

# DISTRIBUTION

AND NOTICE OF WITHHOLDING



## 1. NDTCO ACCOUNT INFORMATION

Account Holder Name: <b>John Doe</b>	New Direction Account Number: <b>1000000</b>	Account Holder Social Security Number: <b>XXX-XX-XXXX</b>
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## 2. DISTRIBUTION TYPE (SELECT AN OPTION BELOW)

<input type="radio"/> Required Minimum Distribution (RMD)	<input type="radio"/> Rollover Distribution
<input type="radio"/> Normal Distribution	<input type="radio"/> HSA Distribution
<input type="radio"/> Premature Distribution	<input type="radio"/> Permanent Disability Distribution
<input type="radio"/> Inherited Account Distribution	<input type="radio"/> Excess Contribution Distribution (Tax Year of Excess Contribution: _____)
<input checked="" type="radio"/> CARES Act Distribution (Valid for 2020 Tax Year Only)	

### DISTRIBUTION TYPE DEFINITIONS AND DISCLOSURES

**Required Minimum Distribution:** can be elected only if the Account Holder is in RMD status (age 72 or over). Please note that New Direction Trust Company (NDTCO) does not provide calculations for RMDs.

**Normal Distribution:** is available if the Account Holder is age 59.5 or older.

**Premature Distribution:** is available if the Account Holder is under the age of 59.5 and not disabled; please note that your distribution may be subject to early withdrawal penalty; please also note that if this is a SIMPLE IRA and the distribution is within the two-year period in which you participated in your employer's SIMPLE IRA plan; the distribution may be subject to a twenty-five percent (25%) premature distribution penalty.

**Inherited Account Distribution:** can be elected only if a completed Inherited IRA Election Form is on file with NDTCO.

**Rollover Distribution:** If you have elected to take your distribution as a Rollover, a Letter of Acceptance from receiving institutions is required; only one rollover can be performed within a 12-month period for your IRA account.

**Health Savings Account Distribution:** for qualified medical expense reimbursement.

**Permanent Disability Distribution:** If you have elected to take a Permanent Disability Distribution, please ensure that you qualify as such under IRC Section 72(m)(7). Please note that NDTCO does not provide calculations for earning attributable to a removal of excess.

IRA distributions may have possible tax consequences and rollover limitations. Consult a tax advisor for information about possible taxes, penalties, and the IRA One-Rollover-Per-Year rule. Please see Distribution Type Definitions and Disclosures below for further clarification regarding the differences in distribution types and additional information that may be required prior to your distribution.

## 3. DISTRIBUTION DETAILS

<input checked="" type="checkbox"/> Cash Distribution	<input type="checkbox"/> In-Kind Asset Distribution
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### CASH DISTRIBUTION OPTIONS

<input type="radio"/> All Available Cash	<input checked="" type="radio"/> Specific Amount: <b>\$100,000.00</b>
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<b>Send Funds via:</b>	<b>Payee Information</b>
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<input checked="" type="radio"/> Check: Send this distribution via check to the mailing address on file for my account.	<input type="checkbox"/> Send via Overnight Mail
<input type="radio"/> ACH	Bank Name (Wires/ACH only):
<input type="radio"/> Wire	Account Name (Wires/ACH only):
	Account Number (Wires/ACH only):
	Routing Number (Wires/ACH only):

### IN-KIND DISTRIBUTION OPTIONS

**In-Kind distributions:** Any paperwork will be sent to the account holder's residential address on file. Please submit a completed Fair Market Value Form and supporting documents along with your distribution request.

**Real estate distributions:** An appraisal within one year is required.

**Precious metals distributions:** You will be contacted by NDTCO if shipping costs for sending your metals exceed \$200. We will use the current market value for your distribution; a Fair Market Value Form is not required.

