



**FORM ID  
IRA DISTRIBUTION ELECTION REQUEST**

I.E. Code	Account Number

**Section IV. Method of Payment (Check one method only)**

- |  |  |
|--|--|
| <input type="checkbox"/> Mail to account address of record<br><input type="checkbox"/> Mail to Alternative Address as indicated on this form<br><input type="checkbox"/> Reclassify excess contribution to year _____<br><i>(IRA holder may be subject to 6% penalty; must file form 5329)</i> | <input type="checkbox"/> Wire funds <i>(must provide wire instructions - \$20 wire fee applies)</i><br><input type="checkbox"/> ACH <i>(must attach copy of ACH Authorization form)</i><br><input type="checkbox"/> Journal to Account # _____ |
|--|--|

**Section V. Notice and Election on Income Tax Withholding (Form W-4P/OMB No. 1545-0415)**

**Federal Income Tax will automatically be withheld at a rate of 10%** unless otherwise specified below:

- I am a US Citizen living abroad or I am a non-resident alien
- I do not want to have Federal Income Tax withheld from my distribution
- Withhold Federal Income Tax as follows: \_\_\_\_\_% or \$ \_\_\_\_\_

**IF CALIFORNIA RESIDENT:**  
State income tax will automatically be withheld at the rate of 10% of the amount of federal tax withholding unless otherwise specified below:

- I **do not** want to have CA State Income Tax withheld from my distribution
- Withhold CA State Income Tax as follows: \$ \_\_\_\_\_

**IF OREGON RESIDENT:**  
State income tax will automatically be withheld at the rate of 8% unless otherwise specified below (minimum withholding of \$10.00):

- I **do not** want to have OR State Income Tax withheld from my distribution.
- Withhold OR State Income Tax as follows: \$ \_\_\_\_\_

**IF WISCONSIN RESIDENT:**  
State income tax will not be withheld unless requested by you below:

- Withhold WI State Income Tax withheld from my distribution as follows:
- \$ \_\_\_\_\_
- or \_\_\_\_\_%

**Section VI. Attestation and Signatures**

I attest to the accuracy of the information stated hereon. I am aware of and accept full responsibility for the tax consequences regarding these instructions.

X \_\_\_\_\_  
Payee's Signature \_\_\_\_\_  
Date

X \_\_\_\_\_  
Spouse's Signature, if resident of a community property state:  
AZ, CA, ID, LA, NV, NM, TX, WA, WI \_\_\_\_\_  
Date

For Office Use Only:

X \_\_\_\_\_  
Signature Guaranteed by Authorized Signatory \_\_\_\_\_  
Date

**FOR CUSTODIAN USE ONLY**

Gross Distribution Amount \$	Tax Withheld: \$	% Tax Withheld:	Net Distribution Amount \$
Payment Code	IRS Code	Fee \$	
Processed by		Date	