



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

**Frequency of Distribution:** (please check)       Monthly       Quarterly       Semi-Annually       Annually  
 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** (If Coverdell Education Savings Account, responsible individual must sign if designated beneficiary is a minor.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail your completed form to: Delaware Charter Guarantee & Trust Company, P O Box 8963, Wilmington , DE 19899. 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.