



Mailing Address:  
 P.O. Box 8963  
 Wilmington, DE 19899-8963  
 800-209-9010 Fax: 302-999-9554

## Approval for Distribution of IRAs, SEP/IRAs, Roth IRAs, & Coverdell Education Savings Trust Accounts

Account Executive's Name:	Phone Number:	Fax Number:
<input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP/IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Coverdell Education Savings Trust Account		

### 1. Tell Us About Yourself (Please Print)

Name:		Social Security Number:	
Address:	City:	State:	ZIP Code:
Investment Firm & Account Number:	Date of Birth:	Daytime Phone Number:	

### 2. Reason For Distribution

Please select only one choice.

- Normal**                      Recipient is over age 59½.
- Conversion**                IRA Conversion to Roth IRA. Complete Section 3, Account Type and Other.
- Disability**                  Physician's statement or social security certification necessary.
- Annuitized**                 Recipient receives distributions, which are part of a series of substantially equal periodic payments (not less frequent than annually) for the later of 5 years or 59½, as stated under Code Section 72(t)(2)(A)(iv).
- Premature**                 Recipient is under age 59½ and not disabled. A 10% penalty may result. For Roth IRAs: Rules vary; consult with your tax advisor.
- Death**                        Beneficiary of deceased account holder completes form. A certified copy of death certificate with raised seal and beneficiary's social security number, address, and date of birth are required. If the beneficiary is an estate, Letters Testamentary/Administration are required. If beneficiary is a Trust, a copy of the Trust is required.
- Divorce**                      Enclose a certified copy of the divorce decree with raised seal along with former spouse's social security number, date of birth, letter of instruction, and former spouse's address.
- Contribution Recharacterization**                Recharacterizing an IRA contribution to another type of IRA for the year \_\_\_\_\_.
- Education**                 Distributions used for qualified higher education expenses, These expenses include tuition fees, books, supplies, equipment, amounts contributed to a qualified state tuition program, and room and board.
- Direct Rollover**             Complete Section 3, Account Type and Other.
- Removal of Excess Contribution**                Removal is being made  Before  After (Year of Excess Contribution \_\_\_\_\_) tax filing deadline. If **before**, please provide amount of earnings as these must be withdrawn and are subject to tax withholding  
 \$ \_\_\_\_\_ Excess Amount    \$ \_\_\_\_\_ Earnings Amount
- Please note: If the account is a Coverdell ESA, interest must **always** be withdrawn.

**Note:** Please consult with your tax and/or legal advisor on the enforceability of your beneficiary designation under your particular state laws.

### 3. Where Should We Send Your Distribution?

- Home Address (as listed in Section 1)
- Journal to Account Number \_\_\_\_\_
- Account Type for Conversion or Direct Rollover (please check)
- Traditional IRA       Roth IRA       Retail Account       Employer Sponsored Plan
- Other. Please provide us with mailing and deposit instructions.

Name of Financial Institution:		Tax ID Number:	Phone Number:	
Account Name:		Account Number:	Routing Number:	
Address:	City:	State:	ZIP Code:	

### 4. Tell Us About Your Distribution

Check the appropriate boxes.

- Total Distribution**       **Partial Distribution**
- A.  Cash Only \$ \_\_\_\_\_
- B.  Securities Only (Please list below)
- C.  Cash **and** Securities \$ \_\_\_\_\_ (List securities below)

**Securities to be reregistered or liquidated:**

Liquidate/Reregister (Please check one)	How Many Shares, Units, or \$ Amount	Name of Asset	Account Number	Broker Held	Fund/Agent Held
<input type="checkbox"/> L <input type="checkbox"/> R				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> L <input type="checkbox"/> R				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> L <input type="checkbox"/> R				<input type="checkbox"/>	<input type="checkbox"/>

**Frequency of Distribution:**     Monthly       Quarterly       Semi-Annually       Annually  
(please check)                       One Time

**Note:** Periodic distributions will begin when form is received by trustee.

### 5. Important Information Regarding Tax Withholding

To Roth IRA Holders: Federal Income Taxes only apply to the earnings on non-qualified distributions.

**Federal Income Taxes must be withheld from distributions unless the recipient elects not to have withholding apply.** You may elect out of this withholding by checking the appropriate box below. If no election is made, we must withhold taxes at the required flat 10% rate. If you live in a state that requires state withholding, that amount may be withheld also. Penalties may be incurred under the estimated tax rules if your withholding and/or estimated tax payments are not sufficient.

Choose One:

- Option 1**      I elect to have no taxes withheld from my retirement account distribution.
- Option 2**      I want taxes withheld from my retirement account distribution at a rate of \_\_\_\_\_%  
plus an additional \$ \_\_\_\_\_.
- Option 3**      I want taxes withheld in the amount of \$ \_\_\_\_\_.

If you have indicated above that you are taking partial distributions, your withholding election shall remain in effect until it is revoked by you.

### 6. Your Signature and Date

For a Coverdell Education Savings Trust Account, responsible individual must sign if designated beneficiary is a minor.

Signature:	Date:
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Please mail completed form to Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company, P.O. Box 8963, Wilmington, DE 19899-8963. If you like, you may fax your completed request to us at 302-999-9554. If you have any questions regarding the completion of this form, please contact our Client Contact Center at 800-209-9010.