

IMPORTANT INFORMATION

- Additional documents or instructions may be required
- Asset distributions may require a Fair Market Valuation form
- Liquidation requests may require a Sale Direction of Investment form
- Processing and/or disbursement fees may apply

1 ACCOUNT HOLDER INFORMATION

ACCOUNT HOLDER NAME	ACCOUNT NUMBER
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2 PROCESSING (Select one option)

- EXPEDITED PROCESSING SERVICE*
 NORMAL PROCESSING SERVICE

Expedited processing requests will be processed before other non-expedited requests. Fax expedited requests to 440-366-3756.

Normal processing is the default if no selection is made.

PLEASE NOTE: The Custodian may require verbal verification from you before processing the distribution. Obtaining such verbal verification may delay the expedited and normal processing times.

***Additional fees may apply, see current fee schedule. Funds must be available for processing fees.**

3 TYPE OF DISTRIBUTION (Select only one option)

- Normal: Age 59½ or older, CESA or HSA
 Premature: Under 59½ (*Possible tax consequences.*)
 Timely refund of excess or nondeductible contribution PLUS earnings. For Tax Year _____
 Refund of principal amount of excess contribution AFTER tax filing date. For Tax Year _____
 Death Distribution
 Divorce
 Direct Rollover

70½ REQUIRED MINIMUM DISTRIBUTION

- Required Minimum Distribution
 Charitable Contribution

4 ONE-TIME DISTRIBUTION REQUEST (Do not complete for Recurring requests)

- Full Distribution:** Account will be Closed (*See the current Fee Schedule for any Termination/Closing fees*)

 Partial Distribution:
Cash:

- All Available Cash
 Total Gross Amount \$ _____

Assets:

ASSET NUMBER	# OF SHARES/UNITS OR DOLLAR AMT
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If more lines are necessary to list additional assets, attach a separate sheet titled "Asset Sheet".

- Yes, an additional Asset Sheet is attached. Please remember to sign and date.

Account Number _____

5 RECURRING DISTRIBUTION REQUEST (Do not complete for One-Time requests)
NOTE: Equity Trust Company will issue disbursements for the same amount on the same date each month, payable to the same party.

A. Instruction
 Establish New Recurring Disbursement
 Modify/Replace Existing Recurring Disbursement
 Stop an Existing Recurring Disbursement

B. Disbursement Amount
 All Available Cash
 Total Gross Amount \$ _____

C. Disbursement Frequency
 Monthly
 Quarterly (rolling 3 months from Start Date)
 Semi-Annual (rolling 6 months from Start Date)

D. Date to Start Recurring Disbursements (This Start Date cannot fall on a Weekend or Holiday. Must be more than 3 days from date submitted)
 Month/Date/Year

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Note: This will be the recurring disbursement date unless it falls on a weekend or holiday in which case the disbursement will be issued on the business day prior.

E. Month of Last Disbursement (Optional)
 Month/Year

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Note: Disbursements will continue according to the directions provided unless the account has insufficient funds to fulfill the request or written direction is received from you to cease or change disbursements.

F. Additional Immediate One-Time Disbursement
 In addition to setting up recurring disbursements, please disburse an immediate one-time disbursement using the same amount and delivery instructions provided.

6 METHOD OF DISBURSEMENT (Select one option) Funds will be sent via check/regular mail if an option is not selected

SEND FUNDS BY WIRE* (Only available for One-Time Requests)

BANK NAME	WIRE ABA NUMBER (9 DIGITS)
FOR CREDIT TO (NAME ON BANK ACCOUNT)	FOR CREDIT TO ACCOUNT NUMBER (BANK ACCOUNT NUMBER)
FOR FURTHER CREDIT TO (IF APPLICABLE)	FOR FURTHER CREDIT TO ACCOUNT NUMBER (IF APPLICABLE)

SEND FUNDS BY ACH

BANK NAME	ACH ABA NUMBER (9 DIGITS)
FOR CREDIT TO (NAME ON BANK ACCOUNT)	FOR CREDIT TO ACCOUNT NUMBER (BANK ACCOUNT NUMBER)
FOR FURTHER CREDIT TO (IF APPLICABLE)	FOR FURTHER CREDIT TO ACCOUNT NUMBER (IF APPLICABLE)

