

A ACCOUNT HOLDER INFORMATION

Name:	Account Number:
Last Four of Social Security Number:	Date of Birth:
Legal Address:	City, State, Zip Code:

B REASON FOR DISTRIBUTION

This distribution is from a Traditional, Roth, SIMPLE or SEP IRA:	This distribution is from a Health Savings Account or Coverdell ESA:
<input type="radio"/> Normal (Account holder is over 59.5) This could include RMDs. <input type="radio"/> Early/Premature (Account holder is under 59.5 and no known exception applies) <input type="radio"/> Early/Premature with exception (Account holder is under 59.5) <input type="radio"/> Permanent Disability <input type="radio"/> Removal of Excess Contribution for tax year: _____ <input type="radio"/> Death Distribution to a Beneficiary* <input type="radio"/> Other: _____	<input type="radio"/> H.S.A. Qualified Medical Expense <input type="radio"/> H.S.A. Non-Qualified Medical Expense <input type="radio"/> Coverdell ESA Qualified Education Expense <input type="radio"/> Coverdell ESA Non-Qualified Education Expense <input type="radio"/> Other: _____

*Is this a distribution due to death? If Yes, please complete below. If no, skip the following section.

Decedent's Name:	Date of Death:	Date of Birth:
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C DISTRIBUTION DETAILS

<input type="radio"/> Complete Distribution <input type="radio"/> I elect to close my account once the distribution is processed.	<input type="radio"/> Partial Distribution: <input type="radio"/> CASH - Please distribute specific amount \$ _____ Frequency*: <input type="radio"/> One Time <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annually <input type="radio"/> Annually Date to commence recurring distributions: _____ Date to stop recurring distributions (if applicable): _____ <input type="radio"/> IN-KIND**: Please see In-Kind Instructions below
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INSTRUCTIONS

*Quest Trust Company (QTC) will process recurring distributions, until written instructions are submitted to the contrary.

**IN-KIND INSTRUCTIONS: Please complete the section below if you are distributing assets in-kind.

You will need to provide at least two (2) pieces of supporting documentation for each in-kind distribution. Please refer to the **Supporting Documentation Guide** for proper documentation to submit. For a rollover to an employer plan valuations are not needed; however, we will require a **Letter of Acceptance** from the plan administrator.

- Documents to support the fair market valuation (**FMV**) indicated below. The value provided below will be reported to the Internal Revenue Services. I certify that the valuation provided is accurate to the best of my knowledge and that any false or misleading valuation of asset may result in penalties.
- Re-registration** to show proper vesting from your current account to you personally, or to your employer plan as applicable.

Asset Description:	Current Fair Market Value:	Supporting Document Description:
		FMV: Re-registration:
		FMV: Re-registration:
		FMV: Re-registration:
		FMV: Re-registration:

D FUNDING INSTRUCTIONS

Process this distribution via ☐ Check (\$5) ☐ ACH (\$0) ☐ Wire (\$30) ☐ Cashier's Check (\$10)

FOR ACH/WIRE

Name of Bank:

Account Name:

ABA/Routing Number:

Account Number:

For Further Credit to:

FOR CHECK

Make Check Payable To:

Mail Check To:

Send Check via: Regular Mail (\$0) USPS Trackable Mail (\$10) Overnight Mail (\$35)

☐ Hold for pickup in Houston Office (17171 Park Row, Suite 100, Houston, TX 77084)

E NOTICE OF WITHHOLDING *(Complete to opt out of withholding. Withholding not applicable for ESA and HSA accounts.)*

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. 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.

- ☐ Option 1. I elect to HAVE federal income taxes withheld from my IRA distribution at the rate of _____ % (not less than 10%) OR additional amount of \$_____ from the amount withdrawn.

Withholding Instructions:

- ☐ Send the amount requested LESS my federal withholding election.
☐ Send the EXACT amount requested and submit my federal withholding election out of my remaining account cash balance.

- ☐ Option 2. I elect to NOT HAVE federal income taxes withheld from my IRA distribution.

