

Account # \_\_\_\_\_

Advisor # \_\_\_\_\_

**1 ACCOUNT OWNER INFORMATION (IF ACCOUNT OWNER IS DECEASED, PLEASE PROVIDE BENEFICIARY INFORMATION.)**

|                                     |                         |                         |                  |
|-------------------------------------|-------------------------|-------------------------|------------------|
| Name (First, Middle Initial, Last): |                         | Social Security Number: | Tax I.D. Number: |
| Home Street Address (No PO Boxes):  |                         | Date of Birth:          |                  |
| City:                               |                         | State:                  | ZIP Code:        |
| Daytime Telephone Number:           | Other Telephone Number: | Email Address:          |                  |

Type of Account:  
 Traditional IRA    Roth IRA    SEP IRA    Simple IRA

**2 TYPE OF DISTRIBUTION**

I direct TD AMERITRADE Clearing, Inc. to distribute the amount requested for the following reason (check only one box):  
*This is a distribution due to:*

Normal distribution – I am over age 59½.

Normal distribution – Roth IRA greater than 5 years old AND I am over age 59½.

Premature distribution (under age 59½) – Exceptions to the 10% penalty must be filed on IRS Form 5329.

Substantially equal periodic payments (under IRS Code Section 72(t) (2) (A) (iv)). Note: Please see your tax advisor for guidance. (Review Section 7 of this document prior to submitting this request.)

Disability – Account Owner must meet disability requirements as outlined in Internal Revenue code 72(t). (Account Owner must be totally and permanently disabled as outlined in Internal Revenue Code 72(t). Clients are encouraged to attach a current copy of a physician's statement, IRS Schedule R or Social Security disability benefits letter.)

Beneficiary IRA – Distribution from a Beneficiary IRA.

Required Minimum Distribution (RMD) – Important: If your spouse is the beneficiary and is greater than 10 years younger than you, please indicate here:  Please provide date of birth of spousal beneficiary. (MM-DD-YYYY): \_\_\_\_\_.

Direct Rollover to a qualified employer plan of like type – Please attach a copy of your plan statement. Please note that the plan may not accept rollovers. Please check with your plan administrator.

Qualified Plan Name: \_\_\_\_\_ Plan Account Number: \_\_\_\_\_

Removal of Excess Contribution plus Net Income Attributable (NIA) before tax-filing deadline (including extensions).  
 Date of contribution: \_\_\_\_\_ For what tax year was the contribution made? \_\_\_\_\_  
 Amount of excess: \$ \_\_\_\_\_ Amount of earnings: \$ \_\_\_\_\_ or loss: \$ \_\_\_\_\_

**3 PAYMENT AMOUNT**

| <p>A. <input type="checkbox"/> Partial one-time distribution in the amount of \$ _____ cash.</p> <p>B. <input type="checkbox"/> Partial one-time distribution of the securities listed below.</p> <table border="0"> <thead> <tr> <th style="text-align: left;">Quantity of Shares</th> <th style="text-align: left;">Name of Asset</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table> | Quantity of Shares | Name of Asset | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | <p>C. <input type="checkbox"/> Full distribution in cash. "I wish to close my account. I have sold all the securities in my account. Please send a check for the entire account balance."</p> <p>D. <input type="checkbox"/> Full distribution in cash and securities. "I wish to close my account. Please deliver all securities in certificate form and a check for any cash or money market balance."</p> <p>(Note: Allow approximately four weeks for delivery of certificates. Mutual funds, Certificates of Deposit, limited partnerships and fractional shares cannot be delivered.)</p> |
|---|--------------------|---------------|-------|-------|-------|-------|-------|-------|-------|-------|---|
| Quantity of Shares  | Name of Asset      |               |       |       |       |       |       |       |       |       |   |
| _____   | _____              |               |       |       |       |       |       |       |       |       |   |
| _____   | _____              |               |       |       |       |       |       |       |       |       |   |
| _____   | _____              |               |       |       |       |       |       |       |       |       |   |
| _____   | _____              |               |       |       |       |       |       |       |       |       |   |



