

TRADITIONAL IRA WITHDRAWAL

member's name: address: country:	member account no.: daytime phone no.: social security no.: XXX-XX- withdrawal amount: <input type="checkbox"/> check if complete close of IRA
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Note: If you live in a foreign country or you are not a U.S. Citizen or non-resident alien, CU form G324 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 <input type="checkbox"/> 1 -PRIOR TO AGE 59.5 — Withdrawal subject to 10% IRS imposed penalty if not deposited as a rollover into 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. <input type="checkbox"/> 3 -DISABILITY PRIOR TO AGE 59.5 — Must meet definition in tax code section 72(m)(7). <input type="checkbox"/> 7 -OVER 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.	Withdrawals processed by IRA Specialist – HDQCU <input type="checkbox"/> 2 – CONVERSION TO A ROTH IRA. <input type="checkbox"/> EXCESS CONTRIBUTION WITHDRAWAL — I made this excess contribution on _____. (Check one box below.) <input type="checkbox"/> 8 CURRENT YEAR EXCESS CONTRIBUTION — Withdrawn BEFORE TAX RETURN due date.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. <input type="checkbox"/> P PRIOR YEAR EXCESS CONTRIBUTION — Withdrawn BEFORE TAX RETURN due date.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. <input type="checkbox"/> 0 DIRECT TRANSFER TO AN IRA OWNED BY MY 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. <input type="checkbox"/> PERIODIC DISTRIBUTIONS —over age 59 ½. If age 70 ½ or older, do <u>not</u> complete this form. Please complete a Traditional IRA Required Minimum Distribution form. \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly Starting _____ (month) _____ (year) <input type="checkbox"/> MONTHLY DIVIDEND WITHDRAWALS – over age 59 ½.
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Mail to: home address

or
Deposit to my Alliant CU: 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

<p style="text-align: center;">Federal (check one)</p> <input type="checkbox"/> Withholding: I want 10% Federal Income Tax withheld from my payment(s). <input type="checkbox"/> No withholding: I do not want 10% Federal Income Tax withheld from my payment(s).	<p style="text-align: center;">State (check one) Residents of California Only</p> Withholding: I want State Income Tax withheld from my payment(s). <input type="checkbox"/> 1% withheld for State of California. <input type="checkbox"/> No withholding: I do not want State Income Tax withheld from my payment(s).
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credit union representative's authorized signature _____ date _____ member's signature (required) _____ date _____