

1. Personal Information All information is required.

Legal Name _____ IRA Innovations Account & Type # _____

Legal Address (no P.O. Box allowed) _____

City, State, Zip _____

Date of birth (MM/DD/YYYY)

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Social Security Number (Required)

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Home phone: _____ Fax: _____ Cell: _____

2. Distribution Type Please select one and fill in where applicable.

Early (premature) distribution - *Account Holder is under age 59½ and no other code applies.*

Early (premature) distribution - *Substantially equal payment exception applies.*

Normal distribution - *You are the participant and age 59½ or older.*

Removal of excess/non-deductible contribution *plus earnings before tax filing deadline.*

Is the contribution plus earnings being removed in the same year? Yes No

In which tax year was the contribution made? _____

Permanent disability of the designated beneficiary (*within the meaning of section 72(m)(7) of the Internal Revenue Code*)

Death - If you are a beneficiary of this account, you must furnish a certified copy of the death certificate.

Transfer to beneficiary IRA (*spouse/non-spouse*)

Transfer to own IRA (*spouse only*)

Transfer due to:

Divorce *A copy of the divorce decree must be attached.* Legal separation Payable to: _____

Re-characterization to a Traditional IRA

Contribution of \$ _____ Earnings of \$ _____

Roth IRA Non-Qualified Distribution

Distribution From A SIMPLE IRA - *Date employee first participated:* _____

Conversion to a Roth IRA IRA paid directly to Trustee of employers' plan

Payable to: _____

5. Withholding Election

Choose either Option 1 or 2. Complete for any kind of distribution.

<input type="checkbox"/> Option 1	Withhold federal income tax at the rate of _____% (not less than 10%) plus an additional amount of \$ _____ from the amount withdrawn.
<input type="checkbox"/> Option 2	I elect not to have federal income tax withheld. (Must have US Residence address on file.) I understand that I am still liable for the payment of federal income tax on the taxable amount. I also understand that I may be subject to tax penalties under the estimated tax payment rules, if my payments of estimated tax and withholding, if any, are not adequate and take all such responsibility and/or liability.

6. Transaction Fee

I would like to pay the transaction fees by: IRA Innovations Account Check Credit Card *(please fill out below)*

Credit Card Type: Visa Mastercard Discover American Express Check *(made payable to IRA Innovations)*

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ Card Identification Number _____

7. Special Instructions

8. Notice of Withholding on Distributions

IRA Innovations, L.L.C. ("Administrator") performs record keeping and administration duties in connection with Account holder's self-directed retirement account (the "Account") on behalf of the custodian ("Custodian") as set forth in Account holder's account application (the "Account Application"). The terms and conditions of this document are incorporated into the Account Application, and the terms and conditions of the Account Application are incorporated herein. The distributions you receive from your Account are subject to federal income tax withholding unless you elect not to have withholding apply. You may elect not to have withholding apply to your distribution payments by completing the "Withholding Election" section above. If you do not complete the "Withholding Election" section by the date your distribution is scheduled to begin, federal income tax will be withheld from the amount withdrawn at a rate of 10%. If you elect not to have withholding apply to your distribution payments, or if you do not have enough federal income tax withheld from your distribution, you are responsible for payment of any estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You understand that Administrator and Custodian do not provide any tax advice, and you are encouraged to consult a tax professional.

9. Signatures

I certify that I am the proper party to receive payment(s) from this IRA, and that all information provided by me is true and accurate. I acknowledge that I have read the Notice of Withholding on Distributions above and have completed the Withholding Election above. I further certify that no tax advice has been given to me by the Administrator or Custodian. I understand that distributions are reported to the IRS, and that all decisions regarding this withdrawal are my own. I expressly assume the responsibility for any consequences which may arise from this distribution and I agree that the Administrator and Custodian are in no way responsible for those consequences. Please fax or mail this form to Administrator's office.

I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature: _____ Date: _____