ForgeTrust

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.

☐ **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 Only	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

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.

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◯ Partial Distribution - One Time Distribution (Select all that apply)

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

☐ Liquidate/Sell - Send $ _____ gross (Put "All" to indicate all proceeds less taxes, fees, and minimum cash balance)

Note: Select only if you have NOT personally initiated the liquidation. Only available for publicly traded positions.

This form should not be used for liquidating precious metals. If you need to liquidate precious metals, please use the Precious Metals Liquidation Form.

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.

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.

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, MN, 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

◯ **Check to my current address of record** (disbursement fee applies)	Send via (select one): ◯ Regular mail ◯ Overnight mail *Charge cost to FedEx/UPS account: _____ If no account # is provided, it will be billed to your IRA account at cost.

◯ **Wire** (disbursement fee + outgoing wire fee apply)	**Bank Name*:**	
	Bank Address*:	
	Bank Phone Number*:	
	ABA (Routing number)*:	
	Account Name:**	
	Account Number*:	
◯ **Direct Deposit/ACH** (Disbursement fee applies) Note: Allow up to 2 business days for your banking institution to credit an ACH payment to your account once it is initiated.	**Account Type (ACH only):**	
	Further Credit Acct Name: (Wire Only - if applicable)	
	Further Credit Acct No.: (Wire Only - if applicable)	

** 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

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

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