



I.E. Code	Account Number

**FORM ID  
 IRA DISTRIBUTION ELECTION REQUEST**

**Section I. Payee Information**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status \_\_\_\_\_ Citizenship \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN / TID # \_\_\_\_\_

**Section II. Reason for Distribution**

- |   |  |
|---|--|
| <input type="checkbox"/> Premature Distribution ( <i>under age 59 ½</i> )   | <input type="checkbox"/> Convert in part or total to Roth IRA – Code 07 or Code 02   |
| <input type="checkbox"/> Premature Distribution ( <i>exception to early withdrawal penalty applies - under age 59 ½. <b>Must attach certification form for substantially equal IRA payments</b></i> ) Code 02 | <input type="checkbox"/> Roth Distribution ( <i>under age 59 ½</i> ) – Code J  |
| <input type="checkbox"/> Disability Distribution ( <i>attach proof of disability</i> ) Code 03  | <input type="checkbox"/> Roth Distribution ( <i>over age 59 ½</i> ) – Code T   |
| <input type="checkbox"/> Death Distribution ( <i>attach copy of death certificate</i> ) Code 04   | <input type="checkbox"/> SIMPLE Distribution before 2 years – Code S   |
| <input type="checkbox"/> Normal Distribution ( <i>over age 59 ½</i> ) – Code 07   | <input type="checkbox"/> Direct Rollover to Qualified Plan from IRA ( <i>proof QP will accept conduit IRA assets</i> ) – Code G* |
| <input type="checkbox"/> Excess Contribution for tax year _____   | <input type="checkbox"/> Coverdell ESA Distribution  |
| <input type="checkbox"/> Domestic Distribution ( <i>attach copy of court order</i> )  | <input type="checkbox"/> Other ( <i>specify</i> ): _____   |
- \* Indicates distribution must be paid from Corporate LA office

**Section III. Type of Distribution (*Check only one of the four options below*)**

1.  Account Termination (\$75 termination fee for clients under age 59 ½)
2.  Partial One-time Distribution of:
  - Credit Balance       Payment of \$ \_\_\_\_\_, (indicate Gross amount) and/or
  - Order out the following securities: \_\_\_\_\_
3.  Fixed Amount Periodic Automatic Payments:
  - Recurring:  Monthly       Quarterly       Semi-Annually       Annually
  - Beginning Date:      -      -      -
  - Amount of:  \$ \_\_\_\_\_      OR       Credit Balance       Dividends       Interest
4.  CreditPlus® Checkwriting Program (*must also complete CreditPlus Account application*)  
 In order to qualify for the IRA checkwriting privileges, you must be the original account Participant, be at least 59 ½ years of age, and elect to have NO Federal income tax withholding.

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**Section IV. Method of Payment (Check one method only)**

- |  |  |
|--|--|
| <input type="checkbox"/> Mail to account address of record<br><input type="checkbox"/> Mail to Alternative Address as indicated on this form<br><input type="checkbox"/> Reclassify excess contribution to year _____<br><i>(IRA holder may be subject to 6% penalty; must file form 5329)</i> | <input type="checkbox"/> Wire funds <i>(must provide wire instructions - \$20 wire fee applies)</i><br><input type="checkbox"/> ACH <i>(must attach copy of ACH setup form)</i><br><input type="checkbox"/> Journal to WMS Account # _____ |
|--|--|

**Section V. Notice and Election on Income Tax Withholding (Form W-4P/OMB No. 1545-0415)**

**Federal Income Tax will automatically be withheld at a rate of 10% unless otherwise specified below:**

- I am a US Citizen living abroad or I am a non-resident alien
- I do not want to have Federal Income Tax withheld from my distribution
- Withhold Federal Income Tax as follows: \_\_\_\_\_% or \$ \_\_\_\_\_

**IF CALIFORNIA RESIDENT:**  
 State income tax will automatically be withheld at the rate of 10% of the amount of federal tax withholding unless otherwise specified below:

- I **do not** want to have CA State Income Tax withheld from my distribution
- Withhold CA State Income Tax as follows: \$ \_\_\_\_\_

**IF OREGON RESIDENT:**  
 State income tax will automatically be withheld at the rate of 8% unless otherwise specified below (minimum withholding of \$10.00):

- I **do not** want to have OR State Income Tax withheld from my distribution.
- Withhold OR State Income Tax as follows: \$ \_\_\_\_\_

**IF WISCONSIN RESIDENT:**  
 State income tax will not be withheld unless requested by you below:

- Withhold WI State Income Tax withheld from my distribution as follows:
- \$ \_\_\_\_\_
- or \_\_\_\_\_%

**Section VI. Attestation and Signatures**

I attest to the accuracy of the information stated hereon. I am aware of and accept full responsibility for the tax consequences respecting these instructions.

X \_\_\_\_\_  
 Payee's Signature Date \_\_\_\_\_

X \_\_\_\_\_  
 Spouse's Signature if resident of a community property state:  
 AZ, CA, ID, LA, NV, NM, TX, WA, WI Date \_\_\_\_\_

X \_\_\_\_\_  
 Sales Office Approval, Notarization or Signature Guarantee Date \_\_\_\_\_

**FOR WMS RETIREMENT SERVICES DEPARTMENT USE ONLY**

Gross Distribution Amount \$	Tax Withheld: \$	% Tax Withheld:	Net Distribution Amount \$
Payment Code	IRS Code	Fee \$	
Processed by		Date	