

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.**

**Priority Processing Requested:** Priority processing may take 1-2 business days, if in good order, approved, and required funds are available. There is a fee of \$250 for this service. Standard processing time is up to 5 business days, if in good order.

**Invoice My Fees:** I elect to be invoiced any applicable fees to pay online, via credit card or ACH. If enrolled in automatic payments, no additional action is required; otherwise, I understand I will have 5 days to make a one-time payment. If payment is not received, and there is insufficient cash to satisfy the amount due, my request will be canceled.

## 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:

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

## 3. DISTRIBUTION METHOD

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

**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.

### 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.



## 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><b>Check to my current address of record</b><br/>(disbursement fee applies)</p>   | <p>Send via (select one):</p> <p>Regular mail</p> <p>Overnight mail</p> <p>*Charge cost to FedEx/UPS account: _____</p> <p>If no account # is provided, it will be billed to your IRA account at cost.</p>   |  |                                 |  |   |  |  |  |                               |  |                        |  |                         |  |
| <p><b>Wire</b><br/>(disbursement fee + outgoing wire fee apply)</p>  | <table border="1"> <tr> <td data-bbox="513 390 824 453"><b>Bank Name*:</b></td> <td data-bbox="831 390 1552 453"></td> </tr> <tr> <td data-bbox="513 453 824 506"><b>Bank Address*:</b></td> <td data-bbox="831 453 1552 506"></td> </tr> <tr> <td data-bbox="513 506 824 558"><b>Bank Phone Number*:</b></td> <td data-bbox="831 506 1552 558"></td> </tr> <tr> <td data-bbox="513 558 824 611"><b>ABA (Routing number)*:</b></td> <td data-bbox="831 558 1552 611"></td> </tr> <tr> <td data-bbox="513 611 824 663"><b>Account Name**:</b></td> <td data-bbox="831 611 1552 663"></td> </tr> <tr> <td data-bbox="513 663 824 716"><b>Account Number*:</b></td> <td data-bbox="831 663 1552 716"></td> </tr> </table> |  | <b>Bank Name*:</b>              |  | <b>Bank Address*:</b>   |  | <b>Bank Phone Number*:</b>                                     |  | <b>ABA (Routing number)*:</b> |  | <b>Account Name**:</b> |  | <b>Account Number*:</b> |  |
| <b>Bank Name*:</b>   |  |  |                                 |  |   |  |  |  |                               |  |                        |  |                         |  |
| <b>Bank Address*:</b>  |  |  |                                 |  |   |  |  |  |                               |  |                        |  |                         |  |
| <b>Bank Phone Number*:</b>   |  |  |                                 |  |   |  |  |  |                               |  |                        |  |                         |  |
| <b>ABA (Routing number)*:</b>  |  |  |                                 |  |   |  |  |  |                               |  |                        |  |                         |  |
| <b>Account Name**:</b>   |  |  |                                 |  |   |  |  |  |                               |  |                        |  |                         |  |
| <b>Account Number*:</b>  |  |  |                                 |  |   |  |  |  |                               |  |                        |  |                         |  |
| <p><b>Direct Deposit/ACH</b><br/>(Disbursement fee applies)</p> <p>Note: Allow up to 2 business days for your banking institution to credit an ACH payment to your account once it is initiated.</p> | <table border="1"> <tr> <td data-bbox="513 705 824 747"><b>Account Type (ACH only):</b></td> <td data-bbox="831 705 1552 747"></td> </tr> <tr> <td data-bbox="513 747 824 821"><b>Further Credit Acct Name:</b><br/>(Wire Only - if applicable)</td> <td data-bbox="831 747 1552 821"></td> </tr> <tr> <td data-bbox="513 821 824 894"><b>Further Credit Acct No.:</b><br/>(Wire Only - if applicable)</td> <td data-bbox="831 821 1552 894"></td> </tr> </table> <p>** Must match the client account name on record.</p> <p><b>Important: To avoid delays or additional fees, ensure the banking information provided is accurate for the type of delivery you have requested.</b></p>                                |  | <b>Account Type (ACH only):</b> |  | <b>Further Credit Acct Name:</b><br>(Wire Only - if applicable) |  | <b>Further Credit Acct No.:</b><br>(Wire Only - if applicable) |  |                               |  |                        |  |                         |  |
| <b>Account Type (ACH only):</b>  |  |  |                                 |  |   |  |  |  |                               |  |                        |  |                         |  |
| <b>Further Credit Acct Name:</b><br>(Wire Only - if applicable)  |  |  |                                 |  |   |  |  |  |                               |  |                        |  |                         |  |
| <b>Further Credit Acct No.:</b><br>(Wire Only - if applicable)   |  |  |                                 |  |   |  |  |  |                               |  |                        |  |                         |  |

\_\_\_\_\_ 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.

|   |                          |
|---|--------------------------|
| <p>Account Owner's Signature</p> <p>X</p> | <p>Date (MM/DD/YYYY)</p> |
|---|--------------------------|

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