



For the distribution of cash/assets from your Madison Trust IRA

**NOTE:** Once we process this form to your account, you will receive a text message asking you to verify that the information is correct and we have authorization to process the transaction. Please reply "yes" to the text message or you may call our office at (845) 947-1000 to verbally confirm these instructions.

**Please complete and submit this form via one of the following methods:**

**Mail:** Madison Administration Company, One Paragon Drive Suite 275, Montvale, NJ 07645 • **Fax:** (845) 947-1212 • **Secure Upload:** www.madisontrust.com/uploads

**A. ACCOUNTHOLDER INFORMATION**

Full name \_\_\_\_\_ MTC account number \_\_\_\_\_

**B. TYPE OF DISTRIBUTION**

Please select one:

- Normal distribution (I am over 59 ½ years old)
- Beneficiary distribution
- Return of excess and/or ineligible contribution & earnings for the tax year: \_\_\_\_\_
- Early distribution (No exception)
- Early distribution; exception applies Specify exception: \_\_\_\_\_
- Distribution to be transferred or rolledover to another IRA or Qualified Retirement Plan  
(Please note that the distributed amount must be deposited in another IRA or Qualified Retirement Plan within 60 days. We will require a signed Letter of Acceptance Document Provided by your Qualified Plan in order to process this request.)

**C. AMOUNT AND FREQUENCY OF DISTRIBUTION**

Check all that apply:

- Distribute all cash less the \$500.00 required minimum balance, fees due and transaction fees  
(We will withdraw this amount from your account. If you elect to withhold taxes, we will calculate as a percentage of this amount.)  
Frequency:  One time only  Monthly  Quarterly  Annually Start my distributions on (mm/dd/yy): \_\_\_\_\_
- Distribute the following EXACT amount: \$ \_\_\_\_\_  
(We will withdraw this amount from your account. If you elect to withhold taxes, we will calculate as a percentage of this amount.)  
Please ensure that you have sufficient cash in your account to cover the distribution and fees due as well as the \$500 minimum balance.  
Frequency:  One time only  Monthly  Quarterly  Annually Start my distributions on (mm/dd/yy): \_\_\_\_\_
- Distribute the following assets in-kind: An updated 3<sup>rd</sup> party asset valuation will be required prior to processing this transaction  
These assets will be re-registered to your name. If an asset cannot be re-registered, we will send you an Assignment of Interest. A Form 1099-R will be issued for the value of the asset(s) at the time of distribution.  
 If you are distributing the asset(s) directly from your IRA LLC, check this box and include a valuation for the asset(s) from an appropriate third-party (call our office for details).

Asset Name: \_\_\_\_\_ Number of shares/units: \_\_\_\_\_

Asset Name: \_\_\_\_\_ Number of shares/units: \_\_\_\_\_

- Distribute ALL cash and assets  
Note: Your account will be closed after this distribution is made. An updated 3<sup>rd</sup> party asset valuation will be required prior to processing this transaction.



D. EXPEDITED SERVICE

Our standard processing time for all forms and requests is 4 business days. Our expedited service is next business day. Select this service if you have special time constraints.

Expedited Service (\$50 fee applies)

\*\*Please note that any forms received after 1PM EST will be considered received on the following business day (applies to both standard and expedited processing).\*\*

E. FEDERAL & STATE INCOME TAX WITHHOLDING ELECTION

Distributions from your non-Roth IRA are subject to federal and, where applicable, state income tax withholding unless you elect not to have withholding apply below (if you are a U.S. citizen or other U.S. person, including a resident alien individual). If you do not elect out of withholding, federal income tax will be withheld at the rate of 10% from your total IRA distribution amount. If you made nondeductible contributions to your IRA, this may result in excess withholding from your distributions. If you elect not to have withholding apply to your distributions 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 payment are not sufficient.

If you have questions regarding tax withholding, please consult your tax advisor.

**Federal: Check one:**  Do NOT withhold federal taxes  Withhold federal taxes at the rate of \_\_\_\_\_%  
*Minimum 10%, maximum 99%. Whole numbers, no dollar amounts.*  
*Note that if there is a federal withholding, certain states require that there is also state withholding.*

**State:** Please consult with your tax advisor to determine if your state requires you to send in withholding taxes, and how to do so.

F. DELIVERY INSTRUCTIONS

I authorize Madison Trust to withdraw the specified funds from my custodial cash account and send me the net amount (less any withheld taxes) by (select one):

- Check to my current address of record (\$30 disbursement fee applies)  
Send via (select one):  Regular delivery (default)  Overnight delivery (\$30 disbursement fee + \$50 overnight mail fee)
- Wire (\$30 disbursement fee + \$25 wire fee apply):
- Recurring ACH (\$10 disbursement fee applies) *Only available if distribution is recurring at least quarterly. Please provide a copy of a voided check or bank statement for account number verification.*

_____	_____	_____
Institution name	Routing transit number (ABA)	Beneficiary address <b>*required for all wires*</b>
_____	_____	_____
Bank phone number	Beneficiary account number	Beneficiary account name
_____	_____	_____
For further credit (if applicable)		Account type (only applicable for ACH)

G. ACKNOWLEDGMENT

As set forth in my Madison Trust Custodial Agreement, I hereby elect the foregoing distribution. I understand that Madison Trust will not be liable for any failure of my elected distribution to meet any required minimum distribution requirements under applicable tax laws and that the amount of the distribution is exclusively mine to make.

\_\_\_\_\_  
Accountholder signature Date

**IMPORTANT:** You must have sufficient funds in your custodial cash account to cover the distribution amount you indicate above, plus any transaction fees, outstanding fees, and your minimum balance requirement. Having insufficient funds will delay your distribution. It is your responsibility to ensure you have sufficient cash in your custodial cash account prior to submitting this form to us. If there are insufficient funds to cover the minimum balance and/or fees, your request will be put on hold until sufficient funds are available or your request is revised.