

INDIVIDUAL RETIREMENT ACCOUNT WITHDRAWAL PERIODIC DISTRIBUTION PRIOR TO AGE 59.5

member's name _____

member account number (10-digit) _____

date of birth _____

withdrawal amount (reason code 2) _____

PLEASE SELECT ONE OF THE FOLLOWING:
(If you select option 1 or 2, check box A or B and check one of the redetermination boxes.)

1. Life expectancy method
2. Amortization method
- A. I want annual distributions based on my life expectancy only.
- B. I want annual distributions based on the joint life of myself and my oldest living primary beneficiary, as indicated on Designation of Beneficiary, Form G311, at the time of this selection.

name of beneficiary _____

date of birth _____

 Is beneficiary your spouse? yes no

- Do not redetermine life expectancy Redetermine only my life expectancy
- Redetermine both my and my spouse's life expectancy Redetermine only my spouse's life expectancy

3. Annuity method

SELECT METHOD OF PAYMENT: (check one)

- Month Quarterly (after dividend paid) Yearly Starting Date _____
- I want to receive these payments by check.
- I want to deposit these payments directly into my Alliant savings checking
- I want to deposit these payments directly into my spouse's Alliant savings checking

The amount of each payment is equal to the computed annual distribution divided by the number of payments you choose to receive during the year. You may discontinue the periodic payments at the beginning of any year. If you discontinue these payments before you have received these payments for five years, or before you reach age 59.5 (whichever is later), then you will be liable for a penalty tax equal to 10% of the periodic payments that you have received, plus interest. If you tell us by November 1 that you want to make a change, then the change will take effect at the beginning of the next year.

Remarks: _____

PLEASE REFER TO IRA CUSTODIAL AGREEMENT AND DISCLOSURE STATEMENT FOR FURTHER INFORMATION

WITHHOLDING NOTICE

Payments from your IRA are subject to Federal and, in some cases, State Income Tax withholding unless you elect not to have withholding. If neither election box is checked for Federal below, Federal withholding will be taken from your payment. You may change your withholding election at anytime prior to a disbursement.

Withholding from these payments, when combined with other withholding, may relieve you from responsibility for payment of estimated 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 not sufficient. The amounts of Federal and State Income Tax you pay are not affected by your withholding decision.

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).

WITHHOLDING ELECTION
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).

credit union authorized signature _____

date _____

member's signature _____

date _____