

Distribution Request for Cash Only

► Email to: distributions@iraclub.com

PLEASE NOTE: Complete this form if you would like to take a distribution (withdrawal of funds) from your account. To determine tax consequences of the distribution, if any, please consult your income tax preparer. IRA Club will mail Form 1099-R to you for the tax year in which you take the distribution. IRA Club will send the 1099-R forms by January 31st of the following tax year to the primary address on your account for the tax year in which you take the distribution. Do not use this form to transfer funds to another firm.

For support, call (312) 795-0988. Office hours are Monday-Friday, 9:00 AM – 4:00 PM. Find information online at www.iraclub.com

1. ACCOUNT OWNER INFORMATION

FULL NAME	IRA CLUB ACCOUNT NUMBER					
LAST 4 OF SSN	PHONE NUMBER					
2. DISTRIBUTION TYPE Select one distribution type below.						
□ Normal Distribution (over 59 ½)	☐ Account Termination					
☐ Early Distribution (under 59 ½)	☐ Divorce Distribution					
☐ Return of Contribution for Tax Year	☐ Beneficiary / Death Distribution					
3. DISTRIBUTION AMOUNT All accounts must maintain a minimum balance of \$500. If yo	ou are terminating vo	our account. se	elect the second opt	ion.		
4. FREQUENCY		Available Cash	h and Close the A	ccount		
☐ One- Time Payment ☐ Monthly ☐ Quarterly	START DA	·	DAY OF MONTH			
5. FEDERAL TAX WITHHOLDING						
Distributions from your IRA Club account may be subje to determine the estimated tax you will owe from this Club will <u>not</u> withhold any federal tax.			- ·			
□ WITHHOLD	AL AMOUNT ABOV	E IN SECTION	I 3.	:Ε		
☐ DO NOT WITHHOLD FEDERAL INCOME TAX						

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6. FUNDS DELIVERY INSTRUCTIONS

☐ Check via Regular Mail (\$15)	□ Check via	-eatx C	ivernight (\$15	o + COST)	
MAKE CHECK PAYABLE TO					
MAILING ADDRESS, CITY, STATE, ZIP					
☐ Wire Transfer (\$35)	□ ACH (\$5) *Availa	able for recur	ring distributions	only.
CREDIT ACCOUNT NUMBER		ABA ROUTING NUMBER			
CREDIT ACCOUNT NAME		RECEIVING BANK NAME			
CREDIT ACCOUNT HOLDER ADDRESS		BANK PHO	PHONE NUMBER		
REFERENCE / MEMO					
PROCESSING FEES <u>debit from the account a</u> ebit card instead, complete the information belo		vould like	e to have these	e fees charged to a c	redit or
CREDIT / DEBIT CARD NUMBER	EXPIRATION D	EXPIRATION DATE			
ACKNOWLEDGEMENT AND SIGNATURE y signing below, you hereby direct IRA Club ue and hereby opt not to have state tax with nd that IRA Club does not provide tax or leg	thheld. You unders				-
Sign Here ACCOUNT OWNER'S SIGNATURE			DATE SIG	NED	

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