

Approval for Distribution for Traditional, Roth, Rollover, Education & SEP IRA

CHECK ONE: <input type="checkbox"/> IRA <input type="checkbox"/> Roth <input type="checkbox"/> HSA <input type="checkbox"/> Coverdell <input type="checkbox"/> SEP	
DCG&T USE ONLY	
G&T#	PLAN#
SS#	CODE#

BROKERAGE FIRM

I. DEPOSITOR INFORMATION			
NAME	INVESTMENT EXECUTIVE NAME	ACCOUNT NUMBER	
ADDRESS	DOB	SOCIAL SECURITY NUMBER	
CITY	STATE	ZIP	PHONE

II. REASON FOR DISTRIBUTION Please select only one choice.	
<input type="checkbox"/> Normal	Recipient is over age 59½.
<input type="checkbox"/> Premature	IRA: Recipient is under age 59½ and is not disabled. May be subject to 10% penalty, exception to penalty may apply. ROTH: Distribution rules vary; consult with your tax advisor.
<input type="checkbox"/> Premature – Substantially Equal Payments	Recipient is under age 59½, and is taking substantially equal payments under section 72(t). Special rules apply, consult your tax advisor.
<input type="checkbox"/> Disability	Physician's statement or social security certification necessary.
<input type="checkbox"/> Death	Beneficiary of deceased account holder completes form. A certified copy of death certificate with raised seal and beneficiary's social security number, address, and date of birth are required. If the beneficiary is an estate, Letters of Testamentary/Administration are required. If beneficiary is a Trust, a copy of the Trust is required.
<input type="checkbox"/> HSA	Qualified Medical Expense distribution from a Health Savings Account
<input type="checkbox"/> Divorce	Enclose a certified copy of the divorce decree with raised seal along with former spouse's social security number, date of birth, and letter of instruction.
<input type="checkbox"/> Coverdell – Qualified Education Expense	Distribution from a Coverdell account used for qualified higher education expenses.
<input type="checkbox"/> Removal of Excess Contribution	Removal is being made <input type="checkbox"/> Before <input type="checkbox"/> After tax filing deadline. If before, please provide amount of earnings \$ _____. Please note: Earnings are subject to tax withholding.

III. DISTRIBUTION INFORMATION	
FREQUENCY OF DISTRIBUTION (Periodic distributions will begin when form is received by trustee)	
Please check one: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> One Time Begin Date: _____	
SEND DISTRIBUTION TO:	
<input type="checkbox"/> HOME ADDRESS	<input type="checkbox"/> OTHER (Please provide us with mailing and deposit instructions.)
<input type="checkbox"/> JOURNAL TO ACCOUNT NUMBER	_____
ACCOUNT TYPE (Please indicate)	_____
<input type="checkbox"/> Traditional IRA <input type="checkbox"/> ROTH <input type="checkbox"/> Retail Account	_____

<input type="checkbox"/> TOTAL DISTRIBUTION (All cash)	PARTIAL DISTRIBUTION	
<input type="checkbox"/> LIQUIDATE <input type="checkbox"/> SECURITIES (Certificate Form)	<input type="checkbox"/> CASH AMOUNT \$ _____	<input type="checkbox"/> SECURITIES (list below)
SECURITIES TO BE REREGISTERED OR LIQUIDATED:		
Liquidate/ Reregister (Please circle one)	How many (shares, units or \$ amount)?	Name of Asset
L / R		
L / R		

IV. IMPORTANT INFORMATION REGARDING TAX WITHHOLDING To ROTH IRA Holders: Federal Income Taxes only apply to the earnings on non-qualified distributions.	
Federal Income Taxes must be withheld from distributions unless the recipient elects not to have withholding apply. You may elect out of this withholding by checking the appropriate box below. If no election is made, we must withhold taxes at the required flat 10% rate. If you live in a state that requires state withholding that amount may be withheld also. Penalties may be incurred under the estimated tax rules if your withholding and/or estimated tax payments are not sufficient.	
CHOOSE ONE	
<input type="checkbox"/> Option 1 I elect to have no income tax withheld from my retirement account distribution.	
<input type="checkbox"/> Option 2 I want income taxes withheld from my retirement account distribution at a rate of _____% plus an additional \$ _____.	
<input type="checkbox"/> Option 3 I want income taxes withheld in the amount of \$ _____.	
If you have indicated above that you are taking partial distributions, your withholding election shall remain in effect until it is revoked by you.	

V. NOTICE FOR RECIPIENTS OVER 70 ½ Years old (Does not apply to Education Savings Accounts or ROTH IRAs.)	
I understand there is a minimum annual distribution requirement based on life expectancy and the IRS may impose a severe penalty for failure to take a minimum payment.	
Vi. PARTICIPANT ACKNOWLEDGEMENT (If Education Savings Account, responsible individual must sign if designated beneficiary is a minor.)	
SIGNATURE	DATE

Please send the original to Mesirow Financial, Inc. Please retain a copy for your records.
 If you have any questions regarding the completion of this form, please contact your Investment Executive.