- ☐ Option 3. This is a qualified disaster distribution and withholding does not apply.

Note: If this section is left blank, Quest Trust Company is required to withhold 10% from the gross distribution amount.

F SIGNATURE

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 understand that distributions from this account are reported to the IRS. I further certify that QTC has given no tax advice to me and that all decisions regarding this withdrawal are my own. I expressly assume the full responsibility of determining the taxable amount of this distribution, for determining whether this distribution is a qualified distribution, and for any adverse consequences, which may arise from this withdrawal. I agree that QTC shall in no way be responsible for those consequences.

Signature of Account Holder: _____

Date: _____

To process the requested transaction, Quest Trust Company (QTC) asks that you provide the following documentation. For each transaction, we will need supporting documentation to (1) accurately report the value of an asset being distributed or converted from a Traditional to Roth account (i.e. the Fair Market Valuation), and (2) reregister the investment to yourself personally for a distribution or to your Roth account for a Roth conversion (i.e. the Reregistration).

Please be aware that requests cannot be processed without complete and appropriate supporting documentation.

How can you do this? Easy – through your [Online Client portal!](#)

ASSET BEING DISTRIBUTED/CONVERTED Document Required

Private Entity:

Private Entity (LLC, JV, LP)

1. **FMV:** Letter from the managing member of the company stating the value of the IRA's investment. A statement from the company can also be provided.
2. **Reregistration:** The letter will also need to acknowledge the transfer of ownership and (have a wet ink signature from the managing member).

FMV and reregistration can be on the same letter.

Trust

1. **FMV:** Letter from the trustee stating the value of the IRAs interest.
2. **Reregistration:** Assignment of beneficial interest or letter from a trustee or attorney transferring ownership.

FMV and reregistration can be on the same letter.

Private Stock

1. **FMV:** Letter from the managing member of the company stating the value and transfer of ownership.

Example:

We at [Company Name] hereby acknowledge the transfer of [# of Shares] from Quest Trust Company FBO (Clients Name) IRA (Traditional Account Number) TO Quest Trust Company FBO (Client's Name) IRA (Client's Roth Account Number)"

2. **Reregistration:** New Stock Certificate, or for book entries/digital shares, provide contact information for transfer agent.

Promissory Notes:

Secured Promissory Note

1. **FMV:** Amortization/Payment Schedule or a Letter from an Attorney confirming the principal balance. This is not needed for interest only notes.
2. **Reregistration:** Assignment of Note and Lien showing transfer of ownership

Unsecured Promissory Note

1. **FMV:** Amortization/Payment Schedule or a Letter from an Attorney confirming the principal balance. This is not needed for interest only notes.
2. **Reregistration:** Assignment of Note showing transfer of ownership

Real Estate:

Real Estate

1. **FMV:** Hard appraisal completed within 90 days of this transaction. Must be from a licensed appraiser to ensure the value of the property is accurate. Desktop appraisals are acceptable.
2. **Reregistration:** Submit new deed (e.g. warranty deed or quit claim deed) showing the transfer of ownership.

Real Estate with non-recourse loan or subject to an existing mortgage

1. **FMV:**
 - Hard appraisal completed within 90 days of this transaction. Must be from a licensed appraiser to ensure the value of the property is accurate. Desktop appraisals are acceptable.
 - For loan on property, please provide a statement from the loan service showing the principal balance and reregistration into new name (i.e. transfer of ownership).
2. **Reregistration:** Submit new deed (e.g. warranty deed or quit claim deed) showing the transfer of ownership.

Tax Liens

1. **FMV:** County tax appraisal for Tax Lien, or Valuation from third party.
2. **Reregistration:** Assignment of Tax Lien

Proper Vesting: it is important both FMV and reregistration documents contain the proper vesting and references the proper account. A reminder, Quest's vesting is as follows:

Quest Trust Company FBO [Account Holder's Name] [IRA or HSA or CESA] #[Account Number]