

Roth IRA Distribution Request Form

1 Account Owner Information

Name First, Middle Initial, Last, Suffix			Date of Birth Month/Day/Year	
Street Address No PO boxes			Social Security Number/Tax ID	
City	State/Province	Zip/Postal Code	Country	
Daytime Telephone Number	<input type="radio"/> Evening Telephone Number or <input type="radio"/> Fax Number		E-mail Address	

2 Type of Distribution

It is the responsibility of the Individual Retirement Account (IRA) Owner to determine whether or not the Roth distribution is qualified or non-qualified. Ameritrade, Inc. will only report that a distribution took place from a Roth IRA.

I direct Ameritrade, Inc. to distribute the amount requested for the following reason (check only one circle):

Qualified

- Have met the 5-year waiting period *and* Account Owner has attained age 59½.
- Have met the 5-year waiting period *and* Account Owner has died.
- Have met the 5-year waiting period *and* Account Owner is disabled. * See below.
- Have met the 5 year waiting period *and* Account Owner is using funds as a first time home buyer; exceptions must be filed on the IRS form 5329.

Non-qualified

- Non-qualified premature distribution (under age 59½). *Exceptions to the 10% penalty must be filed on IRS Form 5329.*
- Non-qualified premature distribution (under age 59½). *Check this circle only if distribution is part of a series of substantially equal payments or for an IRS levy.*
- Disability* See below.
- Beneficiary IRA — Distribution from a Beneficiary IRA.
- Direct Transfer — *I elect to move funds to the following non-Ameritrade, Inc. account:*

Company Name and Address	Receiving Account Number
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- Internal Transfer — I elect to move funds from the above IRA to . (Both accounts must be held at Ameritrade, Inc. In the event the transfer is due to divorce, please enclose a certified copy of the divorce decree.)
- Non-qualified normal distribution (age 59½ or older).

* Account Owner must provide a Schedule R or physician's statement declaring total and permanent disability. If Account Owner does not provide documentation, then Ameritrade, Inc. will process the distribution as a premature distribution, no known exception.

3 Distribution Amount

I instruct Ameritrade, Inc. to:

- Please distribute my entire account and close the account.
- Please withdraw exactly:

\$

- Please issue the following securities (number of shares and identification of security). For transfers, securities will be moved to receiving IRA. Otherwise, securities will be registered to you. Please allow four (4) to six (6) weeks for stock reregistration.

Quantity	Security Description	Quantity	Security Description
Quantity	Security Description	Quantity	Security Description

Distribution(s) must begin within 60 days of this document being received by Ameritrade, Inc.

4 Distribution Method

I instruct Ameritrade, Inc. to distribute the amount stated in the following manner:

Make this payment to (if nothing is selected, your distribution will be mailed to the address listed on your account):

- Me directly
 My receiving account number: #
 Mail check overnight at my expense
 ACH (attach ACH Form)
- Wire funds at my expense to:

Name on Bank Account		
Bank Name		
Bank Address		
City	State/Province	Bank Phone Number
ABA/Routing Number	Bank Account Number	

TO BEGIN SYSTEMATIC DISTRIBUTIONS, COMPLETE THE FOLLOWING INFORMATION:

- Monthly
 Quarterly
 Annually
 Begin these payments on:
- Mark here if this request is to update your current systematic payments.

5 Withholding Election (Required)

Form W4P/OMB NO. 1545 0415

Important Notice: Any withdrawal from your Custodial IRA is subject to Federal income tax withholding unless you elect not to have withholding apply. Withholding will apply to the entire withdrawal since the entire withdrawal may be included in your income that is subject to Federal income tax. You may elect not to have withholding apply to your withdrawal payments by completing and dating this election and returning it to Ameritrade, Inc.

If this election is not completed, Federal income tax will be withheld at the rate of 10% from the taxable portion of your withdrawal.

- Please withhold taxes from my distribution at a rate of 10%.
- Please withhold taxes from my distribution at a rate of: % (not less than 10%).
- I elect not to have Federal income tax withheld effective: .
Write in Month/Day/Year

If you elect not to have withholding apply to your withdrawal payments, or if you do not have enough Federal income tax withheld from your withdrawal, 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. Even if you elect not to have Federal income tax withheld, you are liable for payment of Federal income tax on the taxable portion of your withdrawal. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

State Withholding Election

In some cases you may elect not to have state tax withheld, or you may tell us how much you would like us to withhold. In other cases, Ameritrade, Inc. is required by Federal and/or state statutes to withhold a percentage of your IRA distribution for income tax purposes.

If you do not make an election, we will automatically apply withholding (if required) at the maximum rate based on your state of residency. If this distribution is from a Roth IRA it may be tax exempt. State tax will only be withheld from your Roth IRA if this election is made below.

For your reference, we have posted State Withholding Guidelines at <https://www.ameritradeadvisor.com/ameritradeadvisor/html/statewithholdinginfo.html>.

I declare my permanent state of residence is State, and that my election should reflect the requirements of that state.

If a permanent state of residence is not noted, we will default to the state on record.

Please make your election below:

- Please withhold taxes from my distribution at a rate of: % .
- I elect not to have state income tax withheld effective: .
Write in Month/Day/Year

Please note: Ameritrade, Inc. advises you to contact your tax professional before making any election regarding state withholding elections. State law is subject to change, and Ameritrade, Inc. is not responsible for changes in state law that occur after the publication date of this form. (continued)

ACCOUNT NUMBER _____

6 Please read and sign the following section.

I understand that, subject to the provisions of the Agreement, I have full discretion and control over the form of payment or payments of the entire balance in the Account. I shall exercise control by directing that such payment or payments be made as described above, and the Custodian shall have no responsibility or liability with respect to the choice of any such form of payment or payments. I realize that Ameritrade, Inc., as Custodian, will assess a fee for non-qualified Roth distributions if I am under age 59½. If cash is the only asset in my IRA and the balance falls below \$200, Ameritrade, Inc. may close my IRA, distribute the balance to me, and charge a termination fee. I attest that I am the proper party to receive payment(s) from this IRA and that all information provided by me on this form, including supplemental material, is true and accurate. I certify that no tax advice has been given to me by Ameritrade, Inc., and that all decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may result from the withdrawal; and I indemnify and hold harmless Ameritrade, Inc., its divisions, officers, associates, directors, representatives, owners, affiliates, successors and assigns.

<input checked="" type="checkbox"/> Account Owner's Signature	Date
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