



# IRA Distribution Request Form

Traditional, Roth, SEP, Beneficiary IRA, SIMPLE IRA, Rollover IRA, and Beneficiary Roth IRA Only

PO Box 2760 ■ Omaha, NE 68103-2760  
Fax: 866-468-6268

Questions? Call an IRA representative at 888-723-8504, option 2.

Certain IRA distributions may be requested on the website. Please visit [tdameritrade.com](http://tdameritrade.com) for more information.

## 1. ACCOUNT OWNER INFORMATION

Account Number:	Full Legal Name:
Date of Birth: (MM-DD-YYYY)	U.S. Social Security Number: (SSN)
Primary Phone:	Email Address:

## 2. TYPE OF DISTRIBUTION

### A. Type of Account:

- Traditional IRA  
 Roth IRA  
 SEP IRA  
 Beneficiary IRA  
 Rollover IRA  
 Beneficiary Roth IRA  
 SIMPLE IRA  
 Has the SIMPLE IRA been funded for at least two years?  
 Yes  
 No

### B. I direct TD Ameritrade Clearing, Inc. to distribute the amount requested for the following reason (check only one box): If no distribution election is selected, TD Ameritrade may elect for the beneficial owner based off age and account type. This is a distribution due to:

- Required Minimum Distribution (RMD)** – Important: If your spouse is the beneficiary and is more than 10 years younger than you, and you would like us to calculate your RMD, please indicate here:  Please provide spouse's date of birth (MM-DD-YYYY): \_\_\_\_\_
- Normal distribution** (also applies to Required Minimum Distributions) - I am over age 59½
- Normal distribution for Roth IRA** - I am over age 59½  
 Has the Roth IRA been funded for MORE than five years?  
 Yes  
 No
- Premature Distribution** (under age 59½) – Exceptions to the 10% penalty (ex., purchasing your first home) must be filed on IRS Form 5329.
- Substantially equal periodic payments** (under IRS Code Section 72(t)(2)(A)(iv)). Note: Please see your tax advisor for guidance. (Review Section 6 of this document prior to submitting this request.)
- Disability** – Account Owner must meet disability requirements as outlined in Internal Revenue code 72(m). (Account Owner must be totally and permanently disabled as outlined in Internal Revenue Code 72(m). Clients are encouraged to attach a current copy of a physician's statement, IRS Schedule R, or Social Security disability benefits letter.)
- Beneficiary IRA** – Distribution from a Beneficiary IRA.
- Beneficiary Roth IRA** – Distribution from a Beneficiary Roth. Has the Roth IRA been funded for MORE than five years since inception with the original owner?  
 Yes  
 No



<input type="checkbox"/> <b>DIRECT ROLLOVER TO A QUALIFIED EMPLOYER PLAN (E.G. 401(K), PROFIT SHARING, ETC.)</b> MUST be to a Qualified Employer Plan – Please attach statement from receiving account. Check with your Employer to determine if your plan allows rollovers in. If you would like to move your IRA to a non-TD Ameritrade IRA, please initiate a transfer with the receiving firm.	
Qualified Plan Name:	Plan Account Number:
Qualified Plan Address:	Qualified Plan Type:

*Please do not use this section for "rollovers" to an IRA. A rollover to an IRA is a 60 day rollover which can only be done once per 12 month period per individual regardless of the number or types of IRA accounts maintained. For a direct transfer to another IRA, please obtain receiving custodians transfer form.*

*Please note that a transfer fee may apply for a total direct rollover.*

**3. DISTRIBUTION AMOUNT/FREQUENCY (REQUIRED SECTION)**

I instruct TD Ameritrade Clearing, Inc. to initiate a (please complete one or more of the following):

