



Approval for Distribution

of IRAs, SEP/IRAs, Roth IRAs, & Coverdell Education Savings Accounts

Account Executive's Name _____ Phone Number _____ Fax Number _____
 Traditional IRA SEP/IRA Roth IRA Coverdell Education Savings Account

1. Tell Us About Yourself (Please Print)

Name _____

Address _____

Social Security Number _____

City, State, ZIP _____

Investment Firm & Account Number _____

Date of Birth _____

Daytime Phone Number _____

2. Reason For Distribution (Please select only one choice)

- Normal** Recipient is over age 59½.
- Disability** Physician's statement or social security certification necessary.
- Annuitized** Recipient receives distributions, which are part of a series of substantially equal periodic payments (not less frequent than annually) for the later of 5 years or 59 ½, as stated under Code Section 72(t)(2)(A)(iv).
- Premature** Recipient is under age 59 ½ and not disabled. A 10 % penalty may result. Roth: Rules vary; consult with your tax advisor.
- Death** Beneficiary of deceased account holder completes form. A certified copy of death certificate with raised seal and beneficiary's social security number, address, and date of birth are required. If the beneficiary is an estate, Letters Testamentary/Administration are required. If beneficiary is a Trust, a copy of the Trust is required.
- Divorce** Enclose a certified copy of the divorce decree with raised seal along with former spouse's social security number, date of birth, letter of instruction, and former spouse's address.
- Contribution Recharacterization** Recharacterizing an IRA contribution to another type of IRA for the year _____
- Education** Distributions used for qualified higher education expenses. These expenses include tuition fees, books, supplies, equipment, amounts contributed to a qualified state tuition program, and room and board.
- Direct Rollover** Complete Section 3, Account Type and Other.
- Removal of Excess Contribution** Removal is being made Before After (Year of Excess Contribution _____) tax filing deadline. If **before**, please provide amount of earnings as these must be withdrawn and are subject to tax withholding.

\$ _____ Excess Amount \$ _____ Earnings Amount

Please note: If the account is a Coverdell ESA, interest must **always** be withdrawn.

3. Where Should We Send Your Distribution?

Other. Please provide us with mailing and deposit instructions.

Home Address (as listed in Section 1)

Journal to Account Number _____

Name of Financial Institution

Tax ID Number:

Account Name

Account Number

Account Type for Direct Rollover (please check)

Routing Number

Traditional IRA

Roth IRA

Address

Retail Account

Employer Sponsored Plan

City, State, ZIP

Phone Number

4. Tell Us About Your Distribution (Check the appropriate boxes)

Total Distribution **Partial Distribution**

A. Cash Only \$ _____

B. Securities Only (Please list below)

C. Cash **and** Securities \$ _____ (List securities below)

Securities to be reregistered or liquidated:

Liquidate/ Register (Please circle one)	How Many Shares, Units, or \$ Amount	Name of Asset	Account Number	Broker Held	Fund/Agent Held
L / R	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
L / R	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
L / R	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Frequency of Distribution: (please check) Monthly Quarterly Semi-Annually Annually
 One Time

Note: Periodic distributions will begin when form is received by trustee.

5. Important Information Regarding Tax Withholding (To Roth IRA Holders: Federal Income Taxes only apply to the earnings on non-qualified distributions.)

Federal Income Taxes must be withheld from distributions unless the recipient elects not to have withholding apply. You may elect out of this withholding by checking the appropriate box below. If no election is made, we must withhold taxes at the required flat 10% rate. If you live in a state that requires state withholding, that amount may be withheld also. Penalties may be incurred under the estimated tax rules if your withholding and/or estimated tax payments are not sufficient.

Choose One:

- Option 1** I elect to have no taxes withheld from my retirement account distribution.
- Option 2** I want taxes withheld from my retirement account distribution at a rate of _____% plus an additional \$_____.
- Option 3** I want taxes withheld in the amount of \$_____.

If you have indicated above that you are taking partial distributions, your withholding election shall remain in effect until it is revoked by you.

6. Your Signature and Date (If Coverdell Education Savings Account, responsible individual must sign if designated beneficiary is a minor.)

Signature

Date

Please mail your completed form to: Delaware Charter Guarantee & Trust Company, P O Box 8963, Wilmington, DE 19899. If you like, you may fax your completed request to us at (302) 999-9554. If you have any questions regarding the completion of this form, please contact our Client Contact Center at (800) 209-9010.