



THE
KINGDOM
TRUST CO.

IRA DISTRIBUTION REQUEST FORM

ACCOUNT HOLDER INFORMATION

Company: Account No.

Traditional IRA SEP IRA
 Roth IRA SIMPLE IRA
 Rollover IRA

Name: Social Security: DOB:

Address: Phone No:

For death distributions, complete the following:

Beneficiary's Name: Social Security:

Relationship: DOB: Phone No:

Address:

DISTRIBUTION REASON

- Early (premature) distribution (participant is under age 59 1/2 and no known exception applies). This reason includes but is not limited to a distribution due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, qualified reservist distributions or substantially equal payments (Code 1-accountholder needs to complete IRS Form 5329).
- Early (premature) distribution. Distribution due to IRS levy exception (Code 2)
- Permanent disability (Code 3-if you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code).
- Death (Code 4-if you are a beneficiary of this account and can furnish a certified copy of the death certificate).
- Normal distribution (Code 7-if you are the participant and age 59 1/2 or older).
- Removal of excess/nondeductible contribution plus earnings before tax filing deadline. In which tax year was the contribution made? Is the contribution plus earnings being removed in the same year? Yes No
- Removal of excess contribution (principal only) after tax filing deadline.
- Distribution from a SIMPLE IRA. Date employee first participated.
- Transfer, including transfer incident to divorce or legal separation; qualified charitable distribution transfer; and qualified HSA funding distribution. Transfer payable to:
- Recharacterization to a Roth IRA. Regular contribution of \$ Earnings of \$
For tax year:
- IRA paid directly to trustee of employer's plan. Payable to:

FINANCIAL INFORMATION

Choose an option:

1. The entire account balance.
 2. Partial distribution.

Payment Instructions:

Issue check to participant/beneficiary

Distribute funds via Wire: Distribute funds via ACH:

Name on Account:

Account #:

ABA #:

Bank Name:

Bank Address:

Bank Phone #:

In Kind Shares: Name of security:

Amount requested \$

Administrative fees (including cd penalty)
 Check this box if fees and/or CD penalty paid from remaining IRA assets. (-)

Amount withdrawn (reported to IRS) \$

Federal income tax withheld (-)

State income tax withheld (-)

Net amount paid to recipient or transferred to another organization. \$

****Please provide a copy of a voided check if you prefer to receive your funds via ACH.****

PAYMENT METHOD

The Custodian should distribute the amount requested as follows:

1. Date payment(s) to commence(s):

2. Distribution(s) to be made: one time monthly quarterly

WITHHOLDING ELECTION

Choose either Option 1 or 2. Complete for any kind of distribution, except reason #7, 9, 10, and 11 above.

Option 1. Withhold federal income tax at the rate of % (not less than 10%) plus an additional amount of \$ from the amount withdrawn.

Option 2. Effective , I elect not to have federal income tax withheld. (Must have US residence address on file.)

I understand that I am still liable for the payment of federal income tax and all other taxes on the taxable amount. I also understand that I may be subject to tax penalties under the estimated tax payment rules, if my payments of estimated tax and withholding, if any, are not adequate.

SIGNATURES

I certify that I am the proper party to receive payment(s) from this IRA, and that all information provided by me is true and accurate. I acknowledge that I have read the Notice of Withholding on the reverse side of this form and have completed the withholding election above. I further certify that no tax advice has been given to me by the custodian or trustee, that distributions (except certain transfers) are reported to the IRS, and that all decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the custodian shall in no way be responsible for those consequences.

Participant's or Beneficiary's Signature: _____ Date: _____

Authorized Signature - (Custodian): _____ Date: _____

NOTICE OF WITHHOLDING ON DISTRIBUTIONS FROM IRAs

The distributions you receive from your individual retirement account are subject to federal Income tax withholding unless you elect not to have withholding apply.

You may elect not to have withholding apply to your distribution payments by completing the "withholding election" section at the top of this page.

If you do not complete the "withholding election" section by the date your distribution is scheduled to begin, Federal income tax will be withheld from the amount withdrawn at a rate of 10%.

If you elect not to have withholding apply to your distribution payments, or if you do not have enough federal income tax withheld from your 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.