



SAFE-HARBOR-IRA® DISTRIBUTION REQUEST FORM

THIS FORM MUST BE NOTARIZED

IRA Owner Information

Name: _____ Account Number: _____

FOR OFFICE USE ONLY

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** will be assessed on the amount of the distribution.
- Normal Distribution.** I am at least age 59½.
- 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. _____

Payment Instructions

1. Payment Amount

- A gross distribution of entire account balance.
- Partial gross distribution of \$ _____ .

2. Payment Method

- Mail a check to my address of record.
- Deposit to my: (If type of account is not marked, we will default to checking.)
 - Checking Account **(Please provide a voided check)** Savings Account

Bank Name _____

Bank Address _____

ABA Routing # _____

Account # _____

Continued on back.

3. Federal Income Tax Withholding

NOTE: If no selection is made, we are required to withhold 10% from your distribution. Federal regulations require us to provide notice regarding the withholding elections on your distribution. These can be found in the disclosure statement received when claiming your account.

- 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 may be 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 have been advised to consult a tax professional to discuss any tax consequences relating to this transaction. 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

Notary Acknowledgment (to be completed by Notary Public)

STATE OF _____)

) SS:

COUNTY OF _____)

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, 20____

Notary Public

My Commission Expires: _____

SEAL: