

IBC TRUST SERVICE

A division of International Bank of Chicago
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Roth IRA Distribution / Withholding Form and Notice of Withholding on Distributions from IRAs

1. ACCOUNT HOLDER INFORMATION**Administrator:** IBC TRUST SERVICE

The name of the company that performs record keeping and administration of your plan on behalf of custodian named in IRS form 5305.

| | | |
|--|-------------------------|-------------------------------|
| Account Number | | |
| Account Holder's Name | | Social Security Number |
| Home Address | City, State, Zip | |
| Telephone Number (area code and number) | | Date of Birth |

For death distributions, complete the following.

| | | |
|---------------------------|-------------------------|-------------------------------|
| Beneficiary's Name | | Social Security Number |
| Home Address | City, State, Zip | |
| Telephone Number | | Date of Birth |

2. TYPES OF DISTRIBUTION (CHECK ONLY ONE and fill in where applicable)**Nonqualified Distribution:**

| | | |
|--------------------------|---|---|
| <input type="checkbox"/> | Early (premature) distribution (Participant is under age 59½ and no other code applies). | |
| <input type="checkbox"/> | Early (premature) distribution. Substantially equal payment exception applies. | |
| <input type="checkbox"/> | Permanent Disability (if you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code). | |
| <input type="checkbox"/> | Death (If you are a Beneficiary of this account you must furnish a certified copy of the Death Certificate). | |
| <input type="checkbox"/> | Normal Distribution (If you are the Participant and age 59½ or older). | |
| <input type="checkbox"/> | Removal of Excess/Nondeductible Contribution plus earnings before tax filing deadline. | Is the contribution plus earnings being removed in the same year? <input type="checkbox"/> Yes (IRS Code 8) <input type="checkbox"/> No (IRS Code P) |
| <input type="checkbox"/> | Transfer Due To Divorce or Legal Separation. A copy of the divorce decree must be attached. Payable to: | |
| <input type="checkbox"/> | Recharacterization to a traditional IRA. | |
| <input type="checkbox"/> | Other (specify reason not listed above): | |

Qualified Distribution: This IRA distribution satisfies the 5 year holding period requirement and such distribution is made under the following reason (check one):

| | |
|--------------------------|---|
| <input type="checkbox"/> | 1. on or after I attain age 59½; |
| <input type="checkbox"/> | 2. to a beneficiary on or after the participant's death; |
| <input type="checkbox"/> | 3. on account of my becoming disabled (within the meaning of section 72(m)(7) of the Internal Revenue Code); or |
| <input type="checkbox"/> | 4. qualified first time homebuyer expenses. |

(This is page 1 of a 2-page form. Please complete both pages.)

3. MANNER OF DISTRIBUTION (check and fill in where applicable)

| | | |
|--|---|------------|
| I instruct the Administrator to distribute from the above account. Choose either 1 or 2: <input type="checkbox"/> 1. All Assets. Name of Asset(s) _____ <input type="checkbox"/> 2. Partial distribution. | Amount Requested: | \$ |
| | Recharacterization Amount | \$ |
| Payment Instructions: <input type="checkbox"/> Issue check to Participant/Beneficiary <input type="checkbox"/> In kind: _____ Name of Asset: _____ <input type="checkbox"/> Other: _____ | <input type="checkbox"/> check this box if fees paid from remaining IRA assets. | |
| | Amount Withdrawn: (reported to IRS) | \$ |
| | Federal Income Tax Withheld | (-) |
| | State Income Tax Withheld | (-) |
| | Net Amount Paid to Recipient or Transferred to another Organization | \$ |

4. METHOD OF PAYMENT (check and fill in where applicable)

Until I give written instructions to the contrary, I direct the Administrator to distribute the amount requested as follows:

1. Date payment(s) to commence: _____
2. Distribution(s) to be made: one time monthly quarterly semi-annually annually other: _____
3. Make payment(s) to me directly account # _____ other: _____

5. WITHHOLDING ELECTION

Federal income tax withholding does not apply to Roth IRA distributions, except in the case of a return of an excess contribution plus earnings. The earnings will be taxable, even if the recipient otherwise meets the definition of a qualified distribution. The earnings attributable to an excess contribution made to a Roth IRA are subject to Federal income tax withholding at the rate of 10%, unless the recipient of the distribution checks the box below.

I elect not to have Federal income tax withheld on the earnings attributable to an excess contribution.

6. SIGNATURES

I certify that I am the proper party to receive payment(s) from this IRA, and that all information provided by me is true and accurate. I acknowledge that I have read the Notice of Withholding below and have completed the Withholding Election above. I further certify that no tax advice has been given to me by the Administrator, Custodian or Trustee, that distributions are reported to the IRS, and that all decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Administrator, Custodian or Trustee shall in no way be responsible for those consequences.

I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete.

Participant's or Beneficiary's Signature _____ **Date** _____

Please read the disclosure above the signature line before signing and dating.

NOTICE OF WITHHOLDING ON DISTRIBUTIONS FROM IRAs

The distributions you receive from your individual retirement account established at this institution are subject to Federal income tax withholding unless you elect not to have withholding apply. You may elect not to have withholding apply to your distribution payments by completing the "Withholding Election" section above.

If you do not complete the "Withholding Election" section by the date your distribution is scheduled to begin, Federal income tax will be withheld from the amount withdrawn at a rate of 10%.

If you elect not to have withholding apply to your distribution payments, 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.