

REMOVING EXCESS CONTRIBUTION BEFORE TAX FILING MADE FOR PRIOR YEAR:

EXAMPLE: REMOVING 2020 EXCESS CONTRIBUTION BEFORE 2020 TAX FILING FOR CONTRIBUTION MADE IN THE 2021 CALENDAR YEAR



ROTH IRA DISTRIBUTION REQUEST

Please read the attached instructions.

ACCOUNT HOLDER'S INFORMATION <i>(Complete all sections)</i>			
Full Legal Name	JOHN DOE		
Account No.	5XX12345		
SSN/ITIN/Tax ID <i>(Required by the IRS)</i>	123456789		
Date of Birth <i>(Optional)</i>			
BENEFICIARY (OR FORMER SPOUSE) INFORMATION <i>(Complete all sections)</i>			
<i>This section should only be completed by a beneficiary taking a death withdrawal or transferring inherited IRA assets to another IRA, or by a former spouse taking a withdrawal as a result of a court-approved property settlement due to divorce or legal separation.</i>			
Full Legal Name			
Account No.			
SSN/ITIN/Tax ID <i>(Required by the IRS)</i>			
Date of Birth <i>(Optional)</i>			
Relationship			
TYPE OF DISTRIBUTION <i>(Select one. Note: Transfer of Assets Between Brokers must include a Letter of Acceptance from the receiving Custodian)</i>			
<input type="checkbox"/>	Qualified <i>(ROTH IRA greater than 5 years old, age 59 ½ and older, Death or Disability if ROTH IRA is greater than 5 years old)</i>	<input type="checkbox"/>	Premature <i>(Under age 59 ½)</i>
<input type="checkbox"/>	Transfer to Identical Roth IRA¹ <i>(Select one if applicable)</i>	<input type="checkbox"/> Transfer of Assets Between Brokers <input type="checkbox"/> Transfer to Beneficiary IRA <i>(Or Spouse's IRA if applicable)</i> <input type="checkbox"/> Transfer Incident to Divorce	<input type="checkbox"/> Roth Distribution with Exception
Excess Contribution Removed Before Excess Removal Deadline & Recharacterizations			
<i>The Gross Distribution amount must include the Net Income Attributable (NIA). The calculation method for NIA is found in IRA Pub. 590-A on Worksheet I-3. Please note that the Net Income Attributable (NIA) cannot be left blank. The Gross Distribution entered in "Section IV. Distribution Method" should equal the Gross Distribution amount in this section.</i>			
<input type="checkbox"/>	Excess Contribution Removal Before Excess Removal Deadline	DATE EXCESS CONTRIBUTION WAS MADE <i>(if multiple contributions were made, then date of first excess contribution)</i>	02/15/2021
		CALCULATE THE GROSS DISTRIBUTION Excess Contribution Amount \$2000 + or - Net Income Attributable (NIA) \$175 = Gross Distribution \$2175	<input type="checkbox"/> Same Year <i>(Completed the same year as the year for which the contribution(s) was made)</i> <input checked="" type="checkbox"/> Prior Year <i>(Completed in the year following the year for which the contribution(s) was made)</i>
<input type="checkbox"/>	Recharacterization	CALCULATE THE GROSS DISTRIBUTION Contribution or Conversion Amount \$ + or - Net Income Attributable (NIA) \$ = Gross Distribution \$	<input type="checkbox"/> Same Year <i>(Completed the same year as the year for which the contribution(s) was made)</i> <input type="checkbox"/> Prior Year <i>(Completed in the year following the year for which the contribution(s) was made)</i>
		<input type="checkbox"/>	Excess Contribution Removed After Excess Removal Deadline <i>(Remove only amount of true excess without NIA)</i>
<input type="checkbox"/>	Disability <i>(Within the meaning of Section 72(m)(7) of the Internal Revenue Code)</i>	<input type="checkbox"/>	Revocation <i>(Taken within 7 calendar days from the date account was opened)</i>
<input type="checkbox"/>	Prohibited Transaction <i>(A prohibited transaction is a transaction between a plan and a disqualified person that is prohibited by law)</i>		