SEND FUNDS BY CHECK

MAKE CHECK PAYABLE TO	CESA/HSA DISTRIBUTIONS ONLY (ACCOUNT NUMBER/REFERENCE INFORMATION)
Select only one option: <input type="checkbox"/> Cashier's Check* <input type="checkbox"/> Regular Check/Overnight Mail* <input type="checkbox"/> Regular Check/Regular Mail <i>Overnight mail required</i>	
<input type="checkbox"/> Bill Third Party for Overnight: <input type="checkbox"/> FedEx <input type="checkbox"/> UPS	THIRD PARTY ACCOUNT NUMBER THIRD PARTY ZIP CODE

*Additional fees may apply, see current fee schedule.

Account Number _____

7 DELIVERY INSTRUCTIONS

Checks and documentation will be sent to your Mailing address of record. If delivery options require an address other than a Post Office Box, the Legal address of record will be used. If your address of record has recently changed or needs to be updated, please submit a separate **Account Maintenance** form prior to this Distribution request.

8 PAYMENT OF FEES

How would you like to pay for any service-related fees associated with this transaction?

Choose a payment method: Deduct Fees from Account Check Enclosed Credit Card on file

NOTE: By checking Credit Card on file, you authorize Equity Trust Company to charge your credit card on file for all service-related fees associated with this transaction (if applicable). To add, change or update a credit card, please visit www.myequity.com. **If a payment method is not selected, fees will be deducted from the account.**

9 TAX WITHHOLDING ELECTION (Select one option for both Federal and State Withholding)

Complete both Federal Withholding Election and State Withholding (not applicable for all states). Federal income tax law requires that federal income tax be withheld at a rate of 10 percent unless you indicate otherwise. **Exceptions include: CESA, HSA, and Roth IRA accounts.**

Federal Income Tax Withholding Election

- Do **NOT** withhold Federal Income Tax
- Withhold** Federal Income Tax:
 - at a rate of 10%
 - at a rate of _____% (*must be greater than 10%*)
 - in the amount of \$ _____
(*dollar amount must be greater than 10% of the total distribution value*)

Note: Federal tax law requires federal income tax be withheld at a rate of 10% unless you have elected zero (0) withholding or an amount greater than 10% by marking one of the above boxes.

State Income Tax Withholding Election

Requirements vary by state. (**See the attached State Income Tax Withholding Requirements Chart**)

- Do **NOT** withhold State Income Tax
- Withhold** State Income Tax:
 - at a rate of _____%
 - in the amount of \$ _____

Note: If no election is made, withholding will be made based upon the Account Holder's legal address and pursuant to the attached State Income Tax Withholding Requirements chart.

10 SIGNATURES

The undersigned hereby authorizes and directs Equity Trust Company to distribute funds from my account referenced above in accordance with the instruction completed on this form.

I acknowledge that: (1) this distribution request form is provided to the Custodian under the Custodial Account Agreement and Disclosure Statement; (2) this distribution is authorized under the provisions of the Custodial Account Agreement and Disclosure Statement and IRS Regulations and does not constitute a prohibited transaction; (3) the Custodian may require verbal verification before processing the distribution and the Custodian reserves the right to delay and/or cancel the distribution if the required verification is not timely received; (4) by signing this form, I understand and agree that the Custodian is not responsible for determining the appropriateness of any voluntary withholding election and such election is applicable to any subsequent distribution until it is revoked by me under the procedure established by the Custodian; (5) I certify that all information provided is true and accurate; (6) I have not received any tax or legal advice in connection with this distribution from the Custodian and I understand that it is my responsibility to determine the taxable amount of this distribution.

I agree to indemnify, hold harmless and release the Custodian for any liability due to the processing, amount or receipt of this distribution.

