

Account # _____

Advisor # _____

1 ACCOUNT OWNER INFORMATION (IF ACCOUNT OWNER IS DECEASED, PLEASE PROVIDE BENEFICIARY INFORMATION)

Name (First, Middle Initial, Last):		Social Security Number:	Tax I.D. Number:
Home Street Address (No PO Boxes):		Date of Birth:	
City:		State:	ZIP Code:
Daytime Telephone Number:	Other Telephone Number:	Email Address:	

Type of Account:

Traditional IRA Roth IRA SEP IRA Simple IRA

2 TYPE OF DISTRIBUTION

I direct TD AMERITRADE Clearing, Inc. to distribute the amount requested for the following reason (check only one box):

This is a distribution due to:

- Normal Distribution — I am over age 59½.
- Normal Distribution — Roth IRA greater than 5 years old AND I am over age 59 1/2.
- Premature distribution (under age 59½) — Exceptions to the 10% penalty must be filed on IRS Form 5329.
- Substantially equal periodic payments [under IRS Code Section 72(t) (2) (A) (iv)]. Note: Please see your tax advisor for guidance.
- Disability — Account Owner must meet disability requirements as outlined in Internal Revenue code 72(t).
- Beneficiary IRA — Distribution from a Beneficiary IRA.
- Roth Conversion — I elect to convert the above IRA to Roth Account _____. (If you are 70½ or older, your RMD must be satisfied prior to completing a full conversion.)
- Required Minimum Distribution (RMD) — Important: If your spouse is the beneficiary and is greater than 10 years younger than you, please indicate here: Please provide date of birth of spousal beneficiary. (MM-DD-YYYY): _____.
- Direct Rollover to a qualified employer plan of like type — Please attach a copy of your plan statement. Please note that the plan may not accept rollovers. Please check with your plan administrator.
 Qualified Plan Name: _____ Plan Account Number: _____
- Removal of Excess Contribution plus Net Income Attributable (NIA) before tax-filing deadline (including extensions).
 Date of contribution: _____ For what tax year was the contribution made? _____
 Amount of excess: \$ _____ Amount of earnings: \$ _____ or loss: \$ _____

3 PAYMENT AMOUNT

- A. Partial one-time distribution in the amount of \$ _____ cash.
- B. Partial one-time distribution of the securities listed below.

Quantity of Shares	Name of Asset
_____	_____
_____	_____
_____	_____
_____	_____

- C. Full distribution in cash. "I wish to close my account. I have sold all the securities in my account. Please send a check for the entire account balance."
- D. Full distribution in cash and securities. "I wish to close my account. Please deliver all securities in certificate form and a check for any cash or money market balance."

(Note: Allow approximately four weeks for delivery of certificates. Mutual funds, certificates of deposit, limited partnerships and fractional shares cannot be delivered.)



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METHOD OF PAYMENT (PLEASE CHECK ONE BOX).

- A. Send distribution to address of record.
- B. Transfer the distribution to the following TD AMERITRADE account: _____
- C. I wish to have the check go to an address other than the address of record.

Mailing Instructions:

Address: _____

City/State/ZIP Code: _____

Bank A/C # (if applicable): _____

- D. I would like to have my funds sent by electronic funding (available only for periodic payments).
- E. I would like to have my funds sent by Federal Funds Wire:
 - i. Bank account holder name: _____
 - ii. Joint bank account holder name: _____
 - iii. Type of bank account : checking savings money market
 - iv. Bank account #: _____
 - v. ABA Routing Transit Number: _____

Please attach a voided check to this form.

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PERIODIC PAYMENT (PLEASE ONLY COMPLETE THIS SECTION IF YOU WISH TO RECEIVE PERIODIC CASH PAYMENTS.)

- I wish to receive periodic cash payments of \$ _____, starting ____/____/____ (date to start) and continuing periodically thereafter: Annually Semiannually Quarterly Monthly
- This is a new periodic payment request.
- This is an update to my existing periodic payment request.

Electronic funding instructions:

i. Bank account holder name: _____

ii. Joint bank account holder name: _____

iii. Type of bank account : checking savings money market

iv. Bank account #: _____

v. ABA Routing Transit Number: _____

Please note: Only fixed amounts can be set up for periodic payments.

Please attach a voided check to this form.

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TAX WITHHOLDING ELECTION (REQUIRED)

Form W4P/OMB NO. 1545 0415

If this election is not completed, federal income tax will be withheld at a rate of 10% of your withdrawal.

Important notice: Any withdrawal from your Custodial IRA is subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will apply to the entire withdrawal since the entire withdrawal may be included in your income that is subject to federal income tax. You may elect not to have withholding apply to your withdrawal payments by completing and dating this election and returning it to TD AMERITRADE Clearing, Inc.

I elect **NOT to have federal income tax withheld effective** (MM-DD-YYYY): _____.

Please withhold taxes from my distribution at a rate of 10%.

Please withhold taxes from my distribution at a rate of: _____ % (not less than 10%).

If you elect not to have withholding apply to your withdrawal payments, or if you do not have enough federal income tax withheld from your withdrawal, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your withdrawal. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

State Withholding Election

In some cases, you may elect not to have state tax withheld, or you may tell us how much you would like us to withhold. In other cases, TD AMERITRADE Clearing, Inc. is required by federal and/or state statutes to withhold a percentage of your IRA distribution for income tax purposes.

If you do not make an election, we will automatically apply withholding (if required) at the maximum rate based on your state of residency. For state tax-withholding guidelines please contact your advisor or Regional Service Team.

I declare my permanent state of residence is (State): _____, and that my election should reflect the requirements of that state.

If a permanent state of residence is not noted, we will default to the state on record.

Please make your election below:

I elect **NOT to have state income tax withheld effective** (MM-DD-YYYY): _____.

Please withhold taxes from my distribution at a rate of: _____ %.

Please Note: TD AMERITRADE Clearing, Inc. advises you to contact your tax professional before making any election regarding state withholding elections. State law is subject to change and TD AMERITRADE Clearing, Inc. is not responsible for changes in state law that occur after the publication date of this form.

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ACCOUNT OWNER AUTHORIZATION

Please distribute cash and/or securities from my Traditional IRA, Roth IRA, SEP-IRA OR SIMPLE IRA in the manner and for the reasons stated above. I certify that this withdrawal complies with the provisions of the Traditional IRA, Roth IRA, SEP-IRA OR SIMPLE IRA and the Internal Revenue Service Code. TD AMERITRADE and its affiliates may rely on my certification without further investigation or inquiry.

Signature: _____ Date: _____

TD AMERITRADE Institutional
4075 Sorrento Valley Blvd., Suite A
San Diego, CA 92121

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