

ROTH IRA REQUEST FOR DISTRIBUTION

Credit Union Name

MEMBER INFORMATION

Member's Name

Social Security Number

Birth Date

Street Address

City

State

Zip

Home Phone Number

Business Phone Number

Roth IRA Account Number

DISTRIBUTION INFORMATION

- _____
Early, no known exception to IRS penalty (Member is under age 59 1/2)
- _____
Early, with exception to IRS penalty (Member is under age 59 1/2)
- _____
Disability (Member is under age 59 1/2)
- _____
Death (benefit paid to Beneficiary)
- _____
Normal (Member is age 59 1/2 or older)
- _____
Removal (by applicable deadline) of contribution made in _____ current year? or _____ prior year?
(_____ Member is under age 59 1/2?) or (_____ Member is over age 59 1/2?)
- _____
Removal (after applicable deadline) of excess contribution
(_____ Member is under age 59 1/2?) or (_____ Member is over age 59 1/2?)
- _____
Qualified (Member has had the Roth IRA for 5 years, and is age 59 1/2, disabled, or deceased-payment is to Beneficiary)
- _____
Divorce, transfer to Roth IRA of spouse or ex-spouse, by a court order or decree of divorce or separation (not reportable to IRS)
- _____
Recharacterize a contribution made for (or conversion made in) _____ current year? or _____ prior year?
(Please remember to complete a Recharacterization form.)

PAYMENT INSTRUCTIONS

- _____
Partial payment of \$ _____
- _____
Entire balance of \$ _____ (to close Roth IRA account)
- _____
Required Minimum Death Distribution of \$ _____ Beneficiary's date of birth _____
- _____
Remove contribution (excess or deemed excess) or recharacterization of \$ _____, plus net income attributable of \$ _____ (if applicable)
- _____
Other _____
- _____
Withhold federal income tax of \$ _____ from this distribution. (Optional-does not generally apply to Roth IRA withdrawals.)

Frequency

One-time _____ Monthly _____ Quarterly _____ Annually _____ Other

Beginning Date: _____

Funds Disposition Method

Give directly to Recipient _____ Mail to Recipient _____ Other _____

Pay to: _____ Member

Beneficiary

Other

Name (if beneficiary)

Social Security/Tax ID Number

SIGNATURES

Street Address

City, State, Zip

I certify that the information provided by me on this form is true and accurate and may be relied upon by the Credit Union. I understand that this withdrawal may be subject to taxes, penalties and/or fees. I further certify that the Credit Union has not given me tax or legal advice. I assume the full responsibility for my decisions regarding this withdrawal and will not hold the Credit Union responsible for any adverse consequences that may arise from this transaction.

Signature of Member or Beneficiary

Date

Authorized Signature of Custodian

Date