Asset Type	Name of Asset/Description	Quantity

<input type="checkbox"/> Send via Overnight Mail
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## AND NOTICE OF WITHHOLDING

PAYMENT FREQUENCY	
<input checked="" type="radio"/> <b>One-time Distribution</b> Processed upon receipt	<input type="radio"/> <b>Recurring Distribution (Cash Only)</b> Complete section below
If a payment frequency is not selected, your distribution will be processed as a one-time request.	
RECURRING OPTIONS	
<input type="radio"/> New Recurring Distribution <input type="radio"/> Update Existing <input type="radio"/> Cancel Current Record	Specify Month to Begin Recurring Distributions:
<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Annually	Day of Month: <input type="radio"/> 1st <input type="radio"/> 15th
<input type="radio"/> Only distribute recurring distributions if full amount requested is available. If elected, funds must be available within 5 business days of payment date.	
<input type="radio"/> If there are insufficient funds in my account to make a full distribution, send the maximum possible amount.	
4. TAX WITHHOLDING	
FEDERAL TAX	
<input checked="" type="radio"/> Do not withhold federal income tax from my distribution	
<input type="radio"/> I elect to have _____% federal income tax withheld from my distribution (must be 10% or greater)	
<input type="radio"/> In addition to the above percentage, I elect to have \$ _____ federal income tax withheld from my distribution (Additional specific dollar withholding is only available on one-time distributions.)	
STATE TAX	
Residents of IA, MA, MD, ME, NE, OK and VT	If federal tax is withheld, state tax withholding is mandatory. NDTCO will automatically withhold the minimum required by your state unless you specify a higher amount below.
Residents of AR, CA, DE, KS, MI, NC, NM (voluntary), and OR	If federal tax is withheld, state tax withholding is mandatory unless you specifically elect not to have state tax withheld. NDTCO will automatically withhold the minimum required by your state unless you either check the Don't Withhold box or specify a higher amount below.
Residents of MS and CT	If federal tax is withheld, state tax withholding is mandatory if your distribution is subject to the federal early withdrawal penalty. NDTCO will automatically withhold the minimum required by your state unless you specify a higher amount below.
Residents of all other states	If you aren't a resident of a state listed above, state tax withholding isn't available for you at this time.
<input checked="" type="radio"/> Do not withhold state income tax from my distribution	
<input type="radio"/> Withhold this amount (must meet your state's minimum requirement) \$ _____	
5. FEE PAYMENT OPTIONS	
<b>Pay transaction fees via:</b>	<b>Credit Card Information (NDTCO accepts Visa, MasterCard, Discover and American Express)</b>
<input type="radio"/> Credit Card	Card Number: _____ 3-digit Security Code: _____
<input checked="" type="radio"/> My Account	Exact Name on Card: _____ Expiration Date: _____
6. AUTHORIZATION AND SIGNATURE	
I authorize NDTCO to process the distribution from the account indicated on this form. I understand and agree that the role of NDTCO is limited, and its responsibilities do not include determining the appropriateness of my distribution request. I understand and agree that NDTCO has not provided or assumed responsibility for any tax or legal advice with respect to my distribution request, and I agree that they will not be liable for any loss or tax liability which results from my decision to request this distribution. I understand and agree that NDTCO has not reviewed, nor will they review, the merits, legitimacy, appropriateness or suitability of this distribution request, and I certify that I have done my due diligence prior to submitting this request. I understand and agree that NDTCO does not determine whether this distribution is acceptable under the Employee Income Securities Act (ERISA), the Internal Revenue Code (IRC) or any applicable federal, state, or local laws. I understand that it is my responsibility to review any distribution request I make to ensure compliance with these requirements. I agree to indemnify and hold harmless NDTCO from any and all, claims, damages, liability, actions, costs, expenses (including reasonable attorneys' fees), for any loss to my account as a result of any action taken in connection with this distribution request or resulting from NDTCO serving as my custodian for my account asserted by me. NDTCO encourages the Account Holder to consult with your accountant or tax advisor regarding your IRA distribution. I understand that if I elect to not have your federal income tax withheld, I am liable for payment of federal income tax on any taxable portion of my distribution. I understand that I may be subject to tax penalties under the estimated tax payment rules if your payment of estimated tax and withholding are not adequate.	
Account Holder Signature: <i>John Doe</i>	Date Signed: <b>5/21/2020</b>