



# Self Directed IRA

S E R V I C E S I N C

A subsidiary of Horizon Bank

600 Congress Avenue, Suite 400 • Austin, TX 78701  
866.928.9394 • 512.637.5739 • [www.SDIRAServices.com](http://www.SDIRAServices.com)

## Distribution Request Instructions

For Traditional, Roth, SEP or SIMPLE IRAs

Use this form when you want to receive a distribution (withdrawal) from your Self Directed IRA Services, Inc. ("SDIRA Services") Traditional, Roth, SEP or SIMPLE IRA.

If taking a premature or nonqualified distribution, you may be subject to taxes. Please contact your tax professional with any questions regarding the tax consequences of your distribution.

### Guidelines

- Complete all sections of the form to avoid processing delays.
- To avoid process delays, ensure there is sufficient cash in the account to cover the requested distribution and any applicable fees.
- When requesting a cash distribution, please specify the form of payment you wish to receive.
- If requesting to receive a distribution by bank wire, be sure to contact your bank in advance to obtain the proper wire routing instructions.
- When taking an *in-kind* distribution of an asset, you may be asked to provide an independent valuation for the asset using our **Fair Market Valuation Form**.
- When taking an *in-kind* distribution of coins or bullion, your precious metals will be delivered to you from the depository via COD unless you note other payment arrangements on this form.
- Please see our IRA Fee Schedule for the applicable fee(s) that your account may incur for this distribution. Our fee schedule is available in the Forms section of our website, [www.SDIRAservices.com](http://www.SDIRAservices.com). No fee is charged for recurring distributions (monthly or quarterly) which are sent by ACH transfer.

Send your completed Distribution Request form to us for processing.

#### Mail



Self Directed IRA Services, Inc.  
P.O. Box 685133  
Austin, TX 78768

#### Physical Delivery



Self Directed IRA Services, Inc.  
600 Congress Avenue, Suite 400  
Austin, TX 78701

#### Fax



Fax to 512.495.9554  
Attn: Client Services



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## Distribution Request Form

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This form is used to receive a distribution (withdrawal) from your Self Directed IRA Services, Inc. ("SDIRA Services") Traditional, Roth, SEP or SIMPLE IRA. Please complete all sections of this form to avoid processing delays.

1

### Accountholder Information

Accountholder Name		Account Number	
Address			
City		State	Zip
Social Security Number		Birthdate	
Daytime Phone		Email Address	
Account Type <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE			

2

### Type of Distribution

<input type="checkbox"/> Normal	I am age 59½ or older.
<input type="checkbox"/> Early/Premature	I am under age 59½ and I am not disabled (as defined in IRS Code Section 72(m)(7)).
<input type="checkbox"/> Early/Premature - Exception Applies	<input checked="" type="radio"/> Periodic payments prior to age 59½ under IRC Section 72(t)(2)(A)(iv) Payments may only be taken over Accountholder's single life expectancy or joint life expectancy with beneficiary. Should the Accountholder change or terminate the distribution schedule prior to the latter of attaining age 59½ or five years from the date of the first distribution, the 10% Federal Tax penalty will apply to all payments received prior to age 59½. Note: You are responsible for notifying SDIRA Services of the exact amount of each payment to meet the IRS requirements. Consult your tax professional for assistance.
<input checked="" type="radio"/> Payment of an IRS levy	Must attach IRS documents. Note: The check will be made payable to the IRS. If you choose to have the check made payable to yourself, your distribution will be coded as a premature or normal distribution.
<input type="checkbox"/> Qualified Roth Distribution	I am age 59½ or older and have met the 5 year holding period.
<input type="checkbox"/> Roth Distribution Exception Applies	I am age 59½ or older but have not met the 5 year holding period.
<input type="checkbox"/> Timely refund of excess or nondeductible contribution PLUS earnings.	For tax year: _____
<input type="checkbox"/> Refund of principal amount of excess contribution AFTER tax filing date.	For tax year: _____
<input type="checkbox"/> Disability – within the meaning of IRS Code Section 72(m)(7)	Must attach physician's statement.
<input type="checkbox"/> Divorce	Must attach a certified copy of the divorce decree or other legal document.
<input type="checkbox"/> Death	Must attach a certified copy of the Death Certificate.
<input type="checkbox"/> Revocation	Must be requested within 7 days of account establishment.

