of accountholder _____.

Custodian Acknowledges receipt _____ day of _____, _____.
Month year

Custodian Signature _____