



Retirement Account Distribution Form

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Account Type

Traditional IRA	SEP IRA	Roth IRA	Rollover IRA	SIMPLE IRA	Inherited IRA
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Name & Information

Account Owner		Phone Number	
Name/Account Title	Account Number	Social Security Number/Tax ID	Date of Birth
Address	City	State	Zip

Distribution Type Choose One:

- NORMAL** Recipient is over age 59 1/2.
- PREMATURE** Recipient is under 59 1/2 and not disabled. A 10% penalty may result. Roth IRAs: Rules vary; consult with your tax advisor.
- DEATH** Beneficiary of deceased account holder completes form. A certified copy of death certificate with raised seal and beneficiary's social security number, address, and date of birth are required. If the beneficiary is an estate, Letters Testamentary/Administration are required. If beneficiary is a Trust, a copy of the Trust is required.
- DISABILITY** Physician's statement or Social Security certification required.
- DIVORCE** Enclose a certified copy of the divorce decree with raised seal along with former spouse's social security number, date of birth, letter of instruction, and former spouse's address.
- PAYMENTS BASED ON LIFE EXPECTANCY IRS** Exception - Recipient receives distributions, which are part of a series of substantially equal periodic payments (not less frequent than annually) for the later of 5 years or 59 1/2, as stated under Code Section 72(t)(2)(A)(iv).
- EDUCATION** Distributions used for qualified higher education expenses; These expenses include tuition fees, books, supplies, equipment, amounts contributed to a qualified state tuition program, and room and board.
- ROLLOVER** Direct Rollover to Employer Plan. Letter of Acceptance from plan required in addition to payment instructions.
- RE-CHARACTERIZATION** Re-characterizing an IRA contribution to another type of IRA for the year ____.
- SIMPLE EARLY WITHDRAWAL** (IRS penalties may apply) I am under age 59 1/2 and have participated in my employer sponsored SIMPLE IRA plan for at least two years. I understand that a 10% penalty by the IRS may apply.
- SIMPLE EARLY WITHDRAWAL** (IRS penalties may apply) I am under age 59 1/2 and have NOT part participated in my employer sponsored SIMPLE IRA plan for at least for at least two years. I understand that a 25% penalty by the IRS may apply.
- EXCESS CONTRIBUTION** Removal is being made ☐ Before ☐ After (Year of Excess Contribution ____) tax filing deadline. If before, please provide amount of earnings as these must be withdrawn and are subject to tax withholding:
\$ _____ Excess Amount
\$ _____ Earnings Amount
- TRANSFER** Internal IRA to IRA transfer to Siebert A/C# _____. Traditional to Traditional IRA, SIMPLE to Traditional IRA, Roth to Roth IRA. Same name and social security number required. No IRS reporting.

Sending Your Distribution Please send my distribution to:

HOME ADDRESS - As listed on this form

JOURNAL - To Account # _____

EFT - Electronic Funds Transfer instructions must be on file for 5 business days before funds are sent.

Choose one: ☐ Use Existing Instructions

☐ Establish New Instructions (Please attached a voided check)

Sending Your Distribution Please send my distribution to: **Continued**

WIRE - Please provide wiring instructions below:

Financial Institution _____

Account Name _____ Routing # _____ Account # _____

As a security procedure, for Wire Distribution please provide a copy of:

Government-Issued Identification

Please submit a copy of your valid driver's license or passport below.

If the documentation does not fit in the space provided please submit a separate copy with this form.

Passport Or Driver's License

Check

Please tape a voided check.

Please note that the account registration of the check must be pre-printed and unaltered. (Starter checks are not acceptable)

Voided Check

Your Distribution

TOTAL DISTRIBUTION

PARTIAL DISTRIBUTION

Cash Only \$ _____

Securities Only (Please list below)

Cash and Securities \$ _____ (List securities below)

Securities To Be Re-Registered Or Liquidated:

Name of Investment	Number of Shares or \$ Amount	Liquidate or Re-register at Siebert
_____	_____	Liquidate Re-register
_____	_____	Liquidate Re-register
_____	_____	Liquidate Re-register
_____	_____	Liquidate Re-register
_____	_____	Liquidate Re-register

FREQUENCY OF DISTRIBUTION:

One Time OR Periodic [Choose one: Monthly Quarterly Semi-Annually Annually]

Note: Distributions will continue regularly as indicated above until you notify Siebert in writing to stop distributions on the account.

Withholding Election (Form W-4P/OMB No. 1545-0074)

Purpose of Form W-4P – Unless you elect otherwise, Federal income tax will be withheld from distributions from your IRA. You can use Form W-4P, or a substitute form, such as that contained on this form, to instruct Siebert to withhold no tax from your IRA distribution (or to revoke this election). This substitute form should be used only for distributions from IRAs which are payable on demand.

Non-periodic Payments – Payments from IRAs that are payable upon demand are treated as non-periodic payments for Federal income tax purposes. **Generally, non-periodic payments must have income tax withheld at a rate of not less than 10 percent, unless you elect to have no income tax withheld.** Your election will remain in effect for any subsequent distribution unless you change or revoke it. Please consult your tax advisor for tax consequences from the distribution.

Federal Income Tax Withholding -

I DO NOT WANT - to have tax withheld from my retirement account distribution.

I WANT - to have federal income tax withheld from the distribution from my Siebert IRA at the rate of: _____ % or \$ _____
(Not less than 10% of the Distribution)

State Tax Withholding -

The Withholding election will apply to this distribution only. Your state of residence will determine your state income tax withholding requirements. Your state of residence is determined by your legal address of record provided for your IRA. If federal withholding is applied, state income tax may also be required, regardless of your election. DO NOT complete this section if you are a resident of AK, FL, HI, MS, NH, SD, TN, TX, WA, WY.

I DO NOT WANT – to have state tax withheld from my retirement account distribution.

I WANT - to have state income taxes withheld with the minimum amount or percentage, if any, as determined by the requirements of my state of residence. NOTE: if your state does not provide a minimum amount or percentage for withholding and you do not provide a percentage below, state income taxes will not be withheld from the distribution.

Signature And Date

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 further certify that no tax advice has been given to me by Muriel Siebert & Co., LLC. 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 Muriel Siebert & Co., LLC. shall in no way be held responsible.

Signature	Date
	

Office use only - Do not complete.

Gross Cash Distributed	_____	State Tax Withholding	_____
Fees	_____	Net Distribution	_____
Federal Tax Withholding	_____		