

**ATTENTION:**  
CamaPlan requires the original, signed form to be mailed to our office.

CamaPlan Account Holder's name, address, account number, last 4 of social security number and date of birth. **MUST** match the information on file.

For **DEATH DISTRIBUTION** only: Provide the decedent's name, relationship to you, last 4 of social security number and date of birth.

**SELECT 1 OF THE FOLLOWING 11 DISTRIBUTION TYPES**

**1. NORMAL:** If you are over age 59 ½ and have a Traditional or SEP IRA.

**2. EARLY:** Select if you are under 59 ½. Then select Early Distribution type (no known exception, from a Roth IRA, from a Simple IRA within two years of opening account, for a first-time home purchase, for payment of health insurance premiums, periodic payment, higher education expense or IRS levy.

The CamaPlan Early Distribution Fee is \$150. For more information about fees: [https://www.camaplan.com/forms/Fee\\_Agreement.pdf](https://www.camaplan.com/forms/Fee_Agreement.pdf)

**Note:** If you take an Early Distribution, consult your financial advisor, accountant or tax specialist to discuss the penalties you may incur or any exceptions to the distribution.

## 1. Participant Details

Legal Name (must match SSN card)  
John Doe

Mailing Address (must match address on file)  
Street 122 East Butler Avenue  
City Ambler  
State PA  
ZIP 19002

Account No. T280101-01  
Soc. Sec. No. \*\*\* - \*\* - 0000  
Date of Birth 1/1/1990

Name of Deceased (Death Distributions Only):  
Relationship  
Soc. Sec. No. \*\*\* - \*\* -  
Date of Birth

## 2. Distribution Type

- 1. Normal Distribution (Traditional, SEP) (Participant is at least 59 ½ years old)
- 2. Early Distribution
  - Early Distribution, no known exception, under age 59 1/2 (code 1)
  - Roth IRA (code J)
  - SIMPLE IRA in the first 2 years (code S)
  - First Time Homebuyer (code 1) \*\*\*
  - Health Insurance Premiums (code 1) \*\*\*

## Distribution Type (Continued)

- Substantially Equal Periodic Payments (code 1) \*\*\*
- Higher Education Expense (code 1) \*\*\*
- IRS Levy (code 2)
- \*\*\* Fill out IRS Form 5329
- 3. Disability Distribution (code 3)
- 4. Required Minimum Distribution (code 7)
- 5. Death Distribution (code 4)
- 6. Removal of Excess/Nondeductible Contribution plus earnings before tax filing deadline.  
Tax year contribution was made:   
Is the contribution plus earnings being removed in the same year?  
 Yes (code 8)  No (code P)
- 7. Removal of Excess Contribution (Principal only) after tax filing deadline.  
 59 ½ Under (code 1)  
 59 ½ Over (code 2)
- 8. IRA to Employer's plan (code G)
- 9. Qualified Distribution from Roth IRA (code Q)
  - Disabled  Over 59 ½
  - Deceased
  - 5 Year holding period  
 Yes  No  Unknown
- 10. Roth Distribution, exception applies (code T)
  - 59 ½  Disabled
  - 59 ½ Over  Deceased
  - 5 Year holding period  
 Yes  No  Unknown
- 11. Other  
Specify reason:

**3. DISABILITY DISTRIBUTION:** If you qualify. Please consult your financial advisor, accountant or tax specialist.

**4. REQUIRED MINIMUM DISTRIBUTION:** If you are 70 ½ or older and must take a distribution.

**5. DEATH DISTRIBUTION:** If this account is a Beneficiary IRA. Complete Name of Deceased fields in Section 1.

**6. EXCESS CONTRIBUTION PRIOR TO FILING TAX RETURN:** For removal of contributions and earnings in excess of contribution limit prior to filing tax return for that year.

**7. EXCESS CONTRIBUTION AFTER FILING TAX RETURN:** For removal of contributions and earnings in excess of contribution limit after filing tax return for that year. Indicate whether you are under or over 59 ½.

**8. IRA TO EMPLOYER'S PLAN:** If you are moving funds to an employer's qualified plan or 401k.

**9. QUALIFIED DISTRIBUTION FROM ROTH IRA:** If the account holder is over 59 ½ and has had the CamaPlan IRA for 5 years or more.

**10. ROTH DISTRIBUTION:** If the account holder is over 59 ½ and has not had the CamaPlan IRA for 5 years or more.

**11. OTHER:** Specify reason.

*For help selecting the proper distribution type, consult your financial advisor, accountant or tax specialist, if needed.*

### 3. Withholding Election

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" in section 3 of this form. 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 minimum 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.

#### Federal Tax

Choose either Option 1 or Option 2:

- Option 1**  
Withhold Federal income tax
- at the rate of:  %  
(not less than 10%)
- an amount of: \$   
(from the amount withdrawn)

- Option 2**  
I elect not to have Federal income tax withheld. (US Residents only)

#### State Tax

Choose either Option 1 or Option 2:

- Option 1**  
Withhold State income tax
- at the rate of:  %  
(not less than 10%)

#### Withholding Election (continued)

- an amount of: \$   
(from the amount withdrawn)
- Option 2**  
I elect not to have State income tax withheld. (US Residents only)

Note: Many states require income taxes to be withheld from IRA distributions. Please consult your financial advisor or your state tax authority.

