



PO Box A3535
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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

FULL NAME	IRA CLUB ACCOUNT NUMBER
LAST 4 OF SSN	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 CURRENT TAX YEAR
- RETURN OF A CONTRIBUTION FOR TAX YEAR _____
- ACCOUNT TERMINATION

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

ALL AVAILABLE CASH	EXACT AMOUNT: \$ _____
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4. FUNDS DELIVERY INSTRUCTIONS

- MAIL A CHECK TO ADDRESS ON FILE (\$15)
- SEND A WIRE TRANSFER (\$35)

BANK NAME	BANK PHONE NUMBER
NAME ON ACCOUNT	ACCOUNT HOLDER ADDRESS
ABA ROUTING NUMBER	ACCOUNT NUMBER

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. By signing below, you hereby direct IRA Club to process this distribution.

SIGNATURE	DATE SIGNED
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