**4 PERIODIC PAYMENT (PLEASE ONLY COMPLETE THIS SECTION IF YOU WISH TO RECEIVE PERIODIC CASH PAYMENTS.)**

- I wish to receive periodic cash payments of \$ \_\_\_\_\_, starting \_\_\_\_/\_\_\_\_/\_\_\_\_ (date to start) and continuing periodically thereafter:  Annually  Semiannually  Quarterly  Monthly
- This is a new periodic payment request.
- This is an update to my existing periodic payment request.

**5 METHOD OF PAYMENT**

- A.  Send distribution to my address of record. Please check the box below for overnight mail; otherwise distribution will be sent through U.S. First-Class Mail  Overnight at my expense.
- B.  Transfer the distribution to the following TD AMERITRADE account: \_\_\_\_\_
- C.  I wish to have the check go to an address other than the address of record. Please check the box below for overnight mail; otherwise distribution will be sent through U.S. First-Class Mail  Overnight at my expense.

**Mailing Instructions:**

Address: \_\_\_\_\_  
City/State/ZIP Code: \_\_\_\_\_  
Bank A/C # (if applicable) : \_\_\_\_\_

- D.  I would like to have my funds sent to an alternate payee.  
Name: \_\_\_\_\_
- E.  I would like to have my funds sent by electronic funding.
  - i. Bank account owner name: \_\_\_\_\_
  - ii. Joint bank account owner name: \_\_\_\_\_
  - iii. Type of bank account :  checking  savings
  - iv. Bank account number: \_\_\_\_\_
  - v. ABA Routing Transit Number: \_\_\_\_\_

Please attach a voided check to this form.

- F.  I would like to have my funds sent by Federal Funds Wire:
  - i. Bank account owner name: \_\_\_\_\_
  - ii. Joint bank account owner name: \_\_\_\_\_
  - iii. Type of bank account :  checking  savings
  - iv. Bank account number: \_\_\_\_\_
  - v. ABA Routing Transit Number: \_\_\_\_\_

Please attach a voided check to this form.

**6 TAX WITHHOLDING ELECTION (REQUIRED)**

Form W4P/OMB NO. 1545 0415

**If this election is not completed, federal income tax will be withheld at a rate of 10% of your withdrawal.**

Important notice: Any withdrawal from your Custodial IRA is subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will apply to the entire withdrawal since the entire withdrawal may be included in your income that is subject to federal income tax. You may elect not to have withholding apply to your withdrawal payments by completing and dating this election and returning it to TD AMERITRADE Clearing, Inc.

- I elect **NOT to have federal income tax withheld effective** (MM-DD-YYYY): \_\_\_\_\_.
- Please withhold taxes from my distribution at a rate of 10%.
- Please withhold taxes from my distribution at a rate of: \_\_\_\_\_ % or \$ \_\_\_\_\_ (not less than 10% of total distribution).

If you elect not to have withholding apply to your withdrawal payments, or if you do not have enough federal income tax withheld from your withdrawal, 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. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your withdrawal. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

**State Withholding Election**

In some cases, you may elect not to have state tax withheld, or you may tell us how much you would like us to withhold. In other cases, TD AMERITRADE Clearing, Inc. is required by federal and/or state statutes to withhold a percentage of your IRA distribution for income tax purposes.

**If you do not make an election, we will automatically apply withholding (if required) at the maximum rate based on your state of residency.** For state tax-withholding guidelines, please contact your advisor or Regional Service Team.

I declare my permanent state of residence is (state): \_\_\_\_\_, and that my election should reflect the requirements of that state.