- I understand that I am still liable for the payment of Federal and/or State 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.

### 4. Distribution Payment

I instruct CamaPlan to distribute from my account:

- The entire account balance**  
 I authorize CamaPlan to close my account.
- Partial distribution**

Distribution Amount \$   
(reported to IRS)

Fed. Income Tax Withheld -\$   
(Calculate from section 3 or "0" if not withheld)

State Tax Withheld -\$   
(Calculate from section 3 or "0" if not withheld)

**Net Paid to Recipient** \$

Select Option 2 if you **DO NOT** want State taxes withheld.

**FULL DISTRIBUTION:** Select the entire account cash balance if you would like all available cash funds distributed. Indicate if you would like this IRA account to be closed.

**Note:** Your account cannot be closed if it contains an asset.

**PARTIAL DISTRIBUTION:** Select if you wish to distribute a portion of the cash in your account. Remember, you must maintain a minimum cash balance equal to two years of annual fees.

#### DISTRIBUTION AMOUNT:

1. Enter the distribution amount.
2. Enter Federal and/or State taxes you wish to have withheld. Enter zero if you do not wish to have Federal or State taxes withheld.
3. Subtract any taxes from the distribution amount to determine the net distribution.

**Example:** Distribution amount: \$500  
Federal Tax Withheld: 10% (\$50)  
State Tax Withheld: 10% (\$50)  
Net Paid: \$400

**FEDERAL TAX WITHHOLDING:** To have Federal Taxes withheld, select Option 1. Then select to withhold either a percentage of the distribution or an amount from the distribution.

*Consult your financial advisor, accountant or tax specialist about withholdings.*

Select Option 2 if you **DO NOT** want Federal taxes withheld.

**STATE TAX WITHHOLDING:** To have State taxes withheld, select Option 1. Then select to withhold either a percentage of the distribution or an amount from the distribution.

*Consult your financial advisor, accountant or tax specialist about withholdings.*

**DISTRIBUTION FREQUENCY:** Select the frequency of your distribution.

For a **one-time distribution**, specify distribution date. For all other distribution options, specify the date recurring distributions will begin.

*For example, if you choose to initiate your first monthly distribution on 10/2/2019, future distributions will be sent on the 2nd of each month.*

Quarterly distributions occur in January, April, July, and October.

**Note:** Requested funds must be available in your account for distribution(s) to commence on the chosen date.

**PAYMENT DETAILS:** Select how you would like your funds to be sent from your IRA.

The fee for a **check** via USPS mail is \$10  
 \*UPS 2 Day Courier: \$15 fee  
 \*UPS Overnight Courier: \$30 fee

The fee for a **Wire** is \$30 (Wire is received the same day it is initiated)

The fee for an **ACH** is \$5 (1-2 Business Days to be received in your account)

For more information about fees:  
[https://www.camaplan.com/forms/Fee\\_Agreement.pdf](https://www.camaplan.com/forms/Fee_Agreement.pdf)

Distribution Payment (continued)

I direct the Administrator to distribute the amount requested as follows:  
 (Note: If periodic distributions are requested, this form must be renewed annually)

Frequency of Distribution:

- One-time
- Monthly
- Quarterly
- Semi-annually
- Other

Date payment(s) to commence (MM/DD/YY):

**5. Payment Details**

Specify how you would like your funds to be disbursed to you.

- Issue check to participant/ beneficiary/ financial institution\*\*
  - Regular Mail
  - Overnight Courier\*\*
  - 2 Day Courier\*\*

Note: Checks issued to participants or beneficiaries may only be sent to the address on record at CamaPlan

- Send wire to participant/beneficiary/ financial institution\*\*
- Send ACH to participant/beneficiary/ financial institution\*\*

- In Kind - asset type\*:   
\*additional information required
- Other   
\*\*Additional charges apply

**Wiring/ACH Information**

Account Name

Name of Financial Institution

Account Holder's Address

Street

City

State

ZIP

Account #

Bank Name

Bank ABA #

Transaction fees to be paid by:

- Your account
- Check
- Credit Card  
Please call (866) 559-4430 to provide cc details.

**6. Authorization**

I certify that I am the proper party to receive payment(s) from this Custodial, and that all information provided by me is true and accurate. I acknowledge that I have read the Notice of Withholding set forth above and have completed the Withholding Election above. I further

**WIRE/ACH ACCOUNT INFO:** If you select Wire or ACH, the funds will need to be sent to your **personal** bank account.

**Note:** Account Holder's Address is the address on file for your account at the bank. The Bank ABA # is the Bank Routing Number.

**TRANSACTION FEES:** CamaPlan offers 3 ways to pay your transaction fees.

1. Fund can be withdrawn from the cash portion of your CamaPlan account
2. Mail all personal checks to 122 E. Butler Ave, Suite 100, Ambler, PA 19002.
3. Credit Card payments may be made online at the CamaPlan portal (<https://sys.camaplan.com/Login.aspx>) or by calling the number provided on this form. NOTE: A 3.5% processing fee will apply.

certify that no legal or tax advice has been provided me by the Custodian or Administrator, that distributions (except certain transfers) 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 Custodian and Administrator shall in no way be responsible for those consequences.

**Office Use Only**

Verified by

Method

Date

Sign and Date to complete the form.



Participant's or Beneficiary's Signature

9/12/2019

Date