



IRA Distribution

Documents Required Prior to Distribution Funding

Taking money out of an IRA is referred to as a distribution.

See below for more information on Midland's requirements for taking a distribution from your account.

To be supplied by client to Midland:

- **Distribution Form** - Completed & signed by client
- **Account Information** - All information must be completed in order to process
- **Distribution Type**
- **Distribution Details** - Including manner of distribution and federal withholding. If elected, federal withholding must be 10% or greater; Midland does not withhold state taxes.
- **Funding Instructions** - ACH - No Charge (ACH may take up to three business days), Wire - \$30 fee, Check - \$5 fee, International Wire - \$50 wire fee plus \$25 processing fee (deposit times vary)
- **Signature and Acknowledgment**

Common Questions About IRA Distributions:

Q: How does Midland report distributions to the IRS?

A: Midland reports distributions to the IRS annually on Form 1099-R. Clients who have taken distribution(s) throughout the year will receive IRS Form 1099-R in the mail at the end of January.

Q: What is the penalty for taking an early distribution?

A: Distributions taken from traditional IRAs prior to the age of 59 ½ are subject to a 10% penalty, in addition to applicable federal and state taxes. There are exceptions to this rule (first-time home purchase, qualified education expense for you or your dependents, death or disability, un-reimbursed medical expenses, or health insurance, if you are unemployed). Also, if distributions are taken from a SIMPLE IRA within the first two years, the penalty is 25%.

Midland does not determine whether or not distributions are eligible for an exception and processes all distributions prior to age 59 ½ as early. If one of the above mentioned exceptions applies, then you may need to file IRS Form 5329 with your taxes. Please see the instructions on IRS Form 5329 and talk to your tax advisor.

Q: Do I have to elect federal tax withholding?

A: No. If you elect for federal tax withholding, you are essentially prepaying taxes that you may owe for this distribution. If you would prefer to settle any tax obligations at tax time, you can elect out of tax withholding by selecting the first option, "I elect NOT to have federal income tax withheld."





Distribution Form for IRA/ESA/HSA

1 ACCOUNT INFORMATION

Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____		Midland Account Number	
Type of Account (Select one) <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Coverdell ESA <input type="checkbox"/> HSA		Social Security Number	Phone Number
Home Address		City, State, Zip	

2 DISTRIBUTION TYPE

This distribution is from an IRA:
(Traditional, Roth, SIMPLE, or SEP)

☐ Normal (age 59 1/2 or older)

☐ Premature (under age 59 1/2)

☐ Direct rollover to a qualified plan (Please provide a letter of acceptance from the receiving institution)

☐ Removal of excess contribution - Original contribution was made for tax year: _____
If this removal is to be re-characterized as a new contribution into your Midland account, please indicate for what tax year: _____

☐ HSA/ESA: ☐ Qualified ☐ Non-Qualified

☐ Beneficiary Distribution - Provide a copy of death certificate and complete Beneficiary information below.

For Beneficiary Distribution Only (\$25 Processing Fee plus Delivery)

Beneficiary Name	Beneficiary SSN	Beneficiary Date of Birth	Beneficiary Phone Number
Beneficiary Home Address		Beneficiary City, State, Zip	

3 DISTRIBUTION DETAILS

Manner of Distribution	Federal Withholding
<input type="checkbox"/> Full Distribution (Close Account) Termination fee will apply ¹	<input type="checkbox"/> I elect NOT to have Federal Income Tax withheld
<input type="checkbox"/> Partial Distribution (Only distribute cash/assets as described below)	<input type="checkbox"/> I ELECT to have Federal Income Tax withheld (cannot be less than 10%)
<input type="checkbox"/> Cash Only: Amount \$ _____	<input type="checkbox"/> withhold _____% from my payment(s)
<input type="checkbox"/> In-Kind ² : Asset(s) to be distributed: _____	<input type="checkbox"/> withhold \$ _____ from my payment(s)
Would you like to set up a scheduled recurring distribution³	Withholding Instructions:
<input type="checkbox"/> No <input type="checkbox"/> Yes (Select recurrence below)	Midland will send the amount requested LESS your Federal withholding election (if applicable). If you do not make a withholding election, federal income tax will be withheld from the amount withdrawn at a rate of 10%.
▶ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	
▶ Date Payments to Commence: _____	

Signature: _____ Date: _____

¹ Refer to fee schedule to determine amount

² A Current Fair Market Value must be provided to distribute assets in-kind.

³ This recurring distribution will remain in effect until you provide a written request to cancel or change.

FOR PROCESSING, RETURN TO: Midland Trust ♦ P.O. Box 07520 ♦ Fort Myers, Florida 33919 ♦ 239.466.5496 Fax ♦ midlandtrust.com/secure-upload



Distribution Form for IRA/ESA/HSA

4 FUNDING INSTRUCTIONS

For WIRE (\$30 fee) or DIRECT DEPOSIT/ ACH (no charge)		<input checked="" type="radio"/> For CHECK (\$5 fee) - Please complete the info below
<input type="radio"/> Wire* - Deposited same day <input type="radio"/> ACH* - allow for 2-3 days <input type="radio"/> International Wire* - Deposit times vary, separate wire instructions required for processing (\$50 wire fee plus \$25 processing fee) * In either case, please allow 1-2 business days for Midland processing		All checks will be made payable to the legal name of our client EXCEPT in cases of Charitable distributions or direct rollovers.
Bank Name		If charitable distribution is applicable, make check payable to: (\$25 Processing Fee plus Delivery) Name of Charity
Account Holder Name Account holder is required to be client name		If direct rollover is applicable, make check payable to: Name of Qualified Plan
ABA Routing Number	Account Number	Any mailed check will be sent to the mailing address of our client regardless of who is listed as the payee.
<input type="radio"/> Checking Account <input type="radio"/> Savings Account		Send Check via:
Additional Instructions (if necessary)		<input type="checkbox"/> Regular Mail <input type="checkbox"/> Overnight Mail (\$30) <input type="checkbox"/> Cashier's Check (\$30 + Overnight Fee) <input type="checkbox"/> Hold for pick-up

5 SIGNATURE AND ACKNOWLEDGEMENT

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 "Withholding Election" section above. If you do not complete the "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.

I certify that I am the proper party to receive payment(s) from this IRA, and that all information provided by me is true and accurate. I acknowledge that I have read the Notice of Withholding and have completed the Withholding Election above. I further certify that no tax advice has been given to me by the Administrator Custodian, and that distributions are reported to the IRS, and that 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 Administrator or Custodian shall in no way be responsible for those consequences.

Signature: _____

Date: _____

Please note, Midland Trust Company reserves the right to require a verbal verification for some distribution requests before processing. If your distribution will require a verbal verification, Midland will reach out to you within 2 business days.