

# Instructions for completing the Traditional IRA Request Form

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## Traditional IRA Distribution Request Form

Please complete all sections on this form. Additional documents may be required



Please mail completed form to:  
Matrix Trust Co.  
Attn: IRA Dept.  
717 17<sup>th</sup> St., Suite 1300  
Denver CO 80202

Or Fax to (303) 893-0688  
If you have questions about  
your account or this form,  
call (888) 947-3472  
M-F 8:00 am - 4:30 pm (Mountain)  
mcsiraservice@broadridge.com

### Section One—Account Registration and Information

Account Number \_\_\_\_\_ Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

### Section Two – Amount of Distribution

**Partial Distribution** Gross distribution amount: \$ \_\_\_\_\_

**Full Distribution** (Full balance. Account will close)

*A signature guarantee must be provided on all requests for distributions of \$25,000 or more*

If you don't know your account number, you can leave this blank. We will complete it based on the name and SSN you provide.

Please complete all other information in this section. Make sure you provide a number where you can be reached during normal business hours, in case there is a question.

If you are closing your account, just check "Full Distribution"—no dollar amount is required. If you wish to only take part of the money from the account and leave it open, check "Partial Distribution" and provide the amount you wish to withdraw.

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## Section Three—Reporting and Tax Withholding

### Type of Distribution (Check Only One)

- Normal Distribution, including Required Minimum Distribution (On or after age 59 ½)
- Premature Distribution (Under age 59 ½)\*  
*\*(including exceptions to premature distribution penalties for disability, first time home purchase, substantially equal payment program, higher education or medical expenses, and other exceptions listed in IRC § 72(t) except as noted below.)*
- Direct Rollover to a non-IRA retirement plan (e.g. 401(k), Profit Sharing plan, etc.)
- Direct Transfer to a Traditional IRA held at another institution
- Conversion to Roth IRA
- Death Distribution to beneficiary (please attach copy of client's death certificate)
- Transfer due to Divorce (please attach divorce decree)

### Federal Withholding Election (If no election is selected, Federal Income Tax will be withheld at a flat 10% rate.)

- I do not want to have Federal Income Tax withheld
- I want Federal Income Tax withheld at the rate of \_\_\_\_\_% or \$\_\_\_\_\_ (must be 10% or greater)

### State Withholding Election (please note that State tax withholding may be mandatory, and will be withheld regardless of selection if required by state law. See attached list of state withholding requirements)

- I do not want to have State Tax withheld
  - I want State Tax withheld at the rate of \_\_\_\_\_% or \$\_\_\_\_\_
- Please specify state, if other than state of residence in section 1. \_\_\_\_\_

**Type of Distribution.** If funds are going to you directly, or to a personal bank account in your name, you will select “Normal” ONLY if you are over age 59 ½. Otherwise you will select “Premature”. If funds are going to another traditional IRA at a different institution, select “Transfer. If funds are going to another 401(k) or other employer-sponsored retirement plan, select “Rollover”. If funds are going to a Roth IRA, select “Conversion”. If you are requesting to close the account due to death or divorce, please contact MG Trust directly for more information

**Tax withholding.** You can choose to have federal and/or state income tax withheld from a taxable distribution (not applicable to transfer or rollover disbursements). If you mark “I do not want tax withheld”, you will be responsible for paying applicable taxes and penalties when you file your current year return after the end of the year. If you do not make a selection, we will default to 10% federal income tax withholding, and 0% for state, unless withholding is required by that state’s laws. (See State Tax withholding requirements document for more information.)

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## Section Four – Payment Method (Choose only one)

- Mail Check to Address of Record listed in Section One  
 If Direct Rollover, Transfer or Roth Conversion, company name and address to mail check:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Receiving Account no. \_\_\_\_\_  
Receiving Account type (Check one):  IRA  Roth IRA  Non-IRA Retirement Plan  Other

- Overnight Check to Address of Record or address listed above  
Bill to: Account no: \_\_\_\_\_  FedEx  UPS  Other  
*(No overnight service will be provided without a valid shipping company account number)*

- Wire Transfer** (\$20.00 fee applies; same day fund transfer)  
 **ACH** (No additional charge; 3-5 business day direct deposit)

### Bank Account Information for ACH or Wire:

Name of Bank \_\_\_\_\_

ABA Routing Number \_\_\_\_\_

Name on Account to credit\* \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Checking  Savings

*\* IRA holder must be owner or joint owner of receiving account  
please attach a voided check or other bank document to ensure proper account credit to your account*

Payment Method. If you simply wish for a check to be sent to you at the address you provided in section 1, check the first box only and proceed to section five.

If funds are being sent via check to another financial institution, please provide all address and account information necessary in this section to ensure funds are credited correctly. Please contact the receiving institution to determine if there are additional documents they require to accompany the disbursement check, and include those documents with your other forms when you send them to MG Trust.

Overnight mailing will only be provided if you supply an account number to bill for this service.

For ACH or wire transfer only, please provide routing and account information in this section. It is highly recommended that you provide a voided check to verify this information. Please contact your bank or credit union if you are not sure what information to provide for this service.

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## Section Five – Signature

The undersigned hereby authorizes and directs the Custodian to distribute funds from the above referenced account in accordance with the instructions provided within this request.

The undersigned further certifies: That this distribution is being requested for the reason described above, and acknowledges review of the *Notice of Withholding on IRA Distributions*. The Custodian may rely on the certification without further investigation or inquiry. And, that the Custodian shall incur no liability for acting on this distribution request or its subsequent processing.

**Notice of Federal Withholding on IRA Distributions:** The distributions you receive from your IRA are subject to Federal Income Tax Withholding unless you elect not to have the withholding apply. You may elect not to have withholding apply to your distribution by checking the appropriate box in section two. If you elect not to have withholding apply to your distribution, 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.

**Notice of State Withholding on IRA Distributions:** State Income Tax will be withheld from your distribution according to the attached State Income Tax Withholding Requirements chart, unless otherwise instructed. (Not applicable in all states.)

\_\_\_\_\_  
Signature of Account Owner

\_\_\_\_\_  
Date

*A signature guarantee must be provided on all requests for distributions of \$25,000 or more*

Signature Guaranteed by:

Please read the information about this document, and the notices of federal and state withholding on IRA distributions, and sign and date where indicated.

For any disbursement of \$25,000 or more, we are required by charter to obtain a Medallion Signature Guarantee. Please contact your bank, credit union or other financial services provider to obtain this guarantee stamp. Note: a notary or other signature verification service is not acceptable.

This is only required if the balance we are paying is \$25,000 or greater. If your request is for less than this amount, you may disregard this box.