

Contact Center: (800) 248-8447 | www.ForgeTrust.com

Complete this form if you wish to take a distribution of your funds and/or assets. Please consult your tax advisor to determine tax consequences, if any, as a result of taking a distribution. For current year distributions, you must submit this by December 1st. A Form 1099-R will be issued to you for the tax year in which you take a distribution. All 1099-Rs are mailed by January 31st of the following year.

Check this box for PRIORITY PROCESSING (1-2 business days).
Priority Processing fee of \$250 will apply if selected. Normal Processing will take 3-5 business days if in good order.

1. PERSONAL INFORMATION (*required field)

Should Forge Trust Co. need to contact you in regards to this request, your preferred method of contact is:

- Email
- Primary Phone

First Name*	Middle Name	Last Name*
Account Number*	Social Security Number* (last 4 digits)	Date of Birth* (MM/DD/YYYY)
Phone* XXX-XXX-XXXX	Email (Your personal email only)	
Citizenship*:	US Citizen	Resident Alien
		Non-resident Alien

2. TYPE OF DISTRIBUTION

I authorize Forge Trust Co. to withdraw the funds from my custodial cash account and send me the net amount (less any withheld taxes and fees) by the method selected:

Normal distribution (I am over 59½ years old or subject to RMD)	Direct Rollover to a Qualified Plan Provide a letter of acceptance from the receiving institution.
Early distribution (I am under 59½ years old)	Distribution from a Coverdell Education Savings Account
Early distribution (I am under 59½ years old AND subject to disability) Provide the supporting documentation from the state.	Beneficiary distribution (decedent)
Charitable gift donation - available if you are of eligible age. Attach an acceptance letter from the charity. Letter must include the EIN, address to send the check, and signed by an authorized individual. *Check will be written out to the charity.	Return of excess and/or ineligible contribution & earnings for the tax year: _____

3. DISTRIBUTION METHOD

IMPORTANT: You must have sufficient funds in your custodial cash account to cover the distribution amount, the withholding amount (if applicable), plus any transaction fees, outstanding fees, and your minimum balance requirement if applicable. (We wouldn't hold the minimum cash balance on a closure). Having insufficient funds will delay your distribution. If sufficient cash is not available in the custodial cash account, please complete and attach a LIQUIDATION REQUEST form for an Alternative Investment.

Prior to releasing your funds we may contact you for verbal confirmation of these instructions.

Full Distribution - Close My Account

All assets will be distributed in-kind via a re-registration and/or assignment at the current known value unless liquidation instructions are provided below or by attaching a Liquidation Request form. Liquidation, re- registration, and/or assignment fees may apply. An account termination fee will apply.

I elect to be invoiced for the account closure fees to allow me up to 5 days to pay by debit or with credit card online rather than use the available cash in my account. I understand I will receive an email to notify me once the fees have been assessed before I can pay online. If I do not pay within 5 days, and I have available cash, the fees will sweep from cash to proceed with my request.

Partial Distribution - One Time Distribution

\$ _____ gross of current available cash (Put "All" to indicate all available cash less taxes, fees and minimum cash balance)

Liquidate/Sell - After receipt, send available monies ((Select only if you have NOT personally initiated the liquidation. Only available for publicly traded positions.)

Investment Name	Ticker/Cusip	No. of Shares or Dollar Amount	

In-Kind (as directed below)

Investment Name	No. of Shares or Dollar Amount

Note: If you would like to request more than 3 investments, please list all investments on a separate attachment.

Recurring Distributions (*indicates required)

Gross amount* \$ _____ (You must ensure you have cash available ahead of each recurring payment.)

Select frequency*: Monthly Quarterly Semi-Annually Annually

Start my recurring distributions on (MM/DD/YYYY): _____

Note: If no date is entered, the schedule will start immediately. Your recurring distributions will remain in effect until you provide direction to stop them.

4. TAX WITHHOLDING

Important: For Roth IRAs and any In-Kind distribution request, there will be no default/forced withholding in the event you do not make an election below. There still may be required tax withholding based on your situation and, if you don't withhold properly, there may be penalties from the IRS. It is highly recommended that you contact your tax advisor regarding your tax withholding elections prior to submitting your request.

Federal Withholding: (If you do not make an election, the default of 10% will be applied.)

The distribution you have requested from your account may be subject to federal income tax withholding, unless you elect not to have withholding apply. 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 incur tax penalties when filing your taxes. If you are considered a Non-Resident Alien (NRA) for tax purposes, you must complete a W-8BEN form and there is a minimum Federal withholding that will apply.

Do Not Withhold Federal Taxes

Withhold \$ _____ or _____ % (If elected, must be a minimum of 10% of the Distribution request)

State Withholding: (If you do not make an election, withholding will apply only if your state requires it.)

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 states minimum.

