

ROTH IRA WITHDRAWAL

- IRA Share IRA Share Certificate

member's name	contact phone number	member account number (10-digit)
street address		city
state/province	zip/postal code	country
		\$ withdrawal amount

Note: If you live in a foreign country or you are not a U.S. Citizen or non-resident alien, CU form "IRA Federal Withholding on Foreign Payments Certification" will also need to be completed before withdrawal can be processed.

- Revocation of new IRA. (Must be within 7 days of initial deposit - HDQCU only).

Check The Appropriate Type Of Withdrawal

SERVICE CENTER WITHDRAWALS

- J ROTH PRIOR 59.5 NO EX** — Under age 59.5. May be deposited as a rollover deposit to an IRA within 60 days from date of receipt. If you elect to use this distribution as a rollover deposit, only one transaction of this type is allowed within a 12 month period. *Exceptions to the 10% IRS imposed penalty on interest withdrawals must be documented on your Federal Income Tax Return.*
- T ROTH OVER AGE 59.5 OR DISABILITY PRIOR TO AGE 59.5**— May be deposited as a rollover to an IRA within 60 days from date of receipt. If you elect to use this distribution as a rollover deposit, only one transaction of this type is allowed within a 12 month period.
- Q QUALIFIED ROTH** — Owner meets both 5-year holding period and qualified reason test. — The 5-year holding period begins January 1st of the first year for which the first regular or conversion contribution was made. This is true even if the contribution is made between January 1st and the tax return deadline and attributed to the prior year. For IRA conversion contributions, the period begins January 1st of the first year in which the conversion was made. It does not matter in which month of the year the contribution was completed. To meet the qualified reason test, owner reaches age 59.5 or is disabled or deceased.

WITHDRAWALS PROCESSED BY IRA SPECIALIST - HDQCU

- EXCESS CONTRIBUTION WITHDRAWAL** — I made this excess contribution on _____. (check one box below)
- 8 CURRENT YEAR EXCESS CONTRIBUTION** — Withdrawn **BEFORE TAX RETURN** due date. Contribution was made in the same year as this withdrawal. Income attributable to the excess contribution may be subject to a 10% IRS penalty.
- P PRIOR YEAR EXCESS CONTRIBUTION** — Withdrawn **BEFORE TAX RETURN** due date. Contribution was made in the year prior to this withdrawal. Income attributable to the excess contribution may be subject to a 10% IRS penalty.
- 0 DIRECT TRANSFER TO AN IRA OWNED BY MY EX-SPOUSE** — This form must be signed by member in addition to receiving the properly signed transfer form from the other institution. We also require a copy of the divorce decree.
- PERIODIC DISTRIBUTIONS**
- \$ _____ or Quarterly dividend
- Periodic payment every:
- Month Quarter Year Starting _____
- (month) (year)

- Mail to:** home address
 or
Deposit to my Alliant: savings supplemental savings Alliant checking

Remarks: _____
 PLEASE REFER TO IRA CUSTODIAL AGREEMENT AND DISCLOSURE STATEMENT FOR FURTHER INFORMATION.

WITHHOLDING NOTICE

Payments from your IRA are subject to Federal Income Tax withholding unless you elect not to have withholding. If you do not check the Federal "No withholding" election box, Federal withholding will be taken from your payment. You may change your withholding election at any time prior to a disbursement.

Withholding from IRA payments, when combined with other withholding, **MAY** relieve you from payment of estimated income tax. However, you may still be responsible for payment of estimated tax even if you elect to have withholding from these payments. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are insufficient. The amount of Income Tax you pay is not affected by your withholding decision.

WITHHOLDING ELECTION

- Federal (check one)**
- Withholding:** I want 10% Federal Income Tax withheld from my payment(s).
- No withholding:** I do not want 10% Federal Income Tax withheld from my payment(s).

- State (check one)**
Residents of California Only
- Withholding:** I want State Income Tax withheld from my payment(s).
- 1% withheld for State of California.
- No withholding:** I do not want State Income Tax withheld from my payment(s).

X _____
 credit union representative authorized signature date

X _____
 member's signature (required) date

Return completed form to Alliant Credit Union. Fax: (773) 462-8735