**If a permanent state of residence is not noted, we will default to the state on record.**

Please make your election below:

- I elect **NOT to have state income tax withheld effective** (MM-DD-YYYY): \_\_\_\_\_.
- Please withhold taxes from my distribution at a rate of: \_\_\_\_\_ % or \$ \_\_\_\_\_.

**Please note: TD AMERITRADE Clearing, Inc. advises you to contact your tax professional before making any election regarding state withholding elections. State law is subject to change, and TD AMERITRADE Clearing, Inc. is not responsible for changes in state law that occur after the publication date of this form.**

**7 72(t) SUBSTANTIALLY EQUAL PERIODIC PAYMENTS EXCEPTIONS**

In consideration of TD AMERITRADE, Inc. reporting this series of distributions on Tax Form 1099-R Box 7 as a Code 2, please review the following:

- Once this payment series begins, generally, the payment schedule may not be altered for a period of five years (60 months) or attainment of age 59½, whichever is longer.
- Funds may not be added or subtracted from the account in any way including contributions, transfers in or out, and distributions from the account other than the calculated payment once the payment period is complete.
- The account you are requesting this payment schedule for must have sufficient cash funds for the distribution. A missed payment not corrected by year's end constitutes an alteration of the schedule and will terminate the exception.
- Please consult with a financial or tax professional before submitting this request.

**8 ACCOUNT OWNER AUTHORIZATION**

Please distribute cash and/or securities from my Traditional IRA, Roth IRA, SEP IRA OR SIMPLE IRA in the manner and for the reasons stated above. I certify that this withdrawal complies with the provisions of the Traditional IRA, Roth IRA, SEP IRA or SIMPLE IRA, and the Internal Revenue Service Code. TD AMERITRADE and its affiliates may rely on my certification without further investigation or inquiry.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TD AMERITRADE Institutional**  
4075 Sorrento Valley Blvd., Suite A  
San Diego, CA 92121

TDAI 2423 REV. 07/10

**IMPORTANT REMINDERS**

- When requesting cash distributions, there must be enough cash available in the money market or cash balance. Also, if you are requesting tax to be withheld from a stock distribution, you must have sufficient cash available in the money market or cash balance to meet the percentage you have elected to be withheld.
- If there is not enough cash available in the money market or cash balance and you choose to liquidate securities, a check cannot be issued until the trade settles (three business days from the trade date).
- When requesting securities to be distributed and transferred to a non-retirement account, please be sure there are enough shares in the account to fulfill your request.
- The following items are not eligible to be delivered in certificate form:
  - Mutual Fund Certificates
  - CDs (Certificates of Deposit)
  - Limited Partnerships
  - Fractional Shares

**RETAIN THIS PORTION FOR YOUR RECORDS**

I have completed a distribution form for the following:

Reason for distribution: \_\_\_\_\_

Gross distribution: \$ \_\_\_\_\_

Withholding election: Federal tax \_\_\_\_% State tax \_\_\_\_%

Method of payment: \_\_\_\_\_

## IMPORTANT INFORMATION REGARDING DISTRIBUTIONS

### GENERAL INFORMATION

You must supply all requested information so the Custodian or Trustee can do the proper tax reporting. You may not request a distribution on behalf of another beneficiary.

### REASON FOR DISTRIBUTION

You are required to give the reason for taking the withdrawal from the Traditional IRA, Roth IRA, SEP IRA or SIMPLE IRA ("Retirement Account"). If more than one reason applies, you must complete a separate Withdrawal Statement for each reason.

