



ROTH IRA
DISTRIBUTION REQUEST

13905 W. Wainwright Dr.
Boise, ID 83713
Phone: (208) 510-0881
Fax: (208) 376-4567

1. ACCOUNT INFORMATION

Account Holder's Name: Account Number:
SSN: Birth Date: Phone:
Address: City: State: ZIP:

2. DISTRIBUTION REASON (Check only one and fill in where applicable)

Nonqualified Roth Distribution:

- 1. Early / Premature Distribution - No Known Exception Applies
2. Early / Premature Distribution - Exception Applies
3. Permanent Disability Distribution
4. Death Distribution
5. Normal Distribution
6. Removal of Excess Contribution Before Tax Filing Deadline
7. Transfer to Another Roth IRA Due to Divorce or Legal Separation
8. Re-characterization to a Traditional IRA
9. Other (Specify reason not listed above):

Qualified Roth Distribution:

This Roth IRA distribution satisfies the 5-year aging period requirement and such distribution is made for the following reason:

- 1. On or After I Attain Age 59 1/2
2. Death - To a Beneficiary of this account on or after the account holder's death
3. Permanent Disability (Within the meaning of section 72(m)(7) of the Internal Revenue Code)
4. Qualified First Time Home Buyer Expenses

3. DISTRIBUTION DETAILS

3a. I instruct Mountain West IRA to distribute from the above account (Choose one option below):

- 1. Full Distribution of entire account balance (Close account)
2. Partial Distribution:
- Cash Only
- In-Kind Distribution of Asset(s)* (Please complete the asset detail below)

Table with 1 column: Asset Description

*In-Kind Distributions:
A current Fair Market Valuation is required for in-kind distribution of asset.

3b. Distribution Instructions:

Gross Amount Requested: \$
Administrative Fees: (-) \$
Amount Withdrawn (Reported to IRS) = \$
Federal Income Tax Withheld: (-) \$
State Income Tax Withheld: (-) \$

Net Distribution = \$



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4. DISTRIBUTION FREQUENCY

One-Time Distribution
Recurring Distribution - Recurring distribution will remain in effect until the account holder provides a written request to cancel or change.
Payment Frequency: Monthly Quarterly Semi-Annually Annually Other:
Date Payments to Commence: Date Payments to End:

5. DELIVERY INSTRUCTIONS (Please allow two business days for processing)

Check Payable to:
Will Pick Up Overnight (Cannot be delivered to a PO Box) Regular Mail
Mailing Address: City: State: ZIP:

Wire ACH Bank Name: Bank ABA / Routing Number:
Account Holder's Name: Account Number:
Account Type: Checking Savings

6. TAX WITHHOLDING ELECTION

VOLUNTARY WITHHOLDING:

Choose Option 1 or 2 - Complete for any kind of distribution, except reason # 7 as described in section 2 'Distribution Reason'.

- Option 1: I ELECT to withhold federal income tax at the rate of 10% on the earnings attributable to an excess contribution.
Option 2: I elect NOT TO HAVE federal income taxes withheld on the earnings attributable to an excess contribution.

NOTE: Federal income tax withholding does not apply to Roth IRA distributions, except in the case of a return of an excess contribution plus earnings. The earnings will be taxable even if the recipient otherwise meets the definition of a qualified distribution. The earnings attributable to an excess contribution made to a Roth IRA are subject to federal income tax withholding at the rate of 10% unless the recipient of the distribution checks the 'Option 2' box above.

NOTICE OF WITHHOLDING ON DISTRIBUTIONS FROM ROTH IRAs

If the distribution you receive from your Roth Individual Retirement Account established at this institution was a timely corrective distribution, the earnings attributable to the excess amount is subject to Federal income tax withholding unless you elect not to have withholding apply. You may elect not to have withholding apply to the earning portion of your distribution by completing the "Withholding Election" section above. If you do not complete the "Withholding Election" section by the date your distribution is scheduled to be made, Federal income tax will be withheld from the earning portion of the amount withdrawn at a rate of 10%. If you elect not to have withholding apply to this portion, or if you do not have enough Federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

7. SIGNATURE & ACKNOWLEDGMENT

I certify that I am the proper party to receive payment(s) from this IRA and that all information provided by me is true and accurate. I acknowledge that I have read the Notice of Withholding and have completed the Withholding Election above.
I further certify that no tax advice has been given to me by Mountain West IRA, Inc. or the Custodian 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 Mountain West IRA, Inc. and the Custodian shall in no way be responsible for those consequences.
Account Holder or Beneficiary's Signature: Date:

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

Verbal Verification Date: Time:
Printed Name of Mountain West IRA Representative:
Signature of Mountain West IRA Representative: