



ACH IRA DISTRIBUTION SCHEDULE ADDENDUM

303-937-6426

SOLERA NATIONAL BANK ACCOUNT INFORMATION

1	Solera National Bank IRA Account Number _____
	IRA Type _____
	IRA Owned Trust/ LLC Name _____
	Full Name _____
	SSN _____ Date of Birth _____

ACH IRA DISTRIBUTION SCHEDULE DETAILS

2		Date	Amount	Tax Withholding
	Example	01/15/2025	\$100 (\$90 after tax withholding)	10%
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			
	9.			
	10.			
	11.			
	12.			
	13.			
	14.			
	15.			

SIGNATURE

3	I certify that I am the IRA account owner, the beneficiary, or individual legally authorized to complete this form and the proper party to receive payment(s) from the IRA. I certify that all information provided on this form is true and accurate. I certify that Solera National Bank has not provided me with tax, investment, or legal advice; and I will indemnify Solera National Bank, its affiliates, successors, and assignors, from all liability arising from this distribution request. I agree that all decisions regarding this are my own and assume responsibility for any consequences that may arise. My signature serves as legal authorization granting Solera National Bank authority to process this distribution request.
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X	Signature	Date
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