



Required Minimum Distribution Form

For Retirement Account and Qualified Retirement Plan clients who have attained the age 70½

PO Box 2760 ■ Omaha, NE 68103-2760

Fax: 866-468-6268

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

1. ACCOUNT OWNER INFORMATION

Account Number:	Full Legal Name:	
Date of Birth: (MM-DD-YYYY)	Social Security Number:	
Address of Record:		
City:	State:	ZIP Code:
Primary Phone:	Email Address:	

2. PAYMENT FREQUENCY (PLEASE SELECT ONE OF THE FOLLOWING)

Please complete my Required Minimum Distribution according to the frequency selected below:

- One Time
 Monthly
 Quarterly
 Annually

Please 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.

To ensure the necessary updates are made to your request, all distributions scheduled between January 1 and January 14 will be processed on January 15 or the first business day thereafter. All subsequent months will be processed on the requested date. With the exception of one time distributions, TD Ameritrade will calculate and distribute the required minimum distribution for the current year and all subsequent years until notified to discontinue.

The IRS may impose a 50% penalty on all required minimum distribution amounts not withdrawn by December 31. The account owner is responsible for any penalties incurred if we are unable to make the scheduled distribution due to insufficient cash in your account. Please go online at www.tdameritrade.com or contact us at 888-723-8504 at least three business days prior to the scheduled distribution to make cash available.

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

3. PAYMENT AMOUNT (PLEASE SELECT ONE OF THE FOLLOWING)

- My calculated Required Minimum Distribution (RMD) for this account.

IMPORTANT: If your spouse has been the sole primary beneficiary since the start of the year and is more than 10 years younger than you, and you would like us to calculate your RMD, please provide spouse's date of birth (MM/DD/YYYY): _____

- Cash Distribution of \$_____ (Funds must be available in cash)
 Distribution, in-kind, of the following securities to my non-IRA TD Ameritrade account.

QUANTITY (Choose Quantity or Dollar Amount)	DOLLAR AMOUNT	ASSET



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 non IRA TD Ameritrade account number: _____
 Check (*funds must be available in cash*)

Delivery Method (For check requests only)

- U.S. First Class Mail
 Overnight at my expense
 Check to alternate Address
- Pick Up at Branch (*Please note that checks must be picked up on the date indicated or the check will be voided and the request canceled.*)
Date of Pickup: _____ (*Minimum two days before pickup*)
Name of Branch: _____

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.

For Non-check Requests, Please Choose ONE of the Following:

- Wire*** (*at my expense*):

Bank Name:	Name on Account:
Bank City:	Bank State:
Routing Number:	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.

- 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: _____

5. TAX WITHHOLDING ELECTION (COMPLETION REQUIRED)

Federal Withholding Election

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

(For Qualified Retirement Plans ONLY) Any amounts requested over the calculated Required Minimum Distribution are subject to a mandatory 20% federal tax withholding.

Form W-4P/OMB NO. 1545-0415

Important Notice: Any withdrawal from your Custodial IRA is subject to federal income tax withholding unless you elect to not 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 (*indicate one of the following*): _____% OR \$_____ (*not less than 10% of 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.

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 (*indicate one of the following*): _____% 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. PLEASE READ AND SIGN BELOW

I understand that, subject to the provision 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 of 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 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 Signature:	Date:
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For Qualified Retirement Plans Only:

 Plan Administrator Signature:	Date:
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Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value