**Option 1: One-Time Distribution**

**Step 1:** Specify: \_\_\_\_ Partial Distribution \_\_\_\_ Complete Distribution (Account will be closed and the termination fee will apply.)

- All available cash
- Cash in the amount of \$ \_\_\_\_\_
- In-kind distribution of the asset(s) shown below in Step 2.

**Step 2:** If we need to liquidate or re-register any asset(s) for this distribution, indicate this instruction in the space below. Otherwise, leave blank.

Liquidate	Re-Register/ In-Kind	Asset Name/Description	# of Shares	Approximate Value
<input type="radio"/>	<input type="radio"/>			\$
<input type="radio"/>	<input type="radio"/>			\$
<input type="radio"/>	<input type="radio"/>			\$

**Step 3:** Tell us how you want this distribution to be sent.

<input type="checkbox"/> <b>Send Funds By Check</b> <span style="float: right;">Check will be sent via U.S. Mail unless specified for overnight delivery.</span>			
Make Check Payable To			
Send To	Address		
	City	State	Zip
Send By	<input type="radio"/> U.S. Mail <input type="radio"/> UPS Overnight – specify how you wish to pay the overnight fee below		
Overnight Fee	<input type="radio"/> Check enclosed (\$25) <input type="radio"/> Deduct from my IRA account		

<input type="checkbox"/> <b>Send Funds By Wire</b> <span style="float: right;">A wire fee of \$25 will be incurred.</span>			
Bank Name			Bank Phone
Bank Location	City	State	
ABA Routing #	<b>Must be 9 digits</b>		
For Credit To			Account #
For Further Credit To			Account #
Wire Fee	<input type="radio"/> Check enclosed (\$25) <input type="radio"/> Deduct from my IRA account		

<input type="checkbox"/> <b>Send Re-Registered Asset(s)</b>				A \$25 transfer fee will be charged for each asset distributed in-kind. Re-registration forms will be sent via U.S. Mail unless specified for overnight delivery.			
Name							
Send To		Address					
		City			State		Zip
Send By		<input type="radio"/> U.S. Mail		<input type="radio"/> UPS Overnight – specify how you wish to pay the overnight fee below			
Overnight Fee		<input type="radio"/> Check enclosed (\$25)		<input type="radio"/> Deduct from my IRA account			

<input type="checkbox"/> <b>Other Delivery Instructions</b>	

**Option 2: Partial Recurring Distribution via ACH Transfer**

**Step 1:** Specify frequency and start date:     Monthly     Quarterly    Start Date: \_\_\_\_\_

**Step 2:** Specify the amount or dividend(s) to distribution.

- All available cash
- Cash in the amount of \$ \_\_\_\_\_
- All dividends
- All dividends from the investment(s) indicated below:

Asset Name: \_\_\_\_\_

Asset Name: \_\_\_\_\_

Asset Name: \_\_\_\_\_

**Step 3:** Provide the ACH transfer information in the space below.

<b>ACH Transfer Information</b> (ACH transfers are only available for Partial Recurring Distributions. No fee is charged.)			
Bank Name		Bank Phone	
Bank Location		State	
ABA Routing #		<b>Must be 9 digits</b>	
For Credit To		Account #	
For Further Credit To		Account #	

Please read the **Withholding Notice Information** below and make your Federal withholding election. If you do not choose an election, we are required to withhold Federal taxes at a flat 10% rate. We will not reverse any Federal withholding in the event you neglect to make an election. Federal withholding must be designated as either a percentage or dollar amount. See *IRS Publication 505: Tax Withholding and Estimated Tax* available on the IRS website, [www.irs.gov](http://www.irs.gov).

Federal Withholding Election	
<input type="checkbox"/>	I elect <u>NOT</u> to have Federal Income Tax withheld.
<input type="checkbox"/>	I elect to have Federal Income Tax withheld at a flat 10% rate.
<input type="checkbox"/>	I elect to have Federal Income Tax withheld in the amount of \$ _____, which is more than the 10% rate.
<input type="checkbox"/>	I elect to have Federal Income Tax withheld at a _____ % rate.

