



Account Number _____

Rep ID _____ Alternate Branch _____

DISTRIBUTION REQUEST – IRA/SEP/ROTH/SIMPLE

This form should not be used for IRA to IRA transfers.

SECTION ONE: CLIENT INFORMATION

Name and Address

Date of Birth

SECTION TWO: TYPE OF DISTRIBUTION

- Premature:** Client is under age 59½. This distribution may be subject to an IRS 10% premature distribution tax.
- Normal:** Client has attained age 59½.
- Required Minimum Distribution**
- Substantially Equal Payments**
- Disability:** Within the meaning of Section 72(m)(7) of the Internal Revenue Code.
- Death of Account Owner:** A death certificate must be attached.
- Distribution to Beneficiary** (In decedent account status.)
- Transfer Due to Divorce:** Attach the relevant portions of the divorce decree.
- Simple IRA:** Distribution prior to completion of 2 years in the Plan.
- Conversion to Roth**
- Recharacterization:**
Date of Deposit _____ Tax year for which contribution was made _____
Amount of Recharacterization _____
- Reverse Direct Rollover**
- Roth Qualified:** Client meets the 5-year holding period **and** one of the following applies (select one):
 Client is 59½ Distribution to beneficiary (in decedent account status) Client is disabled

SECTION THREE: AMOUNT OF DISTRIBUTION**Lump Sum** (Select one and specify asset distribution.)**Select one**

- Close Account;** appropriate fees will be applied **Account is to remain open;** if closed at later date, applicable fees will be assessed.

Specify asset distribution

- Liquidate all assets** (Financial professional must complete the liquidation prior to submitting this form.) **Distribute all assets in kind**

Partial Payment (Indicate gross amount to be distributed. Any taxes will be deducted from this amount.)

- Distribute cash in the amount of \$** _____ (Cash distributions can only be made in US Dollars.)
- Distribute Required Minimum Distribution (RMD)**
- Distribute All Dividend and Interest**
- Distribute All Income**
- Distribute Money Market**
- Distribute shares** (Attach separate sheet if more than 5.)

# Shares/Bonds	Symbol/CUSIP or Security #	Description



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Start Date	End Date	Recurring Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually
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SECTION FIVE: METHOD OF DISTRIBUTION

I authorize RBC Capital Markets, LLC (“RBC CM”), Member NYSE/FINRA/SIPC, to distribute the funds requested as follows:

 Check to the Address of Record. Check to Alternate Address/Third Party: _____ Journal Deposit to RBC CM account number: _____

If account is not yet established, provide Account Name. I certify that an RBC CM account is in the process of being opened and RBC CM may accept the account number from my financial professional.

 ACH to ACH Profile (Bank Name, A/C Name, A/C Type) _____ Wire Bank Name _____ Routing/ABA # (9 digits) _____

Transfer Bank Account Name _____ Bank Account # _____

(U.S. only) Additional Information _____

 International Wire Transfer Authorization Form attached (Required for International or Foreign Currency requests).**SECTION SIX: WITHHOLDING ELECTION**

Distributions you receive from your retirement account are subject to federal income tax withholding unless you elect not to have withholding apply. If you elect federal withholding, government regulations require the rate to be no less than 10%. If you elect not to have withholding apply, you are still liable for payment of federal income tax on your distribution(s). You may be responsible for payment of estimated tax. In addition, you may incur penalties under estimated tax rules if your withholding and estimated tax payments are not sufficient. Withholding is merely a method of paying taxes that you owe; therefore, it does not change your total tax liability. This section will remain in effect until RBC CM receives written notification to exchange the method of withholding.

Please note that if you reside in a state that requires state income tax withholding, RBC CM will comply with all such mandates. This may affect the balance that is distributed to you.

Federal Income Tax (If neither box is checked no withholding will be done.) I elect **not to have federal income tax** withheld from my payment(s). I elect to **have** _____ % or \$ _____ withheld from my distribution(s) as a prepayment of **federal income tax**.**State Income Tax (If neither box is checked no withholding will be done.)** I elect **not to have state income tax** withheld from my payment(s). (Must fill in “State for withholding” below): I elect to **have** _____ % or \$ _____ withheld from my distribution(s) as a prepayment of **state income tax**.**State for withholding** _____.



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SECTION SEVEN: SIGNATURES

I authorize and direct RBC CM to withdraw funds from this account and to disburse them according to the above instructions. I understand that I may provide verbal instruction(s) to the firm managing my account to change the amount, frequency, payment method of the distribution, or ACH Profile and RBC CM may rely on any such instructions it receives from the firm managing my account. RBC CM may, in its sole discretion, require that certain modifications be received in writing. I certify that this withdrawal is made for the reason indicated above, that this withdrawal request complies with the provisions of the Individual Retirement Account Agreement, and that this withdrawal request satisfies the requirements of the Internal Revenue Code. By authorizing the payment above, I acknowledge constructive receipt of the funds from my retirement account. I acknowledge that I may be liable for any taxes (including, without limitation, tax on ordinary income) and penalties imposed by the Internal Revenue Service (IRS) arising from or related to the amount distributed from my IRA. I agree to hold harmless RBC CM (as custodian) for following my instructions for payment based on the above instructions and any instructions received from the firm managing my account which may include payments to a third party. I understand that the distribution of assets out of my IRA will be reported to the IRS under my Social Security Number.

Client Signature	Date	Print Name