



QUALIFIED PLAN DISTRIBUTION REQUEST

13905 W. Wainwright Dr.
Boise, ID 83713
Phone: (208) 510-0881
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Distribution from: Accounts other than Designated Roth Account; or Designated Roth Account

PARTICIPANT INFORMATION

Participant: _____ Account Number: _____

SSN: _____ Birth Date: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Employer Name: _____ Employer Tax ID Number: _____

Employer Street Address: _____ City: _____ State: _____ ZIP: _____

Plan Name: _____

DISTRIBUTION REASON (Please check one box and complete the applicable blanks)

Participants of Qualified Retirement Plans generally must meet a triggering event in order to distribute funds held in the plan. Events that trigger distributions will depend on the plan type and the options elected by the adopting employer. If you have any questions please consult your Plan Administrator or the plan documents.

***Unless the distribution is directly rolled over to a Traditional IRA, Roth IRA, or transferred to another Qualified Retirement Plan, a Mandatory Tax Withholding at a rate of 20% will apply to distributions that are eligible for rollover.**

I direct the Custodian or Trustee to make a distribution from the above account for the following reason:

- ☐ 1. Early (premature) distribution, (Participant is under age 59 ½ and no known exception applies). This reason applies to rollover distributions; and termination of employment if participant is under age 55; Substantially equal payments after separation unless custodian tracks; and qualified reservist distributions.
- ☐ 2. Early (premature) distribution, exception applies. (This reason applies to substantially equal payments after separation if Custodian tracks; separation from service after age 55, QDRO distributions and IRS Levy).
- ☐ 3. Permanent Disability (if you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code).
- ☐ 4. Death (If you are a Beneficiary of this account and can furnish a certified copy of the Death Certificate).
- ☐ 5. Normal Distribution (If you are the Participant and age 59½ or older and no other reason applies).
- ☐ 6. Removal of Corrective Distributions of Excess Deferrals, Excess Contributions and/or Excess Aggregate Contributions under sections 401(k) and 401(m). (See Instructions on Form 1099-R for proper reporting requirements).
- ☐ 7. Plan Termination
- ☐ 8. In-Service Distribution (Profit-Sharing Plans only). Indicate Type: ☐ Hardship ☐ 24 Mo. Rule ☐ 60 Mo. Rule ☐ Other: _____
- ☐ 9. Direct Rollover (Important: You must complete and attach Direct Rollover/Affirmative Election Form).
- ☐ 10. Direct Rollover Conversion to a Roth IRA (Important: You must complete and attach Direct Rollover/Affirmative Election Form).
- ☐ 11. In-Plan Roth rollover ("IRR") (Important: You must complete and attach Direct Rollover/Affirmative Election Form).
- ☐ 12. Prohibited Transaction
- ☐ 13. Other (specify reason not listed above): _____

MARITAL STATUS OF PARTICIPANT

I certify that I am not married _____ (Participant's Initials) I certify that I am married _____ (Participant's Initials)

My Spouse's name is _____ My Spouse's date of birth is _____

FINANCIAL INFORMATION

I instruct the Custodian or Trustee to distribute from the above account. Choose either 1 or 2:

1. **Entire** account balance.
2. **Partial** distribution.

Amount Requested \$ _____

Administrative Fees (-) _____

☐ Check this box if fees and/or CD penalty paid from remaining IRA assets.

Amount Withdrawn (reported to IRS) \$ _____

Federal Income Tax Withheld (-) _____

State Income Tax Withheld (-) _____

Net Amount Paid to Recipient or Paid in a Direct Rollover to another Plan \$ _____

Payment Instructions:

☐ Issue check to Participant

☐ Distribute funds to Account #: _____

☐ In kind _____ Shares; Name of Security: _____

☐ In-Plan Roth Rollover (IRR) to Designated Roth Account

☐ Other: _____

METHOD OF PAYMENT

1. I request that my benefits under the Plan be paid to me as follows:

- a. In a single payment of the available balance in my account.
- b. In a single payment of \$ _____.
- c. In a single payment of \$ _____, with the balance payable as indicated in (e) below beginning _____.

2. Distribution(s) to be made: ☐ one time ☐ monthly ☐ quarterly ☐ semi-annually ☐ annually ☐ other _____

3. Make payments(s) to me directly by: ☐ Check payable to me (Complete #4) ☐ Wire ☐ ACH
Type of Account (Wire or ACH Only) Checking Savings

Account # _____ Routing #: _____

4. By check mailed to me at the following address:

Street: _____

City: _____ State: _____ ZIP: _____

AGE 70-1/2 REQUIRED DISTRIBUTIONS

1. The Participant ____ is ____ is not eligible for joint life expectancy. For joint life expectancy eligibility, the Participant's spouse must be the sole primary beneficiary and must also be greater than 10 years younger than the Participant. If not eligible, see "Applicable Distribution Period Table Factor" below.

If yes, complete the following:

Name of Spouse: _____

Attained age of Spouse During Participant's 70 1/2 Year: _____ SSN: _____

Joint Life Expectancy in the First Distribution Year: _____ Birth Date: _____

2. Applicable Distribution Period Table Factor: If not eligible for joint life expectancy, the minimum required distributions to the Participant will be based on the attained age of the Participant in the distribution calendar year and the factor from the Applicable Distribution Period Table (Uniform Table).

Factor from the Uniform Table in First Distribution Year: _____

WITHHOLDING ELECTION

Complete for any kind of distribution, except reason #7, 9, 11 and 12 above.

Withhold Federal income tax at the rate of _____ % (not less than 20%) plus an additional amount of \$ _____ from the amount withdrawn.

I understand that I am still liable for the payment of Federal income tax on the taxable amount. I also understand that I may be subject to tax penalties under the estimated tax payment rules, if my payments of estimated tax and withholding, if any, are not adequate.

CONSENT OF SPOUSE

I, the undersigned spouse of the participant, have read the Participant's Request for Distribution and hereby consent to distribution of my spouse's benefits under the Plan in the form requested. I have signed this consent freely and voluntarily.

Signature of Spouse: _____ Date: _____

BEFORE ME, the undersigned Notary Public, personally appeared _____ and executed the above Consent of Spouse.
IN WITNESS WHEREOF, I have signed my name and affixed my official seal of office.

Signature of Notary: _____

Notary Public – State of: _____

My commission expires: _____

SIGNATURES

I certify that I am the proper party to receive payment(s) from this qualified plan, and that all information provided by me is true and accurate. I acknowledge that I have read the Notice of Withholding below and have completed the Withholding Election above. I further certify that no tax advice has been given to me by record keeper, that distributions (except certain transfers) are reported to the IRS, and that all decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the record keeper shall in no way be responsible for those consequences.

Participant or Beneficiary Signature: _____ Date: _____

Trustee of Qualified Plan Signature: _____ Date: _____

NOTICE OF WITHHOLDING ON DISTRIBUTIONS FROM QUALIFIED PLANS

*Unless the distribution is directly rolled over to a Traditional IRA, Roth IRA, or transferred to another Qualified Retirement Plan, a **Mandatory Tax Withholding at a rate of 20% will apply to distributions that are eligible for rollover.**



INTERNAL USE ONLY - For Distributions of \$3,000 or more.

Verbal Verification Date: _____

Printed Name of Mountain West IRA, Inc. Representative: _____

Signature of Mountain West IRA, Inc. Representative: _____