- Mandatory withholding (see your states website for details and exceptions): CT, DC, MI, MS, NC
- Mandatory withholding if Federal withholding is elected: IA, MA, ME, VT
- Mandatory withholding if Federal withholding is elected unless you elect "Do Not Withhold": AR, CA, DE, NE, OK, OR

Do Not Withhold

Withhold \$ _____ or _____ % Enter your residence state: _____

Withhold my state minimum. Enter your residence state: _____

Note: if your state has no minimum required, we will not withhold state taxes with this election.

While Forge Trust Co obtains and provides information about state tax withholding laws, we do not guarantee the accuracy as state tax laws are subject to constant change and interpretation. The information we provide is not to serve as tax or legal advice, and strongly recommend that you contact your tax advisor regarding your tax withholding elections and to obtain the most current information about your state's withholding laws.

5. DELIVERY INSTRUCTIONS (default is by check if no option is selected below)

I authorize Forge Trust Co. to withdraw the funds from my custodial cash account and send me the net amount (less any withheld taxes) by the method select

<p>Check to my current address of record (disbursement fee applies)</p>	<p>Send via (select one):</p> <p>Regular mail</p> <p>Overnight mail (overnight delivery fee + shipping cost* apply)</p> <p>*Charge cost to FedEx/UPS account: _____</p> <p>If no account number is provided, the cost of shipping will be charged to your account and sent via FedEx</p>		
<p>Wire (disbursement fee + outgoing wire fee apply)</p>	<p>Bank Name*:</p>		
	<p>Bank Address*:</p>		
	<p>Bank Phone Number*:</p>	<p>Attention:</p>	
	<p>ABA (wire routing number)*:</p>		
	<p>Account Name*:</p>		
	<p>Account Number*:</p>		
	<p>Credit - Name on Account:</p>		
	<p>Credit - Account Number:</p>		
	<p>* Must match the client account name on record.</p>		
<p>Direct Deposit/ACH - for recurring only (ACH fee applies)</p>	<p>Only available for recurring distributions and you must complete the "Direct Deposit (ACH) Authorization form" enclosed below.</p> <p>This option is not available for one-time only requests.</p>		

_____ By initial here, I acknowledge that I have reviewed and verified the ACH and/or wire instructions for accuracy.

6. ACKNOWLEDGMENT & PARTICIPANT SIGNATURE

As set forth in my Forge Trust Co. Custodial Agreement, I hereby elect and acknowledge the foregoing distribution. I understand that Forge Trust Co. and the Custodian neither assumes nor implies any liability for the failure of my elected distribution to meet any required minimum distribution requirements under the law and that the amount of the distribution is exclusively mine to make. I acknowledge that Forge Trust Co. may contact me for verbal confirmation of my distribution instructions, which may cause delays if I cannot be reached at the phone number on record.

<p>Account Owner's Signature</p> <p>X</p>	<p>Date (MM/DD/YYYY)</p>
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Please sign and submit additional documents as required.

DELIVERY INSTRUCTIONS

Please submit your request by one of the methods provided and include the Direct Deposit ACH Authorization form if applicable.

Email
distributions@ForgeTrust.com

Fax
(650) 745-1403

Regular mail
Forge Trust Co.
PO Box 2048
San Francisco, CA 94126

Overnight mail
Forge Trust Co.
4 Embarcadero Ctr, Floor 15
San Francisco, CA 94111

Contact Center: (800) 248-8447 | www.ForgeTrust.com

Direct Deposit (ACH) payments are for RECURRING DISTRIBUTIONS ONLY. You must complete this form to authorize Forge Trust Co. to send recurring distributions to you by Direct Deposit (ACH). An ACH fee applies per distribution. Note that it may take up to 2 business days for your banking institution to post an ACH payment to your account once it is initiated by Forge Trust Co.

1. PERSONAL INFORMATION (*required field)

Should Forge Trust Co. need to contact you in regards to this request, your preferred method of contact is:

Email

Primary Phone

First Name*	Middle Name	Last Name*
Account Number*	Social Security Number* (last 4 digits)	Date of Birth* (MM/DD/YYYY)
Phone* XXX-XXX-XXXX	Email (Your personal email only)	

2. BANK ACCOUNT INFORMATION

I hereby authorize Forge Trust Co. to initiate credit entries to my personal bank account provided below:

Bank Name	Branch Address	Branch Phone Number
ACH Routing Number	Account Number	Account Type (Checking or Savings)

3. VOIDED CHECK

Please attach a copy of a voided check to this form.

Attach Voided Check Here

4. ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law.

This authorization is to remain in full force and effect until Forge Trust Co. has received written notification from me of its termination in such time and in such manner as to afford Forge Trust Co. and Depository a reasonable opportunity to act on it.

Account Owner Signature X	Date (MM/DD/YYYY)
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Please sign and submit additional documents as required.

DELIVERY INSTRUCTIONS

Please submit this form with a copy of a voided check.

Email
distributions@ForgeTrust.com

Fax
(650) 745-1403

Regular mail
Forge Trust Co.
PO Box 2048
San Francisco, CA 94126

Overnight mail
Forge Trust Co.
4 Embarcadero Ctr, Floor 15
San Francisco, CA 94111