

IRA Distribution Form

• Complete all applicable sections, sign and return.

Account Number:	Investment/Financial Professional:
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A. Type of IRA (Select one): Traditional Roth Coverdell SIMPLE SEP

B. Participant Information:

Account Holder Name	Social Security #	Date of Birth
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Address

C. Reason for Distribution: (Select one option, complete as applicable)

<input type="radio"/> 1. Distribution at age 59½ or older (and for Roth IRA after 5 years) (but not minimum required distributions).	<input type="radio"/> 6. Roth conversion rollover.						
<input type="radio"/> 2. I am under 59½ and acknowledge probable adverse tax consequences because items 3-9 are not applicable to me.	<input type="radio"/> 7. I am totally disabled.						
<input type="radio"/> 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.	<input type="radio"/> 8. I am a beneficiary of an IRA entitled to distribution according to the application I have attached. Attach a copy of the death certificate and provide Beneficiary information below:						
<input type="radio"/> 4. Return of Excess Contribution for _____ year (plus earnings).	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">Beneficiary Name</td> <td style="width: 30%; padding: 2px;">Social Security #</td> <td style="width: 40%; padding: 2px;">Date of Birth</td> </tr> <tr> <td colspan="3" style="padding: 2px;">Address</td> </tr> </table>	Beneficiary Name	Social Security #	Date of Birth	Address		
Beneficiary Name	Social Security #	Date of Birth					
Address							
<input type="radio"/> 5. I am under age 59½ and am requesting a distribution on account of: (Specify one) <ul style="list-style-type: none"> <input type="radio"/> Qualified higher education expenses, or <input type="radio"/> First time home purchase (up to \$10,000), or <input type="radio"/> Medical expenses in excess of 7.5% of my adjusted gross income, or <input type="radio"/> Medical insurance costs (and have received unemployment compensation for 12 weeks). 	<input type="radio"/> 9. I am age 70½ or older and am requesting my required minimum distribution (RMD) from an IRA other than a Roth IRA. <input type="radio"/> 10. Other, explain:						

D. Distribution: (Specify below.)

Single distribution. Specify Amount: \$ _____. Specify type: Partial Distribution or Full Distribution (annual/termination fees apply).

Periodic distribution. Specify Amount: \$ _____. Start date: ____/____/____ Frequency: Monthly or Quarterly

Assets in kind: (List securities indicating quantity and symbol/description.)

E. Remittance Instructions: (Specify below.)

<input type="radio"/> Journal Transfer	TO: (Specify Account Title and Number)						
<input type="radio"/> Check Remittance	TO: (Specify Mailing Address if different than above)						
<input type="radio"/> Fund Transfer	Specify method: <input type="checkbox"/> Fed Fund or <input type="checkbox"/> ACH Fund- Checking Account or <input type="checkbox"/> ACH Fund-Savings Account						
	TO: A/C Name:						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Name of Primary Financial Institution</td> <td style="width: 50%; padding: 2px;">Bank ABA Routing Number</td> </tr> <tr> <td style="padding: 2px;">Account Number for Primary Financial Institution to be credited</td> <td style="padding: 2px;">Name of Second Financial Institutional (if applicable) (Fed Fund Only)</td> </tr> <tr> <td></td> <td style="padding: 2px;">FBO Account No. at Second Financial Institution (if applicable) (Fed Fund Only)</td> </tr> </table>	Name of Primary Financial Institution	Bank ABA Routing Number	Account Number for Primary Financial Institution to be credited	Name of Second Financial Institutional (if applicable) (Fed Fund Only)		FBO Account No. at Second Financial Institution (if applicable) (Fed Fund Only)
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F. Tax Withholding: Check the appropriate withholding option below. You are liable for payment on the taxable portion of your distribution. You may be subject to tax penalties under estimated tax rules if your payments of estimated tax and withholding, if any, are not adequate.

Federal (One selection required): <ul style="list-style-type: none"> <input type="radio"/> I do not want to have Federal income tax withheld from my IRA distribution. <input type="radio"/> I do want Federal income taxes withheld at _____ % (minimum 10%) or \$ _____ of the gross distribution requested above. 	State (One selection required): <ul style="list-style-type: none"> I am a resident of _____ (specify state) and <input type="radio"/> I do not want state taxes withheld from this distribution. <input type="radio"/> I do want state taxes withheld in the amount of _____ % (state minimums may apply) or \$ _____ from this distribution. (Requests may not be processed from some states or additional forms may be required to complete this request.)
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I instruct J.P. Morgan Clearing Corp. (together with its affiliates and subsidiaries "JP Morgan") to distribute the above indicated assets from my account. This is my free and deliberate act I am solely responsible. Neither JP Morgan nor any of its employees has provided me with legal or tax advice, nor has JP Morgan or any of its employees solicited or encouraged my present decision.

X _____
Signature

_____ Date

Withholding Notice

The distributions you receive from your Individual Retirement Account are subject to Federal income tax withholding unless you elect not to have withholding apply.

You may elect not to have withholding apply to your distribution payments by completing the "Tax Withholding Election" section on the IRA Distribution Form.

If you do not complete the "Withholding" section, Federal Income tax will be withheld from the amount withdrawn at a rate of 10%.

If you elect not to have withholding apply to your distribution payments, 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 withholding and estimated tax payments are not sufficient.

Please consult your tax advisor regarding how your withholding election might affect your personal taxation.