



600 East 84th Avenue  
Merrillville, IN 46410  
(219) 755-6112



**SAFE-HARBOR-IRA® DISTRIBUTION REQUEST FORM**

**IRA Owner Information**

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**Reason for Distribution**

- Premature Distribution.** I am not yet age 59½, nor am I disabled. I understand that a **10% tax penalty** may be assessed on the amount of the distribution.
- Normal Distribution.** I am at least age 59½.
- Disability.** Within the meaning of IRS Code Section 72(m)(7). Attach Physician's statement.
- Death.** Please attach a certified copy of the death certificate. If the beneficiary is the IRA owner's spouse, he/she may rollover this distribution into their own Centier Bank IRA. Please initial here if you want new account forms sent to you. \_\_\_\_\_
- Divorce.** Transfer to a spouse's IRA. Attach a copy of the Divorce Decree.
- Correction of Excess Contribution.** For tax year \_\_\_\_\_. Has a tax return been filed for that year:  yes  no. Amount of excess \$ \_\_\_\_\_. Earnings attributable to excess \$ \_\_\_\_\_.
- Other \_\_\_\_\_

**Payment Instructions**

**1. Payment Amount**

- A gross distribution of entire account balance or \$ \_\_\_\_\_.
- Periodic payments of \$ \_\_\_\_\_, on a  monthly  quarterly  annual basis starting on \_\_\_\_\_.
- Other \_\_\_\_\_

Continued on back.

## Payment Instructions (continued)

### 2. Payment Method

Mail a check to my address of record.

Deposit to my:

Checking Account (Please provide a voided check)

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

ABA Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Savings Account

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

ABA Routing # \_\_\_\_\_

Account # \_\_\_\_\_

### 3. Federal Income Tax Withholding

I do not want Federal Income Tax withheld from this distribution.

Withhold 10% Federal Income Taxes from this distribution.

Withhold \_\_\_\_\_ % or \$ \_\_\_\_\_ for Federal Income Taxes from this distribution.  
10% minimum

## Signature

I certify the accuracy of the information contained on this form, and I authorize the transaction described therein. I acknowledge that Centier Bank has advised me that all distributions I receive from this IRA are subject to Federal Income Tax withholding, and that I may be liable for payment of Federal Income Taxes on this distribution regardless of whether or not I elected to have taxes withheld. I hold Centier Bank harmless for all claims that may arise from my actions related to this form.

\_\_\_\_\_  
Signature of IRA Owner or Beneficiary

\_\_\_\_\_  
Date