

DISTRIBUTION REQUEST

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 we 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,	Return of excess and/or ineligible contribution & earnings for the tax			
address to send the check, and signed by an authorized individual.	year:			
*Check will be written out to the charity.				

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.

\$	gross of current availa	able cash (Put "All" to indicate all	l available cash	h less taxes, fees and mini	num cash balance)	
Liquidate/Sell - Send \$		gross (Put "All" to indicate al	Il proceeds le	ess taxes, fees, and min	imum cash balanc	ce)
Note: Select only if you	have NOT personally initiate	ed the liquidation. Only availab	ole for publicl	ly traded positions.		
Investment Name		Ticker/Cusip		No. of Shares or Dollar Amount		mount
In-Kind (as directed bel	OW)					
Investment Name	· · · · · · · · · · · · · · · · · · ·	No.	of Shares or Dollar Am	ount		
	invesiment Name					
Note: If you would like t	o request more than 3 invest	tments, please list all investm	ents on a sep	parate attachment.		
Recurring Distributions (*indi	cates required)					
Gross amount* \$	(You r	must ensure you have cash av	vailable ahea	nd of each recurring pay	ment.)	
	Monthly Quarterly	· ·			,	
Start my recurring distri	butions on (MM/DD/YYYY):	•	•			
, ,	,					
Note: If no date is entered.						
•	the schedule will start immediate	ely. Your recurring distributions wil	l remain in effe	ect until you provide direction	on to stop them.	
					•	ch manner as to
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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 Send via (select one): Regular mail Check to my current address of record Overnight mail (overnight delivery fee + shipping cost* apply) (disbursement fee applies) *Charge cost to FedEx/UPS account: If no account # is provided, it will be billed to your IRA account at cost. Bank Name*: Bank Address*: Wire Bank Phone Number*: (disbursement fee + outgoing wire fee apply) ABA (Routing number)*: Account Name**: Account Number*: Account Type (ACH only): **Further Credit Acct Name:** (Wire Only - if applicable) **Direct Deposit/ACH Further Credit Acct No.:** (Disbursement fee applies) (Wire Only - if applicable) Note: Allow up to 2 business days for

** Must match the client account name on record.

Important: To avoid delays or additional fees, ensure the banking information provided is accurate for the type of delivery you have requested.

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 Administrator 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, or cancellation of my request, if I cannot be reached at the phone number on record.

Account Owner's Signature	Date (MM/DD/YYYY)
X	

Please sign and submit additional documents as required.

DELIVERY INSTRUCTIONS

your banking institution to credit an ACH

payment to your account once it is initiated.

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

distributions@ForgeTrust.com

(650) 745-1403

Regular mail Forge Trust Co. PO Box 2048 San Francisco, CA 94126 Overnight mail
Forge Trust Co.
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San Francisco, CA 94111