- A. If you have attained age 59½, you are eligible for a normal distribution. You are responsible for taking the annual minimum distribution upon your attainment of age 70½. You will have to pay the IRS a 50% penalty tax if you fail to take the required minimum distribution on time. The required minimum distribution does not apply to Roth IRAs.
- B. If you are under age 59½ and take a distribution from your Retirement Account, including a distribution you intend to roll over, it will generally constitute an early distribution. Unless an exception to the penalty applies, you must report the early distribution on Form 5329 and pay the appropriate penalty tax. In addition, the Custodian or Trustee may impose substantial penalties for early withdrawal of time deposits. Account owners who roll an early distribution over into another allowable Retirement Account need not file Form 5329.
- C. If you are under age 59½ and take "substantially equal periodic payments" (as defined in Internal Revenue Code Section 72(t)(2)(A)(iv)) from your Retirement Account, you may qualify for an exception to the early distribution penalty. The Custodian or Trustee, however, may impose substantial penalties for early withdrawal of time deposits.
- D. You may take a distribution due to disability if you are unable to engage in any gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or be of indefinite duration.
- E. If you are requesting a distribution as a beneficiary, you must furnish proof, in a form acceptable to the Custodian or Trustee, to verify your entitlement to receive the distribution. This verification should be used by surviving spouse's beneficiaries electing to treat the Retirement Account as their own.
- F. You may roll assets over from an IRA into an Employer-sponsored retirement plan if the option is available by the employer's plan document.

### PAYMENT AMOUNT

You must include all amounts you receive from the Retirement Account in your gross income except amounts attributable to nondeductible contributions and amounts rolled back into a Retirement Account. You will receive distribution reports from the Custodian or Trustee to assist you with reporting this income. You are required to take a minimum distribution from your Retirement Account by April 1 of the year following the year you attain age 70½ (required beginning date) and the end of that year and of each year thereafter. The minimum distribution for any taxable year is equal to the amount obtained by dividing the account balance at the end of the preceding year by your life expectancy or the joint life expectancy of you and your spousal beneficiary, if he or she is 10 or more years younger than you are.

### TAX WITHHOLDING ELECTION (FORM W-4P/OMB NO. 1545-0415)

The distributions you receive from your Retirement Account established at this institution 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 on the reverse side of this page. If you do not complete the "Withholding Election" section by the date your distribution is scheduled to begin, federal 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.

### PURPOSE OF FORM W-4P

Unless you elect otherwise, federal income tax will be withheld from payments from Retirement Accounts. You can use Form W-4P, or a substitute form, such as that contained on this form, furnished by the Custodian or Trustee, to instruct your Custodian or Trustee to withhold no tax from your Retirement Account payments (or to revoke this election). This substitute form should be used only for distributions from Retirement Accounts which are payable upon demand.

### NONPERIODIC PAYMENTS

Payments from Retirement Accounts that are payable upon demand are treated as nonperiodic payments for federal income tax purposes. Generally, nonperiodic payments must have income tax withheld at a rate of not less than 10%. You can elect to have no income tax withheld from a nonperiodic payment (Retirement Account payment) by filing Form W-4P or a substitute form with the Custodian or Trustee and checking the appropriate box on that form. Your election will remain in effect for any subsequent distribution unless you change or revoke it. For more information, please see Publication 505, Tax Withholding and Estimated Tax, available from most IRS offices. Caution: Remember that there are penalties for not paying enough tax during the year, through either withholding or estimated tax payments. New retirees should see Publication 505. It explains the estimated tax requirements and penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your Retirement Account using Form W-4P.

### REVOKING THE EXEMPTION FROM WITHHOLDING

If you want to revoke your previously filed exemption from withholding, file another form W-4P with the Custodian or Trustee, and check the appropriate box on that form.

### STATEMENT OF INCOME TAX WITHHELD FROM YOUR RETIREMENT ACCOUNT

By January 31 of next year, you will receive a statement from your Custodian or Trustee showing the total amount of your Retirement Account payments and the total Federal Income Tax withheld during the year. Copies of Form W-4P will not be sent to the IRS by the Custodian or Trustee.

### SIGNATURES

Your signature is required to certify that the information you have provided is true and correct and that you are aware of all the circumstances affecting this Retirement Account withdrawal.

### FINANCIAL INFORMATION

The Custodian or Trustee must provide the financial information requested.