

Aspire-IPX IRA DISTRIBUTION REQUEST

This form is used to request a Distribution from an Individual Retirement Account IRA. All fields are required to avoid a delay in processing your request.

IPX Account Number (if available)

Account Type: Traditional/SEP Roth

SECTION 1 IRA OWNER INFORMATION

Full Legal Name (first, middle, last)

Social Security Number/TIN

Mailing Address (If different from residence address)

Unit/Apt #

City

State

Zip

Phone Number

Email Address*

Date of Birth (MM/DD/YYYY)

*By providing your email address, you consent to receiving notifications regarding your account via email. If no email is provided, communications will be sent via USPS.

U.S. Citizenship Status: Citizen Resident Alien Non-Resident Alien

Please provide a copy of one of the following: Driver's License Government-issued passport Any U.S. State-issued I.D

Notice: You will be notified if additional proof of identification is required.

SECTION 2 TYPE OF DISTRIBUTION

Please select the option that best describes your distribution request type. Consult your tax advisor if you are unsure of which option to select. Note: If no selection is made, the default type will be early or normal distribution based on your age.

Traditional / SEP IRA

- Normal distribution (over age 59 ½). This is an RMD.
 Early distribution (younger than age 59 ½).
 Permanent disability (younger than age 59 ½). Consult your tax advisor. Must attach physician's statement.
 Substantially equal payments. Requires Certification of Substantiality Equal Periodic Payments and Hold Harmless Statement.
 Distribution of RMD to qualifying charity.

ROTH IRA

- Qualified distribution (five-year holding period has been met and reached age 59 ½).
 Distribution, Exception applies (unknown if five-year period has been met but reached 59 ½).
 Early distribution (younger than age 59 ½).

SECTION 3 DISTRIBUTION AMOUNT

Select one (if no selection is made, the entire account balance will be processed):

- I wish to withdraw my entire account balance.
 I wish to make a one-time, partial withdrawal of: \$
 Systematic Payment (complete Section 4)

SECTION 4 SYSTEMATIC PAYMENTS (if applicable)

This distribution form needs to be received 10 days prior to the initial systematic payment. Systematic payments, including your tax withholding election, will occur on a monthly basis and continue until you provide written directions to change or cancel.

New systematic payment Change of instructions

Amount of Systematic Payment

Starting Month (MM/YYYY)

Day preferred: 5th 15th

Note: If funds are not available for two consecutive months, the systematic withdrawal will be cancelled.

SECTION 5 SENDING DISTRIBUTION PROCEEDS

Select and provide payment details for only one category. If no election is made, the request will be processed as a personal distribution, as applicable.

CATEGORY 1 OPTION - FUNDS WILL BE SENT TO A THIRD PARTY - Select based on the type of account you have there:

- Direct Rollover to an Employer sponsored plan (I want my funds sent to my current plan (i.e. 401(k))
- Traditional IRA Transfer to Traditional IRA (I want my funds sent to another Traditional IRA I have)
- Charity listed below.

Payment Details

Please provide receiving institution/charity name and address to mail check. Confirm your institution/charity will accept the transfer prior to submitting this request. List your address if it should be sent to you to forward to them.

<input type="text"/>	<input type="text"/>		
Check Payee	Attention To (if applicable)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	City	State	Zip
<input type="text"/>			
Receiving Account/Plan Number			

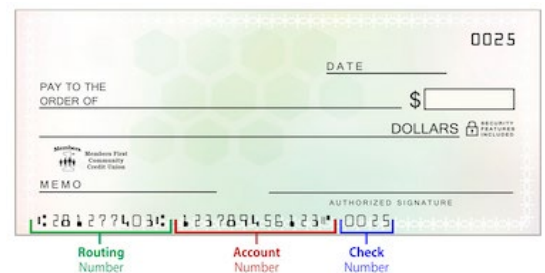
CATEGORY 2 OPTION - FUNDS WILL BE SENT TO YOU

- Early Distribution - Under Age 59 ½ with no known exception (I want to take the funds personally)
- Normal Distribution - Age 59 ½ or older (I want to take the funds personally)
- Other (Explain):

Payment Options - For Personal Distribution

- Check sent to my mailing address
- Send to my bank: Direct Deposit/AC

Bank Name:	<input type="text"/>
ABA Routing Number:	<input type="text"/>
Bank Account Owner: (Must match IRA account holder)	<input type="text"/>
Account Number:	<input type="text"/>
Type: (Checking, Savings)	<input type="text"/>



***Important: Verify banking information with your institution. ABA information can differ between ACH and Wire. If funds reject due to incorrect account information, you will be charged any applicable reject fees.**

SECTION 6 WITHHOLDING NOTICE AND ELECTION (Form W-4P/OMB No. 1545-0074) Dept. of Treasury, Internal Revenue Service

Notice: The distributions you receive from your IRA are subject to Federal income tax withholding unless you waive withholding. You may waive withholding on your IRA distribution by returning a signed and dated IRS Form *W-4P*, Withholding Certificate for Pension or Annuity Payments, or this substitute Form *W-4P* to your IRA Custodian listed above. If you waive withholding on your IRA distribution, or if you do not have enough Federal income tax withheld from your IRA 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. You may waive state income tax withholding to the extent permitted by law. You are responsible for determining and paying all Federal, and if applicable, state and local taxes on distributions from all IRAs you own. Your election is valid until you revoke it. You may change your withholding election by completing another Form *W-4P* or substitute. Also note, if you are a U.S. citizen or resident alien receiving an IRA distribution that is delivered outside the United States or its possessions, withholding is required. That is, you may not waive withholding. If you are a non-resident alien, you may not use Form *W-4P* to withhold income tax or to waive withholding. A foreign person should refer to IRS Publication 515 and to Form *W-8BEN*.

Federal Withholding

Ten percent will be withheld from your IRA distribution unless a previous federal withholding election is in place, you indicate a different withholding amount below, or you waive withholding by indicating your election below.

- Do not withhold Federal income tax from my distribution
- Withhold % Federal income tax from my distributions. (A minimum of 10% must be withheld.)

State Withholding

If you are a resident of the following states, you must make an election for State Withholding as we are required by law to withhold the State's minimum:

- Mandatory withholding (see state website for options to reduce or opt out): CT, DC, MI, MS, NC
- Mandatory withholding if Federal withholding is elected: IA, MA, ME, NE, OK, VT
- Mandatory withholding if Federal withholding is elected unless you select "Do Not withhold": AR, CA, DE, OR, VA

- Do not withhold State income tax from my distribution
- Withhold % State income tax from my distribution.

(If the state has required withholding, you must elect that % or more. If you elect less, we will withhold the minimum.)

SECTION 7 SIGNATURE & ACCEPTANCE

By signing this IRA Distribution Form, I certify that the information I have provided is true and correct, and I authorize the Custodian to distribute my IRA as instructed above. I understand this distribution is subject to applicable fees. I understand that I am responsible for ensuring I am eligible to authorize this distribution and I assume all responsibility for any consequences as a result of my actions. I will indemnify and hold the Custodian harmless from any consequences related to executing my instructions, including payments made in error. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Custodian.

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Signature of IRA Owner (or other authorized person)

Date (MM/DD/YYYY)

Return completed forms via one of these methods:

Email
ipxdistributions@pcsetirement.com

Mail (Overnight and
regular delivery)

Fax
720-900-2769

IPX Retirement c/o
Aspire Financial
Services
3000 Chestnut St.
Unit 7767
Philadelphia, PA
19101