

ACCOUNT EXECUTIVE'S NAME	PHONE NUMBER
--------------------------	--------------

1 ACCOUNT HOLDER INFORMATION

NAME		SOCIAL SECURITY NUMBER
ADDRESS		
CITY	STATE	ZIP CODE
INVESTMENT FIRM & ACCOUNT NUMBER	DATE OF BIRTH	DAYTIME PHONE NUMBER

2 REASON FOR DISTRIBUTION (Please select one option)

<input type="checkbox"/>	Normal	Recipient is over age 59 ½
<input type="checkbox"/>	Early Withdrawal	Internal Revenue Service (IRS) penalties may apply. I am under age 59 ½ and have participated in my employer sponsored SIMPLE IRA plan for at least two years. I understand that a 10% penalty by the IRS a may apply.
<input type="checkbox"/>	Early Withdrawal	Internal Revenue Service (IRS) penalties may apply. I am under age 59 ½ and have not participated in my employer sponsored SIMPLE IRA plan for at least two years. I understand that a 25% penalty by the IRS a may apply.
<input type="checkbox"/>	Payments Based on Life Expectancy	Distribution will be part of a series of substantially equal, periodic payments (at least annually).
<input type="checkbox"/>	Death	Beneficiary of deceased account holder completes form. A certified copy of death certificate with raised seal and beneficiary's social security number, address, and date of birth are required. If the beneficiary is an estate, Letters Testamentary/ Administration are required. If beneficiary is a Trust, a copy of the Trust is required.
<input type="checkbox"/>	Disability	Physician's certification or social security certification is necessary
<input type="checkbox"/>	Divorce	Enclose a certified copy of the divorce decree with raised seal, along with former spouse's social security number, date of birth, address, and letter of instruction.
<input type="checkbox"/>	Removal of Excess	Removal is being made <input type="checkbox"/> Before <input type="checkbox"/> After tax filing deadline. If after , please provide the amount of earnings. Earnings Amount: \$ _____ Please note: Earnings are subject to tax withholding.

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?

Please select only one choice:

Home Address (as listed in Section 1)

Journal to Account Number _____

Other - Please provide mailing and deposit instructions below.

FINANCIAL INSTITUTION		ACCOUNT NUMBER
ACCOUNT NAME		ROUTING NUMBER
ADDRESS		
CITY	STATE	ZIP CODE

4 TELL US ABOUT YOUR DISTRIBUTION

Check the appropriate boxes:

 Total Distribution

 A. Liquidate

 B. Securities (certificate form)

 Partial Distribution

 A. Cash **Only** \$ _____

 B. Securities **Only** (List securities below)

 C. Cash **and** _____ (List securities below)

Securities to be reregistered or liquidated:

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"/>
<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"/>

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

Note: Periodic distributions will begin when form is received by Trustee.
5 IMPORTANT INFORMATION REGARDING TAX WITHHOLDING

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 income tax withheld from my retirement account distribution.

 Option 2 I elect to have income tax withheld from my account distribution at the rate of _____% plus an additional \$ _____.

 Option 3 I elect to have income tax 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 SIGNATURE and DATE

SIGNATURE	DATE
-----------	------

Please mail completed form to Equity Trust Company, or you may fax your completed request to us at 302-999-9554. If you have any questions regarding the completion of this form, please call our Client Contact Center at 800-209-9010.