

**FORM ID-C
IRA DISTRIBUTION REQUEST FORM**

I.E. Code	Account Number

Section I. Payee Information

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Date of Birth _____ SSN / TID # _____

Citizenship: Specify one of the following: U.S. Citizen U.S. Resident Alien Nonresident alien (Form W-8BEN required)

Section II. Reason for Distribution

- | | |
|--|---|
| <input type="checkbox"/> Premature Distribution (<i>under age 59 1/2</i>) Code 01
<i>May be subject to 10% early withdrawal penalty.</i> | <input type="checkbox"/> Convert in part or total to Roth IRA – Code 07 or Code 02 |
| <input type="checkbox"/> 72t Distribution (<i>exception to early withdrawal penalty applies - under age 59 1/2. Must attach Certification Form 72t for substantially equal IRA payments</i>) Code 02 | <input type="checkbox"/> Roth Distribution (<i>under age 59 1/2</i>) – Code J
<i>May be subject to 10% early withdrawal penalty.</i> |
| <input type="checkbox"/> Disability Distribution (<i>attach proof of disability</i>) Code 03 | <input type="checkbox"/> Roth Distribution (<i>over age 59 1/2</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
<i>May be subject to 25% early withdrawal penalty.</i> |
| <input type="checkbox"/> Normal Distribution (<i>over age 59 1/2</i>) – Code 07 | <input type="checkbox"/> Direct Rollover to Qualified Plan from IRA
<i>(Proof QP will accept conduit IRA assets) – Code G*</i> |
| <input type="checkbox"/> Excess Contribution for tax year _____ | <input type="checkbox"/> Coverdell ESA Distribution |
| <input type="checkbox"/> Domestic Distribution (<i>must 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 (*termination fee will apply if under age 59 1/2*)
2. Partial One-time Distribution of:
 - Credit Balance Payment of \$ _____, (indicate Gross amount) and/or
 - Order out the following securities: _____
3. Periodic Automatic Payments:
 - Beginning Date: _____
(mm/dd/yyyy)
 - And continue: Monthly Quarterly Semi-Annually Annually
 - Amount of: \$ _____ OR Credit Balance Dividends Interest
 - Required Minimum Distribution Amount Only
4. CreditPlus® Check writing Program (*must also complete CreditPlus Account application*)
In order to qualify for the IRA check writing privileges, you must be the original account Participant, be at least 59 1/2 years of age, and elect to have NO Federal income tax withholding.

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IRA DISTRIBUTION ELECTION REQUEST

I.E. Code	Account Number

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

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

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

An IRA Withdrawal paid directly to you is treated as taxable income. Federal Income Tax will automatically be withheld at a rate of 10% unless otherwise specified below:

- Withhold Federal Income Tax (must be 10% or greater) as follows: _____% or \$_____
- I do not want to have Federal Income Tax withheld from my distribution

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 ARIZONA, COLORADO, IDAHO, MAINE OR WISCONSIN RESIDENT:
 State income tax will **not** be withheld unless requested by you below:

- AZ CO ID ME WI
- Withhold State Income Tax 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 and penalty consequences respecting these instructions.

X _____
 Payee's Signature _____
 Date

X _____
 SIGNATURE MEDALLION _____
 Date

FOR WS RETIREMENT SERVICES DEPARTMENT USE ONLY

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