



ROTH IRA DISTRIBUTION REQUEST

10096 W. Fairview Ave., Ste. 160
Boise, ID 83704
Phone: (208) 377-3311
Fax: (208) 376-4567

PARTICIPANT INFORMATION

Participant: _____ IRA Account Number: _____

SSN: _____ Birth Date: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

DISTRIBUTION REASON

Nonqualified Distribution:

- 1. Early (premature) distribution (Participant is under age 59½ and no known exception applies).
- 2. Early (premature) distribution. Exception applies: Distribution due to IRS levy; substantially equal payments.
- 3. Permanent Disability (if you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code).
- 4. Death (If you are a Beneficiary of this account and can furnish a certified copy of the Death Certificate).
- 5. Normal Distribution (If you are the Participant and age 59½ or older).
- 6. Removal of Excess contribution plus earnings before tax filing deadline.
Tax year in which the contribution was made? _____
Is the contribution plus earnings being removed in the same year? Yes No
- 7. Transfer to another Roth IRA due to divorce or legal separation. Payable to: _____
- 8. Re-characterization to a Traditional IRA
- 9. Other (specify reason not listed above): _____

Qualified Roth Distribution:

This Roth IRA distribution satisfies the 5 year aging period requirement and such distribution is made for the following reason:

- 1. On or after I attain age 59 ½;
- 2. To a beneficiary on or after the account Holder's death;
- 3. On account of my becoming disabled (within the meaning of section 72(m)(7) of the Internal Revenue Code); or
- 4. Qualified first time homebuyer expenses.

FINANCIAL INFORMATION

I instruct Mountain West IRA, Inc. to distribute from the above Account:

- 1. The entire account balance
- 2. Partial distribution
- 3. In-Kind distribution of asset:

Asset name: _____

Amount Requested:	\$ _____
Administrative Fees:	(-) _____
Amount Withdrawn (reported to IRS):	\$ _____
Federal Income Tax Withheld:	(-) _____
ID State Income Tax Withheld (ID Residents Only):	(-) _____
Net Amount Paid to Recipient:	\$ _____



ROTH IRA DISTRIBUTION REQUEST

10096 W. Fairview Ave., Ste. 160
Boise, ID 83704
Phone: (208) 377-3311
Fax: (208) 376-4567

METHOD OF PAYMENT

Until I give written instructions to the contrary, I direct Mountain West IRA, Inc. to distribute the amount requested as follows:

1. Date payment(s) to commence(s): _____
2. Distribution(s) to be made: one time monthly quarterly semi-annually annually other _____
3. Make payments(s) to me directly by: Check payable to me (complete #4) Wire ACH
Type of Account (Wire or ACH Only) Checking Savings

Name of Bank: _____ Account Name: _____

Account # _____ Bank ABA / Routing #: _____

4. By check mailed to me at the following address:

Street: _____

City: _____ State: _____ ZIP: _____

WITHHOLDING ELECTION

Choose either Option 1 or 2. Complete for any kind of distribution, except reason 7 and 9 above.

Option 1. Withhold Federal income tax at the rate of 10% on the earnings attributable to an excess contribution.

Option 2. Effective _____, I elect not to have Federal income tax withheld on the earnings attributable to an excess contribution.

Federal income tax withholding does not apply to Roth IRA distributions, except in the case of a return of an excess contribution plus earnings. The earnings will be taxable, even if the recipient otherwise meets the definition of a qualified distribution. The earnings attributable to an excess contribution made to a Roth IRA are subject to Federal income tax withholding at the rate of 10%, unless the recipient of the distribution checks the box above.

SIGNATURES

I certify that I am the proper party to receive payment(s) from this IRA, and that all information provided by me is true and accurate. I acknowledge that I have read the Notice of Withholding on the reverse side of this form and have completed the Withholding Election above. I further certify that no tax advice has been given to me by Mountain West IRA, Inc. or the Custodian, 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 Mountain West IRA, Inc. and Custodian shall in no way be responsible for those consequences.

Participant's or Beneficiary's Signature: _____ Date: _____

NOTICE OF WITHHOLDING ON DISTRIBUTIONS FROM ROTH IRAs

If the distribution you receive from your Roth Individual Retirement Account established at this institution was a timely corrective distribution, the earnings attributable to the excess amount is subject to Federal income tax withholding unless you elect not to have withholding apply. You may elect not to have withholding apply to the earning portion of your distribution by completing the "Withholding Election" section above. If you do not complete the "Withholding Election" section by the date your distribution is scheduled to be made, Federal income tax will be withheld from the earning portion of the amount withdrawn at a rate of 10%. If you elect not to have withholding apply to this portion, 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.