



**IRA ACCOUNT OWNER**

Name \_\_\_\_\_ GoldStar Account # \_\_\_\_\_  
Address \_\_\_\_\_ IRA Type:  Traditional  Roth  
\_\_\_\_\_  SEP  SIMPLE  
Email \_\_\_\_\_ Daytime Phone \_\_\_\_\_

**TRADITIONAL, SEP, or SIMPLE IRA DISTRIBUTION REASON**

I direct the Custodian to make a distribution from my IRA for the following reason:

- Normal Distribution
- Early Distribution (IRS Penalty Exception)
- Early Distribution (IRS Penalty Applies)
- Trustee to Trustee Transfer (Custodian Transfer forms required)
- Direct Rollover to Employer Plan (Include a letter of acceptance from the receiving plan)
- Disability (A Physician's statement stating you meet the IRS definition of disability is required)
- Early SIMPLE IRA Distribution
- Death

**ROTH IRA DISTRIBUTION REASON**

I direct the Custodian to make a distribution from my ROTH IRA for the following reason:

- Qualified Distribution
- Disability
- Trustee to Trustee Transfer (Custodian Transfer forms required)
- Early Distribution
- Roth Distribution, Over Age 59 1/2
- Death

**AMOUNT AND METHOD OF WITHDRAWAL**

*Recurring Distributions (Please check one in each row)*

**Amount:**  All Cash Available  Percentage of Cash % \_\_\_\_\_  Fixed Dollar Amount \$ \_\_\_\_\_

**Frequency:**  Monthly  Bi-Monthly  Quarterly  Semi-annually  Annually  
(does not apply to annual Required Minimum Distributions)

**Distribution Date (funds will be received the next business day):**  1st of month  15th of month  26th of month

**Begin:**  As Soon As Possible OR  Starting on \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

**WITHHOLDING ELECTION (Please Check One):**

Withhold Federal income tax at a rate of \_\_\_\_\_% (not less than 10 percent) from the amount withdrawn.  
Withhold additional Federal income tax of \_\_\_\_\_.

I elect not to have Federal income tax withheld. I understand that I am still liable for the payment of Federal income tax on the amount of any distributions received. I also understand that I may be subject to Federal income tax penalties under the estimated tax payments rules if my payments of the estimated tax and withholding are insufficient. Effective \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_.

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# IRA PERIODIC DISTRIBUTION FORM, CONT...

## PAYMENT DELIVERY INSTRUCTIONS (Please Check One):

- 1. Direct payment by check. (\$5.00 Check Fee Applies)
- 2. Direct payment via ACH fund transfer. (No charge) PLEASE FILL OUT THE BOTTOM SECTION OF THIS FORM FOR DIRECT DEPOSIT.
- 3. Direct payment via Bank Wire. A \$25.00 wire fee applies. Attach wiring instructions for your banking institution (Name of bank and bank's physical address, routing number and account number).
- 4. Alternate payment instructions. (Complete only if different than name or address on account. Signature Guarantee Required)

### RECIPIENT'S ACKNOWLEDGEMENT AND SIGNATURE

I certify that I am the proper party to receive payment(s) from this account and that all information provided by me is true and accurate. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Custodian shall in no way be held responsible.

X \_\_\_\_\_  
IRA Holder Signature

Date \_\_\_\_\_

### MEDALLION SIGNATURE GUARANTEE

(A Medallion Stamp is required if funds are sent to an address other than the address of record)

### DIRECT DEPOSIT PAYMENT ELECTION (complete if you checked #2 above)

I have elected to have the selected IRA distribution(s) directly deposited into my bank account. I understand that due to the ACH reporting limitations of most banks, a detailed summary of each payment sent to my bank may not be reported to me by my bank, and that I will obtain this information through the GoldStar website.

### BANK INFORMATION

Bank Name: \_\_\_\_\_ Bank Phone: \_\_\_\_\_

Bank Address: \_\_\_\_\_

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

Name on Bank Account: \_\_\_\_\_

Routing / ABA Number: \_\_\_\_\_ (must be 9 digits in length)

Bank Account Number: \_\_\_\_\_

**Note:** It takes 5 business days from the day GoldStar receives your request to establish ACH service and electronically confirm the account with your bank.

I hereby authorize GoldStar Trust Company to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account at the bank named above. I authorize the bank to accept any such credits or debits to my account without responsibility for their correctness. I further agree that GoldStar Trust Company will not incur any loss, liability, cost, or expense for acting upon this request. I understand that this authorization may be terminated by me at any time by written notification to GoldStar Trust Company and to the bank. The termination request will be effective as soon as GoldStar Trust Company has had a reasonable amount of time to act upon it.

**IMPORTANT:** If you are required to obtain a signature guarantee (see right), do not sign below until you are in the presence of an authorized officer.

X \_\_\_\_\_  
Account Holder Signature

Date \_\_\_\_\_

### SIGNATURE GUARANTEE – ONLY IF APPLICABLE

If the name on your bank account is not identical to the name on your GoldStar account(s), you must have your signature guaranteed. If your name is listed on a joint bank account, a signature guarantee is not necessary. If a signature guarantee is necessary and you do not provide one, GoldStar cannot establish this option on your account. You can obtain a signature guarantee from an authorized member of a bank, broker, or other qualified financial institution. A notary public cannot provide a signature guarantee.

### AUTHORIZED OFFICER TO PLACE STAMP HERE