

BEAR STEARNS

Account Number: _____

Account Executive: _____

IRA DISTRIBUTION FORM

Account Type: *Please circle one:*
TRADITIONAL, SEP (SAR/SEP or PROTOTYPE), SIMPLE, ROTH

A. PARTICIPANT INFORMATION:

Name: _____

Social Security #: _____

Address: _____

Date of Birth: ____/____/____

Beneficiary Information

Name: _____

Social Security #: _____

Address: _____

Date of Birth: ____/____/____

B. REASON FOR DISTRIBUTION:

Please check and complete the appropriate item(s)

- 1-Distribution at age 59½ or older (and for Roth IRA after 5 years) (but not minimum required distributions).
- 2-I am under age 59½ and acknowledge probable adverse tax consequences because items 3-9 are not applicable to me.
- 3-I am under 59½ and am requesting distributions that are in substantially equal periodic payments (not less frequently than annually) over my life (or life expectancy) or joint lives (or life expectancies) of my beneficiary and me.
- 4-Return of Excess Contribution for _____ year (plus earnings).
- 5-I am under age 59½ and am requesting a distribution on account of: *(Please check one)*
 - qualified higher education expenses, or
 - first time home purchase (up to \$10,000), or
 - medical expenses in excess of 7.5% of my adjusted gross income, or
 - medical insurance costs (and have received unemployment compensation for 12 weeks).

- 6-Roth conversion rollover.
- 7-I am totally disabled
- 8-I am a beneficiary of an IRA entitled to distribution according to the application I have attached. *(Complete the Beneficiary Information above and attach a copy of the death certificate).*
- 9-I am age 70½ or older and am requesting my required minimum distribution (RMD) from an IRA other than a Roth IRA

In calculating RMD; Please check your chosen methods,
 Life Expectancy: SINGLE or JOINT
 Calculation: NON RECALCULATION (Term Certain) or RECALCULATION

10-OTHER: (please explain) _____

C. DISTRIBUTION AMOUNT, FORM AND REMIT INSTRUCTIONS:

Please check and complete the appropriate item(s):

- I am requesting a lump sum distribution of my _____ full or _____ partial account balance.
- I am requesting periodic distribution payments:
 - Starting ____/____/____ frequency Monthly or Quarterly

The Distribution Amount Requested is: \$ _____. *(If periodic, indicate the amount of each payment. If a full distribution, \$35 annual fee and \$50 termination fee applies. Submit payment with this Form or fees will be deducted from account balance.)*

The following assets should be distributed in kind: _____

List securities: indicate quantity and symbol/description _____

Please check and complete the appropriate item(s):

- Mail to address above
- Journal to Bear Stearns account # _____
- Fed Funds Wire: ABA # _____ Bank Name: _____
 A/C # _____ A/C Name: _____ Further Credits: _____
- Mail to other address/bank. If applicable, account title and number must be indicated. (Attach voided check or deposit slip)

D. Tax Withholding:

Federal: If you do not want any Federal income tax withheld from your distribution, check the appropriate box below. Even if you elect not to have Federal income tax withheld, you are liable for payment of Federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under estimated tax rules if your payments of estimated tax and withholding, if any, are not adequate. *(Please check one)*

- I do not want to have Federal income tax withheld from my IRA distribution.
- I do want Federal income taxes withheld at _____% (minimum 10%)/\$ _____ of the gross distribution requested above.

State: (Please check one)

- I am a resident of _____ state and do not want state taxes withheld from this distribution.
- I am a resident of _____ state and do want state taxes withheld at _____% (minimums apply)/ \$ _____ from this distribution. (Requests may not be processed from some states or additional forms may be required to complete this request, we will notify your Account Executive).

E. PARTICIPANT'S (OR BENEFICIARY'S) SIGNATURE REQUIRED:

I instruct Bear Stearns to distribute the above indicated assets from my account. This is my free and deliberate act I am solely responsible. I know Bear Stearns encourages me to seek personal tax advice and Bear Stearns has not solicited or encouraged my present decision.

Signature: _____ Date: _____

Return completed Form to your Account Executive or the IRA Department at One Metrotech Center North, Brooklyn, NY 11201. If you have any questions regarding this Form please contact your Account Executive.