# 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 #__________________

**Account Info** (check all that apply)

☐ 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_____________________________________________

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