



E\*TRADE Securities LLC  
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## IRA DISTRIBUTION REQUEST FORM

- Trying to take a distribution from a Beneficiary IRA or due to the death of an IRA account holder? Use our [Beneficiary Distribution Request Form - IRA](#) instead.
- Did you know you can request common types of distributions online? Please visit [www.etrade.com/onlineDistribution](http://www.etrade.com/onlineDistribution). It's easier and faster!
- Need Help? Send us a Secure Message through [www.etrade.com](http://www.etrade.com) or call 1-877-921-2434 from 7AM to 12AM EST, Monday through Friday.

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E\*TRADE Securities IRA Account Number

### 1. IRA ACCOUNT HOLDER INFORMATION (Guardian Information if Minor IRA)

Account Holder Name (first, middle initial, last)		Account Type <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Rollover IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> SIMPLE IRA			
Address		City, State/Province		Zip/Postal Code	
Date of Birth (mm/dd/yyyy)	Social Security Number	Country Code	Home Phone Number	Country Code	Business Phone Number

### 2. DISTRIBUTION REASON



ADDITIONAL INFORMATION MAY BE REQUIRED TO COMPLETE YOUR DISTRIBUTION REQUEST. PLEASE REVIEW THE ADDITIONAL REQUIREMENTS AND INFORMATION ON PAGE 4 REGARDING THE DISTRIBUTION REASONS LISTED BELOW.

<p><input type="checkbox"/> <b>1A. Normal Distribution</b> (over age 59½)</p> <p><input type="checkbox"/> <b>1B. Normal Distribution - Roth IRAs</b> (over age 59½) <input type="checkbox"/> This is a <b>Qualified Distribution</b></p> <p><input type="checkbox"/> <b>2A. Premature Distribution*</b> (under age 59½) This option also applies for first time home buyers, medical/Health Savings Accounts (HSA), or education expenses.</p> <p><input type="checkbox"/> <b>2B. Premature Distribution* - SIMPLE IRAs</b> (under age 59½) This option also applies for first time home buyers, medical/Health Savings Accounts (HSA), or education expenses. <input type="checkbox"/> It has been <b>more than 2 years</b> since my first SIMPLE IRA contribution</p> <p><input type="checkbox"/> <b>3. Premature with Exception: Substantially Equal Periodic Payments</b> You must attach a calculation, pursuant to IRC 72(t)(2)(A)(iv).</p> <p><input type="checkbox"/> <b>4. Excess Contribution Removal*</b> Also complete Section 3: Excess Removal.</p> <div style="border: 1px solid black; padding: 10px; margin-top: 20px;"><p>* A \$25 fee may apply. The fee will be waived if combined E*TRADE Securities brokerage account balances total at least \$100,000 or you have placed 30 or more trades in the preceding calendar quarter.</p></div>	<p><input type="checkbox"/> <b>5. Revocation</b> (within 7 days of opening account)</p> <p><input type="checkbox"/> <b>6. Disability</b> Pursuant to IRC 72(m)(7)</p> <p><input type="checkbox"/> <b>7. Transfer Pursuant to Divorce</b> Also attach a copy of the <u>full</u> divorce decree.</p> <table border="1" style="width: 100%;"><tr><td>Recipient's Name</td><td>Recipient's E*TRADE IRA (Required)</td></tr><tr><td></td><td></td></tr></table> <p><input type="checkbox"/> <b>8. Direct Rollover to Qualified Employer Plan</b> Also complete the section below.</p> <table border="1" style="width: 100%;"><tr><td>Employer Plan Name</td></tr><tr><td>Employer Plan Account Number</td></tr><tr><td>Make Check Payable To</td></tr><tr><td>Employer Plan Address (direct rollover check will be mailed to this address)</td></tr><tr><td></td></tr><tr><td></td></tr></table>	Recipient's Name	Recipient's E*TRADE IRA (Required)			Employer Plan Name	Employer Plan Account Number	Make Check Payable To	Employer Plan Address (direct rollover check will be mailed to this address)		
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