



MAIL TO: NEXT GENERATION SERVICES, LLC, 75 LIVINGSTON AVE. STE. 110, ROSELAND, NJ 07068 | P: (973) 533-1880 *F: (973) 533-1088

ACCOUNT HOLDER INFORMATION: Please complete the following information.

Name _____ Account # _____

Address _____

City, State, Zip _____ Phone _____

Date of Birth (MM/DD/YYYY)

--	--	--	--	--	--	--	--	--	--

Social Security Number (Required)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TYPE OF DISTRIBUTION: Check only ONE box and fill in where applicable.

TRADITIONAL/SEP/SIMPLE IRA

- Normal Distribution - You are the participant and age 59 1/2 or older. This includes Required Minimum Distributions (RMDs).
- Early Distribution - You are under age 59 1/2, and:
 - No known IRA exception applies.
 - IRA Exception applies:
- SIMPLE IRA Early Distribution - You are age 59 1/2 or older, and funds have been in your account for under 2 years.
- Disability Distribution - You are under age 59 1/2, and considered disabled within the meaning of IRC 72(m)(7).
- Death Distribution - You have a beneficiary IRA account.

ROTH IRA

- Qualified Distribution - Account meets the 5-year holding period, and you are either age 59 1/2 or older, or you are under age 59 1/2 and an exception applies (disability, death, first-time home buyer, etc.).
- Non-Qualified Distribution - Account does not meet the 5-year holding period and/or you are under age 59 1/2, and no exception applies.

COVERDELL ESA

- Normal Distribution - Distribution to account holder or any direct payment to a qualified educational facility.
- Disability Distribution - If account holder is disabled within the meaning of IRC 72(m)(7).
- Death Distribution - Payment made to account holder's beneficiaries.

HSA

- Normal Distribution - Distribution to account holder or any direct payment to a medical service provider.
- Disability Distribution - If account holder is disabled within the meaning of IRC 72(m)(7).
- Death Distribution - Distribution to estate in year of death or after year of death, or a non-spouse beneficiary after year of death.

MISCELLANEOUS

- Direct Rollover by IRA - Direct payment to an accepting employer plan.
- Excess Contributions Plus Earnings - Tax year initial contribution was made:
- Recharacterization of IRA - Tax year initial contribution was made:



MAIL TO: NEXT GENERATION SERVICES, LLC, 75 LIVINGSTON AVE. STE. 110, ROSELAND, NJ 07068 | P: (973) 533-1880 * F: (973) 533-1088

DATE PAYMENT TO COMMENCE:

Frequency of Payment: One Time Distribution Start Date: _____
 Monthly Distribution End Date: _____
 Other _____
If you have elected a frequency other than "one time," please use the line above if you wish to stop a recurring distribution by a specific date.

DISTRIBUTION AMOUNT: *Fill in where applicable.*

All Account Cash All Account Assets (In-kind)
 Partial – Cash \$ _____ Partial – Asset CUSIP _____

DISTRIBUTION METHOD:

Cash – Wire (Please attach outgoing Wire instructions.)
 Check Payable to: _____
 Mail to: _____
Check here if you want the check Express Delivered (minimum service fee \$30).
Assets – Mail to: _____
(Please attach separate asset re-registration documents. Please note, additional fees may apply.)

FEES TO BE PAID BY AND ACCOUNT STATUS:

Deduct from Distribution Check Will you be closing your account upon distribution?
 Deduct from Remaining Cash Balance Credit Yes No
(Please attach Credit Card Authorization Form.)

NOTICE OF WITHHOLDING ON DISTRIBUTIONS:

The distributions you receive from your individual retirement account established at this institution are subject to Federal income tax withholding unless you elect not to have withholding apply. You may elect not to have withholding apply to your distribution payments by completing the "Withholding Election" section below. If you do not complete the "Withholding Election" section by the date your distribution is scheduled to begin, Federal income tax will be withheld from the amount withdrawn at a rate of 10%. 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 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.

WITHHOLDING ELECTION:

Choose either Option 1 or 2. Must be completed for any kind of distribution.

Option 1 Withhold Federal income tax at the rate of _____% (not less than 10%) plus an additional amount \$ _____ from the amount withdrawn.

Option 2 Effective _____ (please enter date of signature), I elect not to have Federal income tax withheld. (Must have US Residence address on file.) I understand that I am still liable for the payment of Federal income tax on the taxable amount. I also understand that I may be subject to tax penalties under the estimated tax payment rules, if my payments of estimated tax and with-holding, if any, are not adequate.

SIGNATURES:

I certify that I am the proper party to receive payment(s) from this account, and that all information provided by me is true and accurate. I acknowledge that I have read the Notice of Withholding above and have completed the Withholding Election above. I further certify that no tax advice has been given to me by the Custodian/Administrator, that distributions are reported to the IRS, and that all decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences that may arise from this withdrawal and I agree that the Custodian/Administrator shall in no way be responsible for those consequences. Please do not email this form. **Please contact a representative to obtain a digital form if you do not wish to mail originals.** I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Participant or Beneficiary _____ Date _____

Please note that if you mail this form to South Dakota it could cause a delay in processing. Please mail it to Next Generation Services.