



PO Box A3535
Chicago, IL 60609

Phone: 888-795-7950
www.IRAclub.org

Distribution Request

This form provides the information to distribute funds from your IRA Club account.

Account Owner Information

Account Number: _____

First and Last Name: _____

Social Security Number: _____ Phone Number: _____

Reason for Distribution

- Normal (I am over 59 ½ years old)
- Early (I am under 59 ½ years old & understand a tax penalty may apply)
- Required Minimum Distribution for Tax Year _____
- Distribution as a Rollover
- Return of excess / ineligible contribution for Tax Year _____
- Beneficiary Distribution (Death of IRA owner)

Frequency

- One Time Only
- Monthly
Due on: _____
- Quarterly
Due on: _____

Federal Tax Withholding is optional.

\$ _____ OR _____ %

Distribution Amount and Delivery Information

- Exact Amount: \$ _____
- All Available Cash

Check here if you would like the IRA account closed after this distribution is made. \$150 Fee Applies

- Mail a Check to Address on File (\$15)

- Send a Wire Transfer (\$35)

Bank Name: _____ Bank Phone #: _____

Bank Address: _____

Account #: _____ ABA Routing #: _____

Name on Account: _____

Account Holder Address: _____

Signature: _____ Date: _____

Email to: Distributions@iraclub.org

Fax to: 888-600-6997