**Withholding Notice Information:**

**Basic Information About Withholding from Pensions and Annuities.** Generally, Federal income tax withholding applies to payments made from pension, profit sharing, stock bonus, annuity and certain deferred compensation plans, IRAs and commercial annuities.

**Purpose of Form W-4P.** Unless you elect otherwise, Federal income tax will be withheld from payments from IRAs. You can use IRS Form W-4P or a substitute form, such as that contained on this form, furnished by SDIRA Services, to instruct SDIRA Services to withhold no tax from your IRA payments (or to revoke this election). This substitute form should be used only for distributions from IRAs which are payable upon demand.

**Nonperiodic Payments.** Payments from IRAs that are payable upon demand are treated as nonperiodic payments for Federal income tax purposes. Generally, nonperiodic payments must have income tax withheld at a rate not less than 10%.

You can elect to have no income tax withheld from a nonperiodic payment (IRA payment) by filing IRS Form W-4P or a substitute form with SDIRA Services and checking the appropriate box on that form. Your election remains in effect for any subsequent distribution unless you change or revoke it.

A U.S. citizen or resident alien may not waive withholding on any distribution delivered outside of the U.S. or its possessions. Distributions to a nonresident alien are generally subject to a tax withholding rate of 30 percent. A reduced withholding rate, including exemption, may apply if there is a tax treaty between the nonresident alien's country of residence and the United States, and the nonresident alien submits Form W8-BEN, *Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding*, or satisfies the documentation requirements as provided under the regulations.

For more information, please see Publication 505, *Tax Withholding and Estimated Tax*, and Publication 515, *Withhold of Tax on Nonresident Aliens and Foreign Entities*, available from most IRS offices.

Caution: Remember that there are penalties for not paying enough tax during the year, through either withholding or estimated tax payments. New retirees should see Publication 505. It explains the estimated tax requirements and penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your IRA using IRS Form W-4P.

**Revoking the Exemption from Withholding.** If you want to revoke your previously filed exemption from withholding, file another IRS Form W-4P with SDIRA Services and check the appropriate box on that form.

**Statement of Income Tax Withheld from Your IRA.** By January 31 of next year, you will receive a statement from SDIRA Services showing the total amount of your IRA payments and the total Federal income tax withheld during the year. Copies of Form W-4P will not be sent to the IRS by SDIRA Services.

**Signature**

Accountholder must sign and date below.

The undersigned hereby authorizes and directs Self Directed IRA Services Inc. ("SDIRA Services") to distribute funds from my account referenced above in accordance with the instructions completed on this form.

By signing this form, I acknowledge that I have read and understand the **Withholding Notice Information** and that SDIRA Services is not responsible for determining the appropriateness of the withholding election. I also understand that my federal withholding election is applicable to any subsequent scheduled distributions until I revoke the election under the procedure established by SDIRA Services. SDIRA Services may rely on the certification without further investigation or inquiry and shall incur no liability for this distribution request or its processing.

If I plan to take a *series of substantially equal payments* which qualify for penalty exemption under Internal Revenue Code 72(t), by signing this form, I understand that I am solely responsible for the distribution including maintaining the appropriate cash balance for the distribution(s) and that SDIRA Services is not responsible for monitoring such distribution(s). I further understand that I am solely responsible for the calculation used to derive payment amount(s), and that I should seek competent tax or legal advice from a professional of my choice.

I hereby agree to hold harmless SDIRA Services, and its affiliates and assigns, from any problem arising out of or in any way connected with this request for distribution. I fully understand the tax consequences of the requested distribution, and if necessary, I have consulted a tax or legal professional of my choice, and agree to be fully responsible for any taxes. I further certify that no tax advice has been given to me by SDIRA Services. All decisions regarding this withdrawal are my own. I expressly assume the responsibility of any adverse consequences which may arise from this withdrawal and I agree that SDIRA Services shall in no way be held responsible.

Accountholder or  
Beneficiary Signature \_\_\_\_\_

Date \_\_\_\_\_