Traditional IRA Distribution Request Form

Please complete all sections on this form Additional documents may be required

Please mail completed form to:

Matrix Trust Co. Attn: IRA Dept. 717 17th St., Suite 1300 Denver CO 80202 Or Fax to (303) 893-0688 If you have questions about your account or this form, call (888) 947-3472 (Option 1) M-F 7:30 am - 4:30 pm (Mountain) mscsiraservice@broadridge.com

Section One – Account Registration and Information

Account Numb	er (if known)		
	(in the thirty		
			one
-			oor.
			per
Section Two-	mount of Distribution		
Partia	Distribution	Partial distribution amount	: \$
	stribution ure guarantee must be provided on all reque		close)
Section Three -	Reporting and Tax Withholding		
Norma Prema *(inclue prograu Direct Direct Conve Death	Pution (Check Only One) I Distribution, including Required Miture Distribution (Under age 59 ½)* ling exceptions to premature distribution n, higher education or medical expense Rollover to a non-IRA retirement pla Transfer to a Traditional IRA held at rsion to Roth IRA Distribution to beneficiary (please at er due to Divorce (please attach diver-	n penalties for disability, first time hor es, and other exceptions listed in IRC in (e.g. 401(k), Profit Sharing plan, another institution ttach copy of client's death certifica	ne purchase, substantially equal payment § 72(t) except as noted below) etc.)
l do no	olding Election (<i>If no election is se</i> to want to have Federal Income Tax v Federal Income Tax withheld at the r	vithheld	
regard I do n e	ding Election (please note that Stat less of selection if required by state law it want to have State Tax withheld State Tax withheld at the rate of Please specify state, if other than s	 See attached list of state withholdin % or \$ 	ng requirements)





Mail Check to Address of Record listed in Section One If Direct Rollover, Transfer or Roth Conversion, company name and address to mail check:						
······································						
Receiving Account no.						
			Non-IRA Retirement Plan	Other		
Overnight Check to Address o Bill to: Account no:	TRECORD OF ADDRESS	FedEx UPS	Other			
No overnight service will be pro	ovided without a valid s					
Nire Transfer (\$20.00 fee app	olies; same day fund tra	ansfer)				
ACH (No additional charge; 3-5						
Bank Account Information	n for ACH or wire	-				
Name of Bank						
ABA Routing Number						
Name on Account to credit'	*					
Bank Account Number						
	Checking		Savings			
* 104 halden must ha an start						
* IRA holder must be owner or jo	oint owner of receiving	account				

please attach a voided check or other bank document to ensure proper account credit to your account

Section Five – Signature

The undersigned hereby authorizes and directs the Custodian to distribute funds from the above referenced account in accordance with the instructions provided within this request.

The undersigned further certifies: That this distribution is being requested for the reason described above, and acknowledges review of the Notice of Withholding on IRA Distributions. The Custodian may rely on the certification without further investigation or inquiry. And, that the Custodian shall incur no liability for acting on this distribution request or its subsequent processing.

Notice of Federal Withholding on IRA Distributions: The distributions you receive from your IRA are subject to Federal Income Tax Withholding unless you elect not to have the withholding apply. You may elect not to have withholding apply to your distribution by checking the appropriate box in section two. If you elect not to have withholding apply to your distribution, 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.

Notice of State Withholding on IRA Distributions: State Income Tax will be withheld from your distribution according to the attached State Income Tax Withholding Requirements chart, unless otherwise instructed. (Not applicable in all states.)

Date

Signature Guaranteed by:

A Medallion Signature Guarantee stamp must be provided on

all requests for distributions of \$25,000 or more

Revision 9-2014

STATE OF RESIDENCE	STATE INCOME TAX WITHHOLDING TAX REQUIRMENTS		
AK, AZ, FL, HI, IL,	STATE INCOME TAX WITHHOLDING IS NOT REQUIRED		
MI, NH, NV, SD,			
TN, TX, WA, WY	State income tax is not required. State tax will not be withheld for these states.		
AL, AR, CO, CT,	STATE INCOME TAX WITHHOLDING IS VOLUNTARY		
GA, ID, IN, KY, LA, MD, MN, MO, MT, ND, NE, NJ,	State income tax will be withheld only if specific instructions are received to do so.		
NM, NY, OH, RI,	The tax amount must be given on the distribution request.		
SC, UT, WI, WV	For CO, CT, MO and NJ amounts must be whole dollars.		
CA, NC, OR, DE, VT	STATE INCOME TAX WIHHOLDING IS MANDATORY WHERE FEDERAL WITHHOLDING APPLIES		
	If Federal tax is withheld, state tax must be withheld as indicated below:		
	CA - 10% of federal tax withheld		
	DE - You must tell us the amount to withhold		
	NC - 4% of gross distribution		
	OR - 8% of gross distribution		
	VT - 24 % of federal tax withheld		
IA, KS, ME, MA, OK	STATE INCOME TAX WIHHOLDING IS MANDATORY WHERE FEDERAL WITHHOLDING APPLIES		
	We will withhold state tax as indicated below unless you indicate otherwise:		
	IA – 5% of gross distribution		
	KS – You must tell us the amount to withhold		
	ME – 5% of gross distribution		
	MA – 5.6% of gross distribution		
	OK – 8% of gross distribution		
PA, MS	STATE INCOME TAX WITHHOLDING IS MANDATORY ON PREMATURE DISTRIBUTIONS		
	We will withhold state tax as indicated below:		
	PA – 2.8% of gross distribution		
	MS – 5% of gross distribution		
VA	STATE INCOME TAX WITHHOLDING IS MANDATORY ON QUALIFIED PLAN DISTRIBUTIONS ONLY		
	We will not withhold state income tax on distributions from IRA, Roth, SEP or Simple accounts.		