- Required Minimum Distribution (RMD) – **Important:** If you are requesting your Required Minimum Distribution (RMD) from a Beneficiary Account in which the decedent passed after 12/31/2019 **you must provide your calculated amount. TD Ameritrade will not calculate this amount for you.** You may calculate your RMD here: [www.tdameritrade.com/benecalc](http://www.tdameritrade.com/benecalc). Once calculated, please provide the amount you would like to distribute in the *Cash Distribution* and/or *in-kind Distribution* sections below.
- Total distribution of my entire account and close the account.
- Partial cash distribution of exactly \$\_\_\_\_\_. (*\*Note: Please have requested funds available in cash.*)
- Partial distribution of the following securities. (*Note: Please include the number of shares and identification of security below.*)

\*If you wish to liquidate the selected securities and receive the cash proceeds, you may select cash and sell the assets online at [tdameritrade.com](http://tdameritrade.com) or by calling 800-669-3900.

Security Description	Quantity	Security Description	Quantity

*Please attach an additional sheet if more space is needed.*

To systematically receive this amount as a recurring distribution, please complete the following information:

If nothing is selected, your distribution will be sent as a one-time request.

- One-time distribution
  - Monthly    Quarterly    Semiannually    Annually
- Begin these payments on (MM-DD-YYYY): \_\_\_\_\_ *If you do not indicate a date to begin, we will default to the current date of processing.*
- End these payments on (MM-DD-YYYY): \_\_\_\_\_ *If you do not indicate an end date, we will not assign an end date to this periodic payment.*

Mark here if this request is to update your current systematic payments.

**Mark here if you would like to be able to request verbal IRA Distributions in the future.**

**Please note:** Withholding elections indicated on this form will apply to any future verbal distribution requests and CAN ONLY BE MADE IN PERCENTAGE FORM. No dollar amounts are acceptable for withholding elections on verbal distributions.

By signing this document, you are authorizing TD Ameritrade to accept verbal distribution instructions for variable amounts. Verbal distributions can be established and authorized by the owner of this IRA or the Power of Attorney listed on this IRA. Only one verbal distribution form may be in effect at a time and a separate form is needed for each of your IRAs.

**Only the following like-titled verbal distributions are allowed:**

- **Normal distribution** (Account Owner has attained age 59½.)
- **Premature distribution** (under age 59½) Exceptions to the 10% penalty must be filed on IRS Form 5329.
- **Qualified Roth IRA distribution** – Roth IRA greater than five years old and Account Owner has attained age 59½.
- **Nonqualified Roth IRA distribution** – Account Owner is under age 59½ and/or it has not been at least five years from first contribution or conversion to a Roth IRA.
- **SIMPLE IRA distribution** (for individuals under 59½ and the distribution is taken within two years of the date of the first contribution, and no exceptions apply) – The IRS may impose a 25% penalty; please see a tax advisor for guidance.
- **Beneficiary IRA** – Distribution from a Beneficiary IRA.

**4. DISTRIBUTION METHOD**

I instruct TD Ameritrade Clearing, Inc. to distribute the amount stated in the following manner:  
**(if nothing is selected, your distribution will be mailed to the address listed on your account):**

Please select one of the following options:

**INTERNAL TRANSFER** to my non-IRA receiving TD Ameritrade account number: \_\_\_\_\_

**CHECK** Delivery Method:

U.S. First-Class Mail (default)

Overnight at My Expense

Pick Up at Branch: Branch name/location: \_\_\_\_\_  
 Date of Pickup: \_\_\_\_\_ (minimum of two business days if not faxed from branch location)

Alternate Address (if not selected, check will be mailed to address on record)

This is to mail to alternate address AND update my address of record.

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

City: _____	State: _____	ZIP Code: _____
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Alternate Payee:

Name: \_\_\_\_\_

For charitable distributions please check here if you do NOT want TD Ameritrade to provide your name and address to the charity.

