

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

Certain IRA distributions may be requested on the Web site. Please visit www.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) ___-__-____	
Address of Record: _____		
City: _____	State: _____	ZIP Code: _____
Primary Phone: _____	Email Address: _____	

2. TYPE OF DISTRIBUTION

I direct TD AMERITRADE Clearing, Inc. to distribute the amount requested for the following reason (check only one box):

This is a distribution due to:

- 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 the beginning of the year in which the account was opened and funded/converted.
- 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.
- 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(t).
- Divorce – A certified copy of the divorce decree is required.
- Beneficiary IRA – Distribution from a Beneficiary IRA.
- Roth conversion – I elect to convert the above IRA to Roth account: _____. **(If you are 70½ or older, your RMD must be satisfied prior to completing a full conversion.)** Any amounts withheld for taxes and not replaced into your Roth IRA within 60 days will be considered a distribution and may be subject to a 10% early withdrawal penalty if you are under age 59½.
- Internal transfer – I elect to move funds from the above IRA to IRA: _____. **(Both accounts must be held at TD AMERITRADE, Inc.)**
- 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): _____.
- Direct Rollover to a qualified employer plan (After-tax contributions are not eligible for a Direct Rollover) – If you would like to move your IRA to a non-TD AMERITRADE IRA, please initiate a transfer with the receiving firm. Please attach statement from receiving account.

Qualified Plan Name: _____	Plan Account Number: _____
Qualified Plan Address: _____	Qualified Plan Type: _____



3. DISTRIBUTION AMOUNT/FREQUENCY

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

- Total distribution of my entire account and close the account.
- Partial cash distribution of exactly \$ _____.
- Partial distribution of the following securities (number of shares and identification of security).

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.

Please note: You may not set up systematic distributions to satisfy an RMD amount.

- One-time distribution
- Monthly Quarterly Semi-Annually Annually Begin these payments on (MM-DD-YYYY): _____
- Mark here if this request is to update your current systematic payments.

4. DISTRIBUTION METHOD

I instruct TD AMERITRADE Clearing, 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):

Please select one of the following options:

My receiving TD AMERITRADE account number: _____

Mail (Select all that apply):

- Check **and/or** Stock Certificate (Many stocks are not eligible to be issued in certificate form and fees may apply. Allow 4-6 weeks for delivery.)

Delivery Method:

- U.S. First-Class Mail Overnight at My Expense

Address on Record

Alternate Address:

Address: _____

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

Name: _____

Wire and ACH (Complete instructions for only one option below):

- Wire funds at my expense **or** Establish electronic (ACH) funding to: Checking Savings

Name on Bank Account: _____

Bank Name: _____	Phone Number: _____
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Bank Address: _____

City: _____	State: _____	ZIP Code: _____
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ABA/Routing Number: _____	Bank Account Number: _____
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Please attach letter of instruction for two bank, escrow and international wires to ensure we have all the information needed to process your request. Letters must include the purpose of the wire for international wires.

5. TAX WITHHOLDING ELECTION (Completion required)

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

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 TD AMERITRADE Clearing, Inc.

- 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).

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. Roth Conversion tax withholding for clients under 59½ is subject to 10% penalty and will be reported as a premature distribution on IRS Form 1099R.

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, 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 maximum rate based on your state of residency. For your reference, we have posted state withholding guidelines at www.tdameritrade.com/withholding.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:

- 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

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 is complete.
- 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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