



MARSCO

Approval for Distribution of IRAs, SEP/IRAs, Roth IRAs

Account Executive's Name Phone Number Fax Number
Traditional IRA SEP/IRA Roth IRA

1. Tell Us About Yourself (Please Print)

Name Address Social Security Number City, State, ZIP Account Number Date of Birth Daytime Phone Number

2. Reason For Distribution (Please select only one choice)

- Normal Recipient is over age 59 1/2.
Disability Physician's statement or social security certification necessary.
Annuitized Recipient receives distributions, which are part of a series of substantially equal periodic payments...
Premature Recipient is under age 59 1/2 and not disabled. A 10 % penalty may result.
Death Beneficiary of deceased account holder completes form.
Divorce Enclose a certified copy of the divorce decree...
Contribution Recharacterization Recharacterizing an IRA contribution to another type of IRA for the year
Education Distributions used for qualified higher education expenses.
Direct Rollover Complete Section 3, Account Type and Other.
Removal of Excess Contribution Removal is being made Before After (Year of Excess Contribution) tax filing deadline.

Note: Please consult with your tax and/or legal advisor on the enforceability of your beneficiary designation under your particular state laws.

3. Where Should We Send Your Distribution?

- Home Address (as listed in Section 1)
Journal to Account Number

Other. Please provide us with mailing and deposit instructions.

Name of Financial Institution
Tax ID Number:
Account Name Account Number
Routing Number
Address
City, State, ZIP
Phone Number

- Account Type for Direct Rollover (please check)
Traditional IRA Roth IRA
Retail Account Employer Sponsored Plan

4. Tell Us About Your Distribution (Check the appropriate boxes)

Total Distribution **Partial Distribution**

A. Cash Only \$ _____

B. Securities Only (Please list below)

C. Cash **and** Securities \$ _____ (List securities below)

Securities to be reregistered or liquidated:

Liquidate/ Register (Please circle one)	How Many Shares, Units, or \$ Amount	Name of Asset	Account Number	Broker Held	Fund/Agent Held
L / R	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
L / R	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
L / R	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Frequency of Distribution: (please check) Monthly Quarterly Semi-Annually Annually
 One Time

Note: Periodic distributions will begin when form is received by trustee.

5. 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:

- Option 1** I elect to have no taxes withheld from my retirement account distribution.
- Option 2** I want taxes withheld from my retirement account distribution at a rate of _____% plus an additional \$_____.
- Option 3** I want 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.

6. Your Signature and Date

Signature

Date

Please mail your completed form to: Marsco Investment Corporation, 101 Eisenhower Parkway, Roseland, NJ 07068.
 If you have any questions regarding the completion of this form, please contact Marsco at (800) 962-7726.