



IRA Distribution Request

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This form is used to receive a distribution (withdrawal) from your IRA with STRATA Trust Company ("STRATA").

- Complete all sections of the form to avoid processing delays.
- Please see our IRA Fee Schedule for the applicable fee(s) that your account may incur for this distribution. Our fee schedule is available in the Forms section of our website: www.StrataTrust.com.
- Service fees incurred are not included in the gross distribution amount requested.

Section 1		Account Information		
Accountholder Name		Account Number		
Social Security Number (Last 4 Digits Only)		Birthdate		
Address of Record		City	State	Zip
Daytime Phone		Domicile tax state for state withholding if different than above		State
Account Type	<input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE		Email Address	

Check here if this request is to satisfy your annual Required Minimum Distribution.

Section 2	Type of Distribution <small>Must select one</small>
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Traditional/SEP/SIMPLE IRA

Normal Distribution: I am age 59½ or older.

Roth IRA

Qualified Roth Distribution: I am age 59½ or older and have met the 5-year holding period.

Roth Early Distribution – No Exception Applies: I am age 59½ and the 5-year holding period has not been met.

Traditional/Roth/SEP/SIMPLE IRA

Early/Premature Distribution: I am not yet age 59½. (If taking a premature distribution for which an exception applies, including tax levy. Please contact your tax professional to determine if IRA Form 5329 needs to be filed. STRATA only reports the amount as a premature distribution.)

Permanent Disability: I am not yet age 59½, and I am permanently disabled within the meaning of IRC Sec 72(m)(7). Please consult your tax professional for assistance.

Timely refund of excess or nondeductible contribution plus earnings for tax year: _____

Refund of principal amount of excess contribution after tax filing date for tax year: _____

Divorce: Must attach a certified copy of the divorce decree or other legal document.

Death: Must attach a certified copy of the Death Certificate.

Revocation: Must be requested within 7 days of account establishment.

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Section 3

Select Your Distribution Option

Must select Option 1 or 2 and complete steps indicated

Option 1: One-Time Distribution

Step 1: Specify: ___ Partial Distribution ___ Complete Distribution (Account will be closed and termination fee will apply.)

A verbal confirmation may be required for this transaction.

- All available cash
- Cash in the amount of \$ _____ (Gross Amount)
- In-kind distribution of the asset(s) shown below. An in-kind distribution fee will be charged. (See IRA Fee Schedule)

Step 2: If we need to liquidate or re-register any asset(s) for this distribution, indicate this instruction in the space below. Otherwise, leave blank.

Liquidate	Re-Register/ In-Kind	Asset Name/Description	# of Shares	Approximate Value
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

Step 3: Tell us how you want this distribution to be sent.

<input type="checkbox"/> Send Check A check will be mailed to your address of record. Please verify that STRATA has your current address on file. All checks will be sent via U.S. Mail unless you select overnight delivery.	
Make Check Payable To	
Send By	<input type="checkbox"/> U.S. Mail <input type="checkbox"/> Overnight (see IRA Fee Schedule)

* If you need a check mailed to an address other than your address of record, please contact STRATA before completing this Distribution Request Form.

<input type="checkbox"/> ACH Transfer Information	
Bank Name	Bank Phone
Bank Location	City
	State
ABA Routing #	Must be 9 digits
Name on Account	Account #
For Further Credit To	Account #

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<input type="checkbox"/> Send Wire A wire fee will be incurred – see IRA Fee Schedule		
Bank Name		Bank Phone
Bank Location	City	State
ABA Routing #	Must be 9 digits	
Name on Account		Account #
For Further Credit To		Account #

<input type="checkbox"/> Send Re-Registered Assets In-kind distribution fee will be charged – see IRA Fee Schedule Re-registration forms will be sent via U.S. Mail unless specified for overnight delivery.		
Name		
Send By	<input type="checkbox"/> U.S. Mail <input type="checkbox"/> Overnight – see IRA Fee Schedule	
Email Address for tracking alerts/info		

* If you need assets or paperwork mailed to an address other than your address of record, please contact STRATA before completing this Distribution Request Form. If you are unsure about the listed address of record with STRATA, please check the data with us prior to forwarding your instructions.

* If you are taking physical possession of precious metals, STRATA will provide your shipping instructions to your Depository who will provide them to a third-party carrier shipping service. STRATA is not responsible for the shipping or delivery of your precious metals nor will STRATA cover any cost associated with the material being reshipped if you are not available to receive the original shipment. You are responsible for accepting the precious metals at the address you provided. It is recommended that you ship your precious metals to a secure location where they can be received in person.

