





## DISTRIBUTION REQUEST FORM

Use this form to request a distribution from your IRA. You may also request a distribution from your IRA by phone or online at [saver.oregonsaves.com](http://saver.oregonsaves.com).

<b>Completed forms should be mailed to:</b>		OregonSaves PO Box 55086 Boston, MA 02205	<b>Overnight Address:</b>	OregonSaves 95 Wells Avenue, Suite 155 Newton, MA 02459
	844-661-6777 8 am to 8 pm Pacific Standard Time M-F			<a href="http://saver.oregonsaves.com">saver.oregonsaves.com</a>

### 1. ROTH IRA OWNER INFORMATION *(All fields required)*

Account Number

Social Security Number or Taxpayer Identification Number

IRA Owner Legal Name *(First)*

*(M.I.)*

IRA Owner Legal Name *(Last)*

Telephone Number *(In case we have a question about your Account)*

## 2. DISTRIBUTION INFORMATION

### DISTRIBUTION REASON *(Select one)*

1.  **Normal Distribution.** I am AT LEAST age 59½ or older at the time of distribution.
2.  **Early Distribution.** I am UNDER age 59½ at the time of distribution. An IRA early distribution penalty may apply. *(Select a or b, if applicable)*
  - a.  Disability
  - b.  IRS Levy
3.  Transfer to Another Roth IRA *(Provide the receiving organization's information below.)*

Name of Organization

Account Number

Mailing Address

City State Zip Code
4.  Revocation *(Enter the earnings amount)*  
 Earnings \$

### DISTRIBUTION AMOUNT *(Select one)*

Indicate the amount of the distribution you are requesting. Funds must be held in your IRA for 7 business days before they may be distributed.

1.  **Full Balance.** Liquidate and distribute the entire amount held in all of the Investment Options in my Account.
2.  **Partial Amount.** \$                         
  
Liquidate and distribute the amount proportionately from my current Investment Options. If the amount indicated exceeds the amount available, the entire balance will be liquidated.
3.  **Partial Amount as Follows.**  
**Important:** Liquidate and distribute amounts from my current Investment Options as indicated below. If the dollar amount indicated for a particular Investment Option exceeds the amount available, the entire balance of that Investment Option will be liquidated.

Name of Investment Option	Dollar Amount <i>(For partial amounts)</i>	<b>OR</b>	Total Balance <i>(Check if applicable)</i>
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**3. WITHHOLDING ELECTION** (Form W-4P/OMB No. 1545-0074)

You are responsible for paying any applicable federal and state income taxes on the taxable amount of a distribution that is not rolled over to another IRA. You may elect to have a percentage of your distribution put toward the applicable federal and state taxes, or you may choose not to have federal and state income tax withheld from your distribution. Your withholding election will remain in effect for any subsequent distribution unless you change or revoke it. Do not complete this section if you are requesting a transfer to another Roth IRA. You should consult a qualified tax adviser if you have any questions about tax withholding.

**FEDERAL WITHHOLDING** (Select one)

**Note:** If no option is selected, 10% will be withheld from the distribution.

Withhold   % (Must be 10% or greater)

Withhold Additional Federal Income Tax of \$  ,    ,    .   (If applicable)

Do Not Withhold Federal Income Tax

**STATE WITHHOLDING** You are responsible for determining if and how much state tax withholding is applicable. If applicable, select one. Certain states may require a minimum percentage to be withheld, if withholding is requested.

Name of Withholding State

Withhold   %

Withhold \$  ,    ,    .

Do Not Withhold State Income Tax

**4. DELIVERY METHOD** (Select one)

**Note:** If the address to which you've requested the distribution be sent has changed in the last 9 days, or if you have changed your financial information in the last 15 days, your distribution will be held until this waiting period has been satisfied.

**First-Class Mail.** Check will be mailed to your address on file via the US Postal Service. Allow up to 10 business days for delivery.

**Automated Clearing House (ACH).** You agree and confirm that your ACH transaction will not involve a financial organization or other financial services company, including any branch or office thereof, located outside the territorial jurisdiction of the United States.

Name

Financial Organization Routing Number

Financial Organization Account Number

**ACCOUNT TYPE** (Select one)

Checking  Savings  Roth IRA

**Note:** The routing number is usually located on the bottom left corner of your checks. You can also ask your financial organization for the routing number.

**5. SIGNATURE**

I certify that I am authorized to receive payments from this Roth IRA and that all information provided by me is true and accurate. I have received a copy of the Withholding Notice Information. No tax advice has been given to me by the custodian or program administrator. All decisions regarding this distribution are my own, and I expressly assume responsibility for any consequences that may arise from this distribution. I agree that OregonSaves, the custodian, or the program administrator are not responsible for any consequences that may arise from processing this distribution authorization.

Signature of Roth IRA Owner

-   -

Date (mm/dd/yyyy)

## **WITHHOLDING NOTICE INFORMATION** (Form W-4P/OMB No. 1545-0074)

**Basic Information About Withholding From Pensions and Annuities.** Generally, federal income tax withholding applies to the taxable part of payments made from IRAs.

Caution: There may be penalties for not paying enough tax during the year, through either withholding or estimated tax payments. New retirees should see Publication 505, *Tax Withholding and Estimated Tax*. It explains the estimated tax requirements and penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your IRA using form W-4P.

**Purpose of Form W-4P.** Unless you elect otherwise, 10 percent federal income tax will be withheld from payments from individual retirement accounts (IRAs). You can use Form W-4P (or a substitute form, such as this form), provided by the custodian, to instruct your custodian to withhold no tax from your IRA payments or to withhold more than 10 percent.

**Nonperiodic Payments.** Payments made from IRAs that are payable upon demand are treated as nonperiodic payments for federal income tax purposes. Generally, nonperiodic payments must have at least 10 percent income tax withheld.

Your election will remain in effect for any subsequent withdrawal unless you change or revoke it.

**Payments Delivered Outside of the U.S.** A U.S. citizen or resident alien may not waive withholding on any withdrawal delivered outside of the U.S. or its possessions. Withdrawals by a nonresident alien generally are subject to a tax withholding rate of 30 percent. A reduced withholding rate may apply if there is a tax treaty between the nonresident alien's country of residence and the United States and if the nonresident alien submits Form W-8BEN, *Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding*, or satisfies the documentation requirements as provided under federal regulations. The Form W-8BEN must contain the foreign person's taxpayer identification number.

For more information, Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Publication 519, *U.S. Tax Guide for Aliens*, are available on the IRS website at [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM.

**Revoking the Exemption From Withholding.** If you want to revoke your previously filed exemption from withholding, file another Form W-4P with the custodian and check the appropriate box on that form.

**Statement of Income Tax Withheld From Your IRA.** By January 31 of next year, the IRA custodian will provide a statement to you and to the IRS showing the total amount of your IRA distributions and the total federal income tax withheld during the year. Copies of Form W-4P will not be sent to the IRS by the custodian.