



Trust Management, Inc.

A Texas Trust Company

PO Box 2288 ♦ Fort Worth, TX 76113 ♦ 901 Summit Ave ♦ Fort Worth, Texas 76102
(817) 335-2933 ♦ Fax: (817) 335- 8434

IRA DISTRIBUTION FORM

1. TMI Account Information

Account Number

Phone Number

Full Name

SSN/Taxpayer ID#

Date of Birth

Address

City

State

Zip

2. Type of IRA (Check ONE)

- Traditional Roth SEP

3. Type of Distribution (Check ONE)

- Normal Distribution – Over age 59½ IRA to Qualified Plan (Attach a letter of acceptance)
 Premature -Under age 59½ Substantially Equal Payments
 Divorce (attach copy of divorce decree) Death
 Removal of Excess Contribution for Year _____ Disability

4. Distribution Type (Check ONE)

- Distribute my entire account and close my account. (Note: Termination fee applies)
 Distribute cash from my account: Gross Amount: \$ _____ (before withholding)
 Distribute the following securities in kind and/or liquidate the following:

Asset Description	Quantity	In Kind	Liquidate

5. Tax Withholding (Check ONE)

Trust Management, Inc. is required to withhold Federal Income Taxes from this distribution unless you elect not to have withholding apply by checking the appropriate box below. **If no election is made**, Trust Management, Inc. will be required to withhold at a flat 10% rate. Even if you elect not to have Federal Income Tax withheld, you are liable for payment of Federal Income Taxes on the taxable portion of your distribution.

- Withhold Federal Income Tax at a flat 10% rate.
 I elect not to have Federal Income Tax withheld.
 I elect to have Federal Income Tax withheld in the amount of \$ / % _____ (which is more than the 10% rate).

6. Frequency of Distribution. (Check ONE)

- One Time Quarterly (on the _____ day of the month) monthly (on the _____ day of the month)

7. Distribution Method (Check ONE)

- Check Wire (Fill in the following & note that there is a \$10 Wiring fee.)

Bank Name: _____
Routing #: _____ Acct # _____

8. For Participants in Traditional IRA's Over 70 ½ Years Old

I understand there is a minimum annual distribution requirement based on life expectancy and there is a penalty for not complying.

9. Please Sign and Date

X _____
Signature Date