**WIRE** (at my expense)

**Wire distributions will only be processed as one-time distributions.**

**Save the below wire instruction to my account for future online use.**

Log in to the secure website at [tdameritrade.com/Deposits & Transfers](http://tdameritrade.com/Deposits & Transfers) and use these instructions online (Limit five per account)

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

Bank Name: _____	Phone Number: _____
City: _____	State: _____
ABA/Routing Number: _____	Bank Account Number: _____

Please attach letter of instruction for two banks, brokerage, and escrow wires to ensure we have all the information needed to process your request. For International Wires, please attach the Wire Request (International) form to your IRA Distribution form to ensure all required information is included to complete your request. This form can be located at [www.tdameritrade.com](http://www.tdameritrade.com).

**ACH**

Electronic (ACH) to my Checking or Savings **\*must have previously established connection with this bank via the website\***

For previously set up ACH Bank, enter the nickname assigned to the setup or last 4 of the bank account number: \_\_\_\_\_

**CHARITABLE DONATION OF SECURITIES**

Receiving Firm Name: _____	DTC Number: _____
Receiving Account Title: _____	Receiving Account Number: _____

Asset Description and/or Stock Symbol	Number of Whole Shares	Asset Description and/or Stock Symbol	Number of Whole Shares

For all gift transfers, the date of the gift is the date the transfer settles.

**5. TAX WITHHOLDING ELECTION (REQUIRED SECTION)**

If this election is not completed, IRS regulations require federal income tax to be withheld at the rate of 10% from your withdrawal requested on this form.

Form W-4P/OMB No. 1545-0074 Dept. of Treasury, Internal Revenue Service

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 TD Ameritrade Clearing, Inc.

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. *If you do not waive withholding or elect an alternative withholding amount, ten percent will be withheld from your nonperiodic IRA distribution.* 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, state and local income tax on the taxable portion of your withdrawal from all IRAs you own. 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.

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.

Please make your election below.

- I elect **NOT** to have federal income tax withheld.
- Please withhold taxes from my distribution at a rate of 10%.
- Please withhold taxes from my distribution at a rate of: \_\_\_\_\_ % or \$ \_\_\_\_\_ (not less than 10% of total distribution).

**State Withholding Election**

In some cases, you may elect not to have to the extent permitted by state law, or you may tell us how much you would like us to withhold. In other cases, TD Ameritrade Clearing, 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 minimum rate based on your state of residency.** For your reference, we have posted state withholding guidelines at [www.tdameritrade.com/taxwithholding](http://www.tdameritrade.com/taxwithholding).

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:

- I elect **NOT** to have state income tax withheld.
- Please withhold taxes from my distribution at a rate of: \_\_\_\_\_ % or \$ \_\_\_\_\_.

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

**6. 72(t) SUBSTANTIALLY EQUAL PERIODIC PAYMENTS EXCEPTIONS**

If I choose to elect 72(t), in consideration of TD Ameritrade, Inc. reporting this series of distributions on Tax Form 1099-R Box 7 as a code 2, please review the following:

- Once this payment series begins, generally, the payment schedule may not be altered for a period of five years (60 months) or attainment of age 59½, whichever is longer.
- Funds may not be added or subtracted from the account in any way, including contributions, transfers in or out, and distributions from the account other than the calculated payment once the payment period has commenced.
- The account you are requesting this payment schedule for must have sufficient cash funds for the distribution. A missed payment not corrected by year's end constitutes an alteration of the schedule and will terminate the exception.
- Please consult with a financial or tax professional before submitting this request.

**7. PLEASE READ AND SIGN THE SECTION BELOW**

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 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 TD Ameritrade Clearing, 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 TD Ameritrade, Inc. and TD Ameritrade Clearing, Inc. and their divisions, officers, employees, directors, representatives, owners, affiliates, successors, and assigns. Please note if no date is indicated below, the withholding election will default to receipt date of the form.

 Account Owner's Signature:	Date:
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***Original signature required; electronic signatures and/or signature fonts are not authorized.***

Investment Products: Not FDIC Insured \* No Bank Guarantee \* May Lose Value

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