

Distribution/Notice of Withholding Form

1. YOUR INFORMATION

Your Name:	New Direction Account Number:	Date of Birth: (MM/DD/YYYY)	Social Security Number:	
Address:		City:	State:	Zip:
What type of account do you have? <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> Beneficiary IRA <input type="checkbox"/> HSA				

2. TYPE OF DISTRIBUTION (Check only 1 box)

Distribution Reason for Traditional, Roth & SIMPLE IRA

<input type="checkbox"/> Early (Premature) Distribution: (Participant is under age 59½ and no other code applies.) <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA				
<input type="checkbox"/> Early (Premature) Distribution with Exception: (Substantially equal payment exception applies.)				
<input type="checkbox"/> Normal Distribution: (If you are the Participant and age 59½ or older.) <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA				
<input type="checkbox"/> Removal of Excess/Nondeductible Contribution: (Plus earnings before tax filing deadline) In which tax year was the contribution made? _____				
<input type="checkbox"/> Permanent Disability Distribution: (If you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.)				
<input type="checkbox"/> Death Distribution: (If you are a beneficiary of this account you must furnish a certified copy of the Death Certificate. Fill out the Beneficiary information below.)				
<input type="checkbox"/> Death Transfer to beneficiary IRA (spouse/non-spouse)				
<input type="checkbox"/> Transfer to own IRA (spouse only)				
Beneficiary Name:	Beneficiary Phone Number:	Beneficiary Date of Birth:	Beneficiary SSN:	
Beneficiary Address:		City:	State:	Zip:
<input type="checkbox"/> Transfer Due To <input type="checkbox"/> Divorce or <input type="checkbox"/> Legal Separation (A copy of the divorce decree must be attached.) Payable to: _____				
<input type="checkbox"/> Re-characterization to a Traditional IRA: Contribution of \$ _____ Earnings of \$ _____				
<input type="checkbox"/> Roth IRA Non-Qualified Distribution				
<input type="checkbox"/> Distribution from a SIMPLE IRA: Date Employee First Participated: _____				
<input type="checkbox"/> Conversion to a Roth IRA				
<input type="checkbox"/> IRA Paid Directly to Trustee of Employer's Plan				
Distribution Reason for Health Savings Account				
<input type="checkbox"/> This is a qualified distribution is from a Health Savings Account.				
Qualified Roth Distribution: (This Roth IRA distribution satisfies the 5 year holding period requirement & such distribution is made under the following reason.)				
<input type="checkbox"/> On or after I attain age 59½.			<input type="checkbox"/> To a beneficiary on or after the participant's death.	
<input type="checkbox"/> On account of my becoming disabled (within the meaning of section 72(m)(7) of the Internal Revenue Code).				
<input type="checkbox"/> Qualified first time home buyer expenses.				

Distribution/Notice of Withholding Form

3. MANNER OF DISTRIBUTION (Check and fill in where applicable)

<input type="checkbox"/> In-Kind <input type="checkbox"/> Partial Distribution <input type="checkbox"/> Full Distribution		<input type="checkbox"/> Cash <input type="checkbox"/> Partial Distribution <input type="checkbox"/> Full Distribution	
Name of Asset:	Current Value:	Amount Requested:	\$
	\$	Recharacterization Amount:	\$
Name of Asset:	Current Value:	Administrative Fees:	(-)
	\$	Amount Withdrawn: (reported to IRS)	\$
Name of Asset:	Current Value:	Federal Income Tax Withheld:	(-)
	\$	Total:	\$
Send cash to: <input type="checkbox"/> Participant <input type="checkbox"/> Beneficiary (death distribution only)			

Check this box if fees are to be paid from remaining assets. I authorize New Direction IRA to close my account.

4. METHOD OF PAYMENT

Until I give written instructions to the contrary, I direct the Administrator to distribute the amount requested as follows:

1. Date payment(s) to Commence: (MM/DD/YYYY)

2. Distribution(s) to be made: One Time Monthly Quarterly Semi-Annually Annually Other: _____

3. Make distribution(s) payable via: Wire (Include delivery instructions) ACH (Include delivery instructions) Check (Fill out address below)

Address:	City:	State:	Zip:
----------	-------	--------	------

5. WITHHOLDING ELECTION

Cleared funds must be available. Choose either Option 1 or 2. Complete for any kind of distribution.

Option 1: Withhold federal income tax at the rate of _____% (not less than 10%) plus an additional amount of \$ _____ from the amount withdrawn.

Option 2: Effective _____, I elect not to have federal income tax withheld. (Must have US residence address on file.) I understand that I am still liable for the payment of federal income tax on the taxable amount. I also understand that I may be subject to tax penalties under the estimated tax payment rules, if my payments of estimated tax and withholding, if any, are not adequate.

The distributions you receive from your individual retirement account established at this institution 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 "Withholding Election" section above. If you do not complete the "Withholding Election" section by the date your distribution is scheduled to begin, 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 your withholding and estimated tax payments are not sufficient.

6. SIGNATURE OF PARTICIPANT

I certify that I am the proper party to receive payment(s) from this IRA, and that all information provided by me is true and accurate. I acknowledge that I have read the Notice of Withholding below and have completed the Withholding Election above. I further certify that no tax advice has been given to me by the Administrator or the Custodian, that distributions are reported to the IRS, and that all decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Administrator or Custodian shall in no way be responsible for those consequences.

Notice of Withholding on Distributions from IRAs - 1. The distributions you receive from your individual retirement account established at this institution are subject to Federal income tax withholding unless you elect not to have withholding apply. 2. You may elect not to have withholding apply to your distribution payments by completing the "Withholding Election" section above. 3. If you do not complete the "Withholding Election" section by the date your distribution is scheduled to begin, Federal income tax will be withheld from the amount withdrawn at a rate of 10%. 4. 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 your withholding and estimated tax payments are not sufficient.

I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature: _____ **Date:** _____