



## Traditional, SEP or Simple 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: \_\_\_\_\_

Type of IRA:	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> Simple IRA
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### DISTRIBUTION REASON

- 1. Early (premature) distribution (Participant is under age 59½ and no known exception applies). This reason applies to a distribution due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, qualified reservist distributions or substantially equal payments.
- 2. Early (premature) distribution. Exception applies: Distribution due to IRS levy; substantially equal payments; or Roth IRA conversions.
- 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/Nondeductible Contribution plus earnings before tax filing deadline.  
In which tax year was the contribution made? \_\_\_\_\_  
Is the contribution plus earnings being removed in the same calendar year in which it was made?  Yes  No
- 7. Removal of Excess Contribution (principal only) after tax filing deadline.
- 8. Distribution from a SIMPLE IRA. Date Employee First Participated: \_\_\_\_\_
- 9. Transfer, including Transfer Incident to Divorce or Legal Separation; Qualified Charitable Distribution Transfer; and Qualified HSA Funding Distribution. Transfer Payable to: \_\_\_\_\_
- 10. Re-characterization from a Roth IRA. Regular Contribution of \$ \_\_\_\_\_ Earnings of \$ \_\_\_\_\_ For tax year \_\_\_\_\_
- 11. IRA paid directly to Trustee of employer's plan. Payable to: \_\_\_\_\_
- 12. Other (specify reason not listed above): \_\_\_\_\_

### 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:	\$ _____



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## 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:
 

<input type="checkbox"/> Check payable to me (Complete #4)	<input type="checkbox"/> Wire (Complete Outgoing Wire Instructions on Page 3)	<input type="checkbox"/> Checking	<input type="checkbox"/> ACH
Type of Account (ACH Only)			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, 9 and 11 above.

Option 1.  Withhold Federal income tax at the rate of \_\_\_\_\_ % (not less than 10%) plus an additional amount of \$ \_\_\_\_\_ from the amount withdrawn.

Option 2.  Effective \_\_\_\_\_, I elect not to have Federal income tax withheld. (Must have US residence address on file)

I understand that I am still liable for the payment of Federal income tax on the taxable amount. I also understand that I may be subject to tax penalties under the estimated tax payment rules, if my payments of estimated tax and withholding, if any, are not adequate.

## 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 the Custodian shall in no way be responsible for those consequences.

Participant's or Beneficiary's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## NOTICE OF WITHHOLDING ON DISTRIBUTIONS FROM IRAs

The distributions you receive from your individual retirement account established at this institution are subject to Federal income tax withholding unless you elect not to have withholding apply.

You may elect not to have withholding apply to your distribution payments by completing the "Withholding Election" section above.

If you do not complete the "Withholding Election" section by the date your distribution is scheduled to begin, Federal income tax will be withheld from the amount withdrawn at a rate of 10%.

If you elect not to have withholding apply to your distribution payments, 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.