PO Box A3535
Chicago, IL 60690
www.iraclub.org
312-795-0988

Distribution Request Form

Use this form to provide IRA Club with instructions to distribute cash to you from your IRA account.

1. Account Owner Information

First and Last Name: ______________________________ IRA Club Account Number: ______________

Last 4 of SSN: ____________________ Daytime Phone Number: ______________________________

2. Reason for Distribution

☐ Normal (I am over 59 ½ years old)

☐ Early (I am under 59 ½ years old and a tax penalty may apply)

☐ Required Distribution for Tax Year _______

☐ Return of a Contribution for Tax Year _______

☐ Beneficiary Distribution

Frequency

☐ One time only
☐ Monthly on the 1st
☐ Monthly on the 15th
☐ Monthly on the 30th
☐ Quarterly on the 1st

Federal Tax Withholding (optional)

$__________ OR ________%

3. Distribution Amount

☐ Exact Amount: $_______________ ☐ All Available Cash

4. Funds Delivery Instructions

☐ **Mail a Check to Address on File ($15)**

☐ **Send a Wire Transfer ($35)**

Bank Name	Phone Number
Name on Account	Account #
ABA #	Account Holder Address

5. **Distribution Processing Fees** are deducted from the account automatically. If this distribution is terminating your IRA account, there will be a $150 termination fee withheld.

➢ Signature: ______________________________________ Date: ______________________________

Fax to 312-283-2615 **Email**: distributions@iraclub.org **Overnight**: 67 E. Madison St.
Suite 1510
Chicago, IL 60603