

1 ACCOUNT HOLDER INFORMATION

NAME		SOCIAL SECURITY NUMBER	
ADDRESS			
CITY	STATE	ZIP CODE	
BROKERAGE FIRM & ACCOUNT NUMBER		DAYTIME PHONE NUMBER	

2 TYPE and METHOD of DISTRIBUTION (Please select both Type and Method)

 This will be a: Total Distribution Partial Distribution

It is your responsibility to include a complete list of all assets (including assets not held in the custody of the Investment Firm) to ensure they are included in your request for distribution. It is recommended that you attach an account statement to ensure we have adequate information to process your request. Equity Trust Company is not responsible for any losses you may incur for assets included or accurately identified with an account statement.

Distribution Type	Distribution Method
<input type="checkbox"/> Normal <input type="checkbox"/> Excess Contribution* <input type="checkbox"/> Disability <input type="checkbox"/> Death	<input type="checkbox"/> In-Cash (liquidating assets) <input type="checkbox"/> In-Kind (reregistering assets/certificate form) <input type="checkbox"/> Direct Transfer

*Is the excess contribution being removed before your tax-filing deadline, including extensions?

 Yes No

Total interest being removed \$ _____

3 AMOUNT OF DISTRIBUTION (for Partial Withdrawals only)

I would like to withdraw from my account: \$ _____ or _____%

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

4 PAYMENT INFORMATION

NOTE: All distributions will be issued to the Account Holder and mailed to the address in Section 1 unless otherwise directed in this section.

Make Check Payable and Issue to: Financial Institution or Personal Account Information.

FINANCIAL INSTITUTION		ACCOUNT NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP CODE
NAME OF FINANCIAL INSTITUTION CONTACT		PHONE NUMBER	

5 SIGNATURE

ACCOUNT HOLDER SIGNATURE	DATE
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