

Please complete and submit this form via one of the following methods:

Mail: Madison Administration Company, 21 Robert Pitt Drive, Suite 201, Monsey, NY 10952 **Fax:** (845) 947-1212 **Secure Upload:** www.madisontrust.com/uploads

A. ACCOUNTHOLDER INFORMATION

Full name _____ MTC Account number _____ Date _____

B. TYPE OF DISTRIBUTION

Please select one:

- Mandatory distribution for tax year: _____ (I will be 70 ½ yrs old by the end of this tax year)
- Normal distribution (I am over 59 ½ years old)
- Beneficiary distribution
- Return of excess and/or ineligible contribution & earnings for the tax year: _____
- Early distribution (No exception)
- Early distribution; exception applies Specify exception: _____
- Distribution to be transferred or rolledover to another IRA or Qualified Retirement Plan
(I understand that the distributed amount must be deposited in another IRA or Qualified Retirement Plan within 60 days.)

C. AMOUNT AND FREQUENCY OF DISTRIBUTION

Check all that apply:

- Distribute the following EXACT amount: \$ _____ *(We will withdraw this amount from your account. If you elect to withhold taxes, we will calculate as a percentage of this amount.)*
Please ensure that you have sufficient cash in your account to cover the distribution and fees due as well as the \$500 minimum balance.
Frequency: One time only Monthly Quarterly Annually Start my distributions on (mm/dd/yy): _____
- Distribute the following assets in-kind: An updated 3rd party asset valuation will be required prior to processing this transaction
These assets will be re-registered to your name. If an asset cannot be re-registered, we will send you an Assignment of Interest. A Form 1099-R will be issued for the value of the asset(s) at the time of distribution.
- If you are distributing the asset(s) directly from your IRA LLC, check this box and include a valuation for the asset(s) from an appropriate third-party (call our office for details).

Asset Name: _____ Number of shares/units: _____

Asset Name: _____ Number of shares/units: _____

- Distribute ALL cash and assets
Note: Your account will be closed after this distribution is made. An updated 3rd party asset valuation will be required prior to processing this transaction.

D. EXPEDITED SERVICE

Our standard processing time for all forms and requests is 3-4 days. Our expedited service is 1-2 days. Select this service if you have special time constraints.

- Expedited Service (\$50 fee applies)

Please note that any forms submitted after 1 PM EST will be considered received on the following business day (applies to both standard and expedited processing).

E. FEDERAL & STATE INCOME TAX WITHHOLDING ELECTION

Distributions from your non-Roth IRA are subject to federal and, where applicable, state income tax withholding unless you elect not to have withholding apply below (if you are a U.S. citizen or other U.S. person, including a resident alien individual). If you do not elect out of withholding, federal income tax will be withheld at the rate of 10% from your total IRA distribution amount. If you made nondeductible contributions to your IRA, this may result in excess withholding from your distributions. If you elect not to have withholding apply to your distributions 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 payment are not sufficient.

If you have questions regarding tax withholding, please consult your tax advisor.

Federal: Check one: Do NOT withhold federal taxes Withhold federal taxes at the rate of _____%
*Minimum 10%, maximum 99%. Whole numbers, no dollar amounts.
Note that if there is a federal withholding, certain states require that there is also state withholding.*

State: Please consult with your tax advisor to determine if your state requires you to send in withholding taxes, and how to do so.

F. DELIVERY INSTRUCTIONS

I authorize Madison Trust to withdraw the specified funds from my custodial cash account and send me the net amount (less any withheld taxes) by (select one):

- Check to my current address of record (\$30 disbursement fee applies)
Send via (select one): Regular delivery (default) Overnight delivery (\$30 disbursement fee + \$50 overnight mail fee)
- Wire (\$30 disbursement fee + \$25 wire fee apply): Recurring ACH (\$10 disbursement fee applies)
Only available if distribution is recurring at least quarterly

Institution name	Routing transit number (ABA)	Bank address
Bank phone number	Beneficiary account number	Beneficiary account name
For further credit (if applicable)	Account type (only applicable for ACH)	

G. ACKNOWLEDGMENT

As set forth in my Madison Trust Custodial Agreement, I hereby elect the foregoing distribution. I understand that Madison Trust will not be liable for any failure of my elected distribution to meet any required minimum distribution requirements under applicable tax laws and that the amount of the distribution is exclusively mine to make.

Accountholder signature	Date
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IMPORTANT: You must have sufficient funds in your custodial cash account to cover the distribution amount you indicate above, plus any transaction fees, outstanding fees, and your minimum balance requirement. Having insufficient funds will delay your distribution. It is your responsibility to ensure you have sufficient cash in your custodial cash account prior to submitting this form to us. If there are insufficient funds to cover the minimum balance and/or fees, your request will be put on hold until sufficient funds are available or your request is revised.

For MTC use only:

Confirmed by	Date & time	DOB & SS confirmed	Sufficiently cleared funds	Scanned
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