Option 2: Partial Recurring Distribution by ACH Transfer

Step 1: Specify frequency and start date: Monthly Quarterly Start Date: _____

Step 2: Specify the amount or percentage to distribution.

- All available cash
- Cash in the amount of \$ _____
- Cash in the percentage of _____%

ACH Transfer Information (ACH transfers are only available for Partial Recurring Distributions. No fee is charged.)		
Bank Name		Bank Phone
Bank Location	City	State
ABA Routing #	Must be 9 digits	
Name on Account		Account #
For Further Credit To		Account #

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Section 4

Federal Tax Withholding Election and Information

*Please note, we are required to withhold Federal taxes at least the minimum allowable amount which is a Flat 10% rate. If you do not choose an election, we are required to withhold federal taxes at a flat 10% rate. We will not reverse any Federal withholding election. Federal withholding must be designated as either a percentage or a dollar amount. See IRS Publication 505: Tax Withholding and Estimated Tax available on the IRS website, www.irs.gov.

Withholding Notice Information (Section references are to the Internal Revenue Code):

Basic Information. Generally, Federal Income Tax withholding applies to payments made from pension, profit sharing, stock bonus, annuity and certain deferred compensation plans, IRAs and commercial annuities.

Purpose of Forms W-4P/W-4R. Unless you elect otherwise, Federal Income Tax will be withheld from payments from IRAs. You can use IRS Form W-4P/W-4R or a substitute form, such as that contained on this form furnished by STRATA Trust Company ("STRATA"), to instruct STRATA to withhold no tax from your IRA payments or to change previous elections for periodic payments

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments unless you enter a different rate in Section 4 above. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. See the specific instructions below for more information. Generally, you are not permitted to elect to have Federal Income Tax withheld at a rate of less than 10% (including "-0-") on any payments to be delivered outside the United States and its possessions.

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate in the appropriate area above.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate in the appropriate area in Section 4 above (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter "-0-". For more information, please see Publication 505, *Tax Withholding and Estimated Tax*, and Publication 515, *Withhold of Tax on Nonresident Aliens and Foreign Entities*, 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 IRA using IRS Form W-4P/W-4R or substitute version which is part of this form.

Statement of Income Tax Withheld from Your IRA. By January 31 of next year, you will receive a statement from STRATA showing the total amount of your IRA payments and the total Federal Income Tax withheld during the year. Copies of Form W-4P/W-4R will not be sent to the IRS by STRATA.

- I acknowledge that I have read and understand the Withholding Notice Information above and that STRATA is not responsible for determining the appropriateness of the withholding election. I also understand that my federal withholding election is applicable to any subsequent scheduled distributions until I revoke the election under the procedure established by STRATA.

Federal Withholding Election (Fee Applies – see IRA Fee Schedule)	
<input type="checkbox"/>	I elect NOT to have Federal Income Tax withheld.
<input type="checkbox"/>	I elect to have Federal Income Tax withheld at a flat 10% rate.
<input type="checkbox"/>	I elect to have Federal Income Tax withheld in the amount of \$ _____, which is more than the 10% rate.
<input type="checkbox"/>	I elect to have Federal Income Tax withheld at a _____ % rate.

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Section 5 State Tax Withholding Election

Please review the attached **State Income Tax and Withholding Information** page prior to making your selection. Failure to make a selection when a federal withholding amount has been chosen will result in the minimum amount being withheld as is applicable for your listed state of residence.

State Withholding Election (Fee Applies – see IRA Fee Schedule)	
<input type="checkbox"/>	I elect NOT to have State Income Tax withheld.
<input type="checkbox"/>	I elect to have State Income Tax withheld per the attached State Income Tax and Withholding Information sheet. If you live in a voluntary state you must provide a specific amount or percentage below or select not to elect.
<input type="checkbox"/>	I elect to have State Income Tax withheld in the amount of \$ _____, which is more than the listed minimum.
<input type="checkbox"/>	I elect to have State Income Tax withheld at a _____% rate, which is more than the listed minimum.

Section 6 Processing Fees

If selections made above referred you to STRATA's IRA Fee schedule, please indicate below how you would like these fees to be paid so that there are no processing delays regarding your request. Typical transaction fees include wire fee, overnight fee, withholding fees, and funding processing fees.

