

When to use this form:

- **Normal Distributions**
- **Early Distributions**
- **Required Distributions**
- **Death Distributions**
- **Other special Distributions**

To complete your Distribution Request:

1. CAREFULLY FILL OUT ALL SECTIONS

- Pay close attention to the Federal and State income tax withholding elections. You may want to ask your tax specialist.

2. SIGN & DATE THE LAST PAGE

3. MAIL IN COMPLETED FORM

Please be sure your account has sufficient funds to cover the distribution, fees, and minimum balance.

ORIGINAL FORM REQUIRED

Mail your Distribution Request to:

CamaPlan
122 E. Butler Ave, Suite 100
Ambler, PA 19002

What's next?

Your request will be processed within 48 hours of receiving all required documents.

Operations@CamaPlan.com
(866) 559-4430

1. Participant Details

Legal Name (must match SSN card)

Mailing Address (must match address on file)

Street

City

State

ZIP

Account No.

Soc. Sec. No. *** - ** -

Date of Birth

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 calendar 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 7)
- 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)
 - Over 59 ½ Disabled
 - Deceased
 - 5 Year holding period
 Yes No Unknown
- 11. Other
Specify reason:

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: %
- an amount of: \$
(from the amount withdrawn)

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

Withholding Election (continued)

Note:

- Many states require income taxes to be withheld from IRA Distributions.
- Mandatory withholdings should be reviewed if the residence of the IRA owner is located in the following states: CT, IA, KS, MA, MI, MN, NC, NE, OK, VT *Additional documentation may need to be submitted for processing*
- Mandatory withholding percentages, unless the owner elects no withholdings, should be reviewed if the residence of the IRA owner is located in the following states: AR, CA, DC, LA, MO, OR.
- State tax laws are subject to constant change, and this information is based on current laws as of the date of revision. 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

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

Payment Details (continued)

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 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 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.

Participant's or Beneficiary's Signature

Date

Office Use Only

Verified by

Method

Date