

Helpful to Know. Use this form to request cash from your IRA account to be sent to you personally. This may be a taxable event depending on your account type. If you have an In-Kind asset, please complete the In-Kind Asset Distribution Addendum.

ACCOUNT INFORMATION

Your personal information.

1

Full Name

Account Number SSN (last four)

Email Phone

LETTER OF INSTRUCTION

Only complete this section if you need to move funds from your checkbook account to your IRA.

2 I am requesting to move funds from my checking account number listed below to my Solera IRA account number listed above to complete my distribution request.

Trust or LLC Name Amount

Trust or LLC Checking Account Number

DISTRIBUTION TYPE

Select one Distribution Type.

3

Traditional/SEP Distributions

Normal (over age 59 ½, including RMD) Early (59 ½ and younger)

ROTH Distributions

Qualified (5-year fulfillment, over age 59 ½) Early Distribution
59 ½ and younger OR
Over 59 ½, has not met 5-year period

Other Distribution Types

Excess Contribution Removal Tax Year: Direct Rollover to Employer Plan

Death (Distribution to Beneficiary) Recharacterization

Name, Tax ID, and Address of Beneficiary for a Death Distribution:

DISTRIBUTION DETAILS

4

Full Partial Amount \$

***If a full distribution is requested, your IRA and any associated checking account will be closed.**

TAX WITHHOLDING

State withholding is not supported. Speak with your tax professional.

5 The distributions you receive from your individual retirement account 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 elect not to have withholding, 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 you're withholding and estimated tax payments are not sufficient.

Federal Income Tax Withholding (if elected, must withhold at least 10% of distribution total value)

% or \$ I elect to waive federal withholding

PAYMENT INSTRUCTIONS

Complete instructions for either a check payment or wire.

***If funds are sent by wire, Solera will reach out by phone to verify you and the wire information prior to the wire being sent. ***

***Funds sent by check are processed as a Cashier's Check, Solera is not responsible for any loss/delay due to mailing. ***

6

Check

Check made payable to

Address

Regular Mail

2-day Mail (based on current rate)

Wire

Beneficiary Bank Name:

Beneficiary Bank Address:

Beneficiary Bank Routing/ABA #:

To Credit Account:

For Further Credit/Reference:

SIGNATURE

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I certify that I am the IRA account owner, the beneficiary, or individual legally authorized to complete this form and the proper party to receive payment(s) from the IRA. I certify that all information provided on this form is true and accurate. I acknowledge that I have read the above Tax Withholding Notice and have completed the withholding election above, which will remain in effect until revoked. I understand that I am responsible for any consequences resulting from this distribution, including taxes and penalties owed. I also accept responsibility for maintaining the appropriate cash balance for any recurring distributions. I understand that processing this request may result in applicable fees and account termination.

I certify that Solera National Bank has not provided me with tax, investment, or legal advice; and I will indemnify Solera National Bank, its affiliates, successors, and assignors, from all liability arising from this distribution request. I agree that all decisions regarding this are my own and assume responsibility for any consequences that may arise. My signature serves as legal authorization granting Solera National Bank authority to process this distribution request.

X	Signature	Date
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RETURN TO SOLERA

Please use one of the following secure methods to return this form to Solera National Bank.

SECURE UPLOAD:

<https://solera.leapfile.net/fts/drop/custom/Index.jsp>

MAIL / OVERNIGHT:

PO Box 876
Cedar City, UT 84720

FAX:

435-586-1125