- Deduct processing fees from cash in the account. I understand this could result in a lesser amount being remitted if there is not sufficient cash in the account.
- Charge fees to the credit card on file (Fee Payment Authorization form must have previously been submitted for this to be a valid option)
- One-time charge to a credit card. Credit Card Authorization form must be submitted separately. Otherwise, fees will be deducted from available cash.

If no valid option is chosen, then fees will be deducted from cash in the account prior to processing your request which could result in a lesser amount being remitted.

Section 7 Terms and Conditions

The undersigned hereby authorizes and directs STRATA Trust Company ("STRATA") to distribute funds from my account referenced above in accordance with the instructions completed on this form.

By signing this form, I acknowledge that I have read and understand the **Withholding Notice Information** and that STRATA is not responsible for determining the appropriateness of the withholding election. I also understand that my federal withholding election is applicable to any subsequent scheduled distributions until I revoke the election under the procedure established by STRATA. STRATA may rely on the certification without further investigation or inquiry and shall incur no liability for this distribution request or its processing.

If I plan to take a *series of substantially equal payments* which qualify for penalty exemption under Internal Revenue Code 72(t), by signing this form, I understand that I am solely responsible for the distribution including maintaining the appropriate cash balance for the distribution(s) and that STRATA is not responsible for monitoring such distribution(s). I further understand that I am solely responsible for the calculation used to derive payment amount(s), and that I should seek competent tax or legal advice from a professional of my choice.

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I hereby agree to hold harmless STRATA, and its affiliates and assigns, from any problem arising out of or in any way connected with this request for distribution. I fully understand the tax consequences of the requested distribution, and if necessary, I have consulted a tax or legal professional of my choice, and agree to be fully responsible for any taxes. I further certify that no tax advice has been given to me by STRATA. All decisions regarding this withdrawal are my own. I expressly assume the responsibility of any adverse consequences which may arise from this withdrawal and I agree that STRATA shall in no way be held responsible.

I hereby agree to hold harmless STRATA and its affiliates from any loss associated with the shipping and delivery of my precious metals. I expressly acknowledge and agree that STRATA does not provide shipping or transportation services for my precious metals. I hereby agree that STRATA will not be responsible for loss or theft of my precious metals after they have shipped from the depository.



Accountholder or Beneficiary Signature

Date

FORM SUBMISSION OPTIONS (Please submit using one method below)

- Fax: 512.495.9554
- Email: Operations@StrataTrust.com
- US Mail: PO Box 23149, Waco, TX 76702
- Overnight: 7901 Woodway Drive, Waco TX 76712

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STATE INCOME TAX INFORMATION

Elections regarding dollar amount and specific percentages may be made for residents of some states by completing the appropriate section of the distribution form. Certain states will require a minimum percentage or flat dollar amount. The minimum state-required amount will be withheld when applicable. All state withholding amounts will be rounded up to the nearest whole dollar.

Note: Rates subject to change without notice.

State of Residence	State Income Tax Withholding Information
AK, FL, HI, NH, NV, SD, TN, TX, WA, WY	No State Income Tax will be withheld for residents of these states.
AL, AZ, CO, GA, ID, IL, IN, KY, LA, MO, MN, MS, MT, ND, NJ, NM, NY, OH, PA, RI, SC, UT, WI, WV	State Income Tax is voluntary.
AR, CT, DC, IA, KS, MA, MD, ME, NC, NE, OK, VA, VT	State Income Tax withholding is required if federal withholding has been elected. Specific state information is listed below. <ul style="list-style-type: none"> AR: 3.00% of the distribution amount CT: 6.99% of the distribution amount DC: 8.95 % of the distribution amount IA: 5.00% of the distribution amount KS: 5.00% of the distribution amount MA: 5.10% of the distribution amount MD: 7.75% of the distribution amount ME: 5.00% of the distribution amount NC: 4.00% of the distribution amount NE: 5.00% of the distribution amount OK: 5.00% of the distribution amount VA: 4.00% of the distribution amount VT: 2.40% of the distribution amount
CA, DE, MI, OR	State Income Tax withholding is required when federal withholding applies, unless opted out specifically by the client. Specific state information listed below. <ul style="list-style-type: none"> CA: 1.00% of the distribution amount DE: 5.00% of the distribution amount MI: 4.25% of the distribution amount OR: 8.00% of the distribution amount

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