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DISTRIBUTION METHOD							
<i>(Select one distribution method. Excess Removal or Rercharacterizations enter Gross Distribution amount from Section III)</i>							
<input checked="" type="checkbox"/>	One Time Distribution	PAYMENT IN THE AMOUNT OF \$2175					
		DISTRIBUTION OF SECURITIES <i>(Indicate Symbol/Cusip & Quantities)</i>					
			SYMBOL/CUSIP	QUANTITY		SYMBOL/CUSIP	QUANTITY
		1			3		
2			4				
<input type="checkbox"/>	Scheduled Distribution <i>(Complete all applicable items)</i>	SELECT ONE <input type="checkbox"/> New Request <input type="checkbox"/> Change of Instruction					
		FREQUENCY <i>(Select One)</i> <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually					
		AMOUNT \$ _____ OR <input type="checkbox"/> Dividends & Interest <i>(ACH Only)</i>					
<input type="checkbox"/>	Total Account Distribution <i>(Account will be closed)</i>						
TAX WITHHOLDING ELECTIONS							
<i>(Select applicable items. Do not complete this section for a transfer, recharacterization, or if you are a non-resident alien)</i>							
<input checked="" type="checkbox"/>	Federal Income Tax Withholding <i>(Select One)</i>	Do NOT withhold Federal Income Tax <i>(By selecting this, the account holder understands that they are still liable for the payment of Federal Income Tax on the amount of any distributions received. The account holder also understands that they may be subject to Federal Income Tax penalties under the estimated tax payment rules if their payments of the estimated tax and withholdings are insufficient)</i>					
		Withhold _____ % from the account of the Gross Distribution <i>(Must be at least 10%)</i>					
		Withhold \$ _____ of Federal Income Tax from the Gross Distribution Amount <i>(Must be equal to or greater than 10%)</i>					
<input checked="" type="checkbox"/>	State Income Tax Withholding <i>(Select One)</i>	Do NOT withhold State Income Tax from the Distribution <i>(Not applicable to all states)</i>					
		Withhold _____ % from the account of the Gross Distribution					
		Withhold \$ _____ of State Income Tax from the Gross Distribution Amount					
DELIVERY INSTRUCTIONS <i>(Select applicable items)</i>							
<input checked="" type="checkbox"/>	Address of Record						
<input type="checkbox"/>	Alternate Payee or Alternate Address <i>(Notary Public/Signature Guarantee required if check is made payable to alternative payee)</i>	NAME _____					
		ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____		
<input type="checkbox"/>	To the following Apex Account	ACCOUNT NO. _____					
<input type="checkbox"/>	Special Payment Instructions	INSTRUCTIONS _____					
<input type="checkbox"/>	Overnight Delivery <i>(Fees will be assessed)</i>						
<input type="checkbox"/>	Federal Fund Wire <i>(Fees will be assessed)</i>	ABA NO. _____	ACCOUNT NO. _____	BANK NAME _____			
		ADDRESS _____		CITY _____	STATE _____	ZIP CODE _____	
		FOR CREDIT TO _____		TYPE OF IRA ACCOUNT RECEIVING _____			
		BENEFICIARY ACCOUNT NO. _____		FURTHER CREDIT TO _____			

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NOTICE OF WITHHOLDING

The distributions you receive from your individual retirement account established at this institution 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 "Tax Withholding Election" section on page 3 of this form. If you do not complete the "Tax 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 may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

SIGNATURE *(This request cannot be processed without account holder's signature)*

ROTH IRA Holder or Beneficiary Signature

Date

I certify that I am the proper party to receive payment(s) from this ROTH IRA and that all information provided by me is true and accurate. I have read and understand the Reporting Information Applicable to Withdrawal on page 6 of this form and agree to abide by those rules and conditions therein. I further certify that no tax advice has been given to me by the Trustee or Custodian. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Trustee or Custodian shall in no way be held responsible.

NOTARY *(Public/Signature Guarantee)*

Notary Seal:

Notary Signature

FOR INTERNAL USE ONLY

Registered Principal Approval:

Print Name

Title

Signature

Date

Compliance Officer Approval/Registered Principal Approval:

Print Name

Title

Signature

Date