ACCOUNT HOLDER SIGNATURE	DATE
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STATE INCOME TAX WITHHOLDING REQUIREMENTS

State of Residence	State Income Tax Withholding														
AK, FL, HI, NH, NV, SD, TN, TX, WA, WY	State income tax is not allowed.														
AL, AZ, CO, ID, IL, IN, KY, LA, MD, MN, MO, MS, MT, NJ, NM, NY, ND, OH, PA, RI, SC, UT, WI, WV	State Income Tax Withholding is Voluntary														
	<ul style="list-style-type: none"> • We will withhold state income tax only if you instruct us to do so. • You must indicate the amount to withhold. • For MD, NJ & NY amounts must be whole dollars. • For PA, if you choose to withhold it must be at 3.07%. 														
AR, CA, NC, OR, VT	State Income Tax Withholding is Mandatory Where Federal Withholding Applies														
	If federal tax is required we will withhold the following unless you indicated otherwise: AR - 3% of gross distribution OR - 8% of gross distribution CA - 10% of federal tax withheld VT - 2.4% (minimum) of gross distribution based on Federal withholding NC - 4% of gross distribution														
IA, KS, ME, MA, NE, OK	State Income Tax Withholding is Mandatory Where Federal Withholding Applies														
	If federal tax is withheld you cannot opt out of state withholding. We will withhold as indicated: IA - 5% of gross distribution MA - 5.1% of gross distribution KS - 4.5% of gross distribution NE - 5% of gross distribution ME - 5% of gross distribution OK - 5% of gross distribution														
State Income Tax Withholding															
CT	6.99% - Mandatory if lump sum distribution of the entire account balance, unless any portion of the lump sum distribution was previously subject to tax, or the lump sum distribution is a rollover as a trustee-to-trustee transfer.														
D.C.	8.95% - Mandatory if lump sum distribution. This does not include rollover distributions from a direct trustee to trustee transfer or a rollover from an individual retirement account to a traditional or Roth IRA that is a direct trustee-to-trustee transfer.														
DE	Distributions are subject to withholding if withholding is required for federal purposes. If withholding is not required, voluntary withholding may be requested at 5% .														
GA	Withholding will be required unless indicated otherwise. Withholding percentage will follow the chart below:														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">\$ 0</td> <td style="width: 33%; text-align: center;">\$ 7,999.99</td> <td style="width: 33%; text-align: center;">2.0%</td> </tr> <tr> <td style="text-align: center;">\$ 8,000</td> <td style="text-align: center;">\$ 9,999.99</td> <td style="text-align: center;">3.0%</td> </tr> <tr> <td style="text-align: center;">\$10,000</td> <td style="text-align: center;">\$11,999.99</td> <td style="text-align: center;">4.0%</td> </tr> <tr> <td style="text-align: center;">\$12,000</td> <td style="text-align: center;">\$14,999.99</td> <td style="text-align: center;">5.0%</td> </tr> <tr> <td style="text-align: center;">\$15,000</td> <td style="text-align: center;">and over</td> <td style="text-align: center;">6.0%</td> </tr> </table>	\$ 0	\$ 7,999.99	2.0%	\$ 8,000	\$ 9,999.99	3.0%	\$10,000	\$11,999.99	4.0%	\$12,000	\$14,999.99	5.0%	\$15,000	and over
\$ 0	\$ 7,999.99	2.0%													
\$ 8,000	\$ 9,999.99	3.0%													
\$10,000	\$11,999.99	4.0%													
\$12,000	\$14,999.99	5.0%													
\$15,000	and over	6.0%													
MI	Required unless you certify that your distribution is not taxable because you were born before 1946 or you believe you will not have a balance due on your Michigan Individual Income Tax Return, Form MI-1040. 4.25% of taxable distribution														
VA	Distributions are subject to withholding if withholding is required for federal purposes, unless the recipient qualifies for and elects no withholding. Recipient can only elect no withholding if (a) the same choice was made for federal purposes, (b) recipient is a non-resident, (c) recipient expects to have no tax liability, or (d) recipient's adjusted gross income is less than \$11,950 if single, \$23,900 if married. Recipients cannot elect out of withholding if eligible rollover distribution is not rolled over.														
NOTE 1:	The above applies to residents of each respective state. Special rules apply if you live in a foreign country, are not a U.S. Citizen, or are a non-resident alien.														
NOTE 2:	The above is provided as a guideline only, and is not advice regarding withholding. State law is subject to change and Equity Trust is not responsible for changes in state law that may affect the accuracy of the above. Please contact your tax advisor before making an election regarding state withholding.														