



## **SAFE-HARBOR-IRA®** DISTRIBUTION REQUEST FORM **THIS FORM MUST BE NOTARIZED**

IRA	Owner Information					
Nar	me: Account Number: FOR OFFICE USE ONLY					
	dress:					
Pho	one:					
Dat	e of Birth: Social Security No.:					
Rea	ason for Distribution					
	<b>Premature Distribution.</b> I am not yet age $59\%$ , nor am I disabled. I understand that a <b>10% tax penalty</b> will be assessed on the amount of the distribution.					
	<b>Normal Distribution.</b> I am at least age $59\frac{1}{2}$ .					
	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					
Pay	ment Instructions					
1. F	Payment Amount  A gross distribution of entire account balance.  Partial gross distribution of \$					
2. F	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 #					
	A					

## 3. Federal Income Tax Withholding

reg	TE: If no selection is made, we are require ulations require us to provide notice regal se can be found in the disclosure statements.	rding the with	nholding elec	ctions on your d	istribution.			
	I do not want Federal Income Tax withhe	ld from this d	istribution.					
	☐ Withhold 10% Federal Income Taxes from this distribution.							
	Withhold % or \$	for Fed	eral Income	Taxes from this	distribution.			
Sig	nature							
acki Inco of w	tify the accuracy of the information contained nowledge that Centier Bank has advised me the me Tax withholding, and that I may be liable for the hether or not I elected to have taxes withheld sequences relating to this transaction. I hold Coted to this form.	nat all distributi or payment of I . I have been a	ions I receive i Federal Incom dvised to cons	from this IRA may e Taxes on this di sult a tax professi	nbe subject to Federal stribution regardless onal to discuss any tax			
	otary Acknowledgment (to be completed  TATE OF		blic)					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	) SS:						
C	DUNTY OF	_)						
l	ubscribed and sworn to before me, a Notary Pu	ublic, this	day of		, 20			
				Notary Public				
M	y Commission Expires:	_ SEAL	<u>.:</u>					
	, <u> </u>							
1								

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