

Instructions: Use this form to request a withdrawal from an LPL Financial LLC ("LPL") individual retirement account or an LPL Coverdell Education Savings Account.

Please fax the completed form to the Retirement Accounts Department at (858) 550-8071.

1.	LPL Account Number <input style="width:95%;" type="text"/>	Social Security Number <input style="width:95%;" type="text"/>	Rep ID/Associated Person ID <input style="width:95%;" type="text"/>
	Client Name <input style="width:95%;" type="text"/>		Date of Birth <input style="width:95%;" type="text"/>

2. Reason for Distribution
(If no election is made, the withdrawal will be processed as an age-based distribution)

IRA Age Based Distribution
 Roth Age Based Distribution
 Is the Roth IRA distribution being taken within the first 5 years of account tax-year funding? Yes No
 Substantially Equal Series Distribution/72(t), under age 59 1/2. Review client signature section 6 of this document.
 Early SIMPLE IRA distribution taken within the first 2 years of participation
 Disability Distribution under age 59 1/2 – Attach signed physician letter or signed disability certification. IRA holder must be totally and permanently disabled.
 Distribution from a Beneficiary IRA
 Direct Rollover—The check must be payable to an accepting employer qualified retirement plan, governmental section 457(b) plan, or 403(b). Note: IRA-to-IRA "60-day" rollovers will be default coded as age based distributions per 1099-R instructions if this selection is completed.
 Trustee to Trustee Transfer—Attach a Letter of Acceptance signed by the new custodian on company letterhead.
 Note: Internal journals to an Outside Investment account must use the Contribution Instructions Journal Request Form, FR141.
 Coverdell Education Savings Account Distribution—formerly known as Education IRA. Note: No tax withholding permitted.

3. Distribution Options (select only one option)

Total Distribution (Account will be closed and applicable fees assessed. Additional processing time required for advisory accounts.)
 Cash distribution of the entire account. Coordinate the liquidation of all assets in the account with your financial advisor prior to submitting this request.
 In-kind distribution of the entire account.
 Partial Distribution (Account must maintain a sufficient value to cover termination and maintenance fees.)
 Payment in the amount of (Ensure cash and/or equivalent available in the account prior to submitting this request. For Optimum Market Portfolios necessary cash will be made available after submitting the request.)
 \$ (gross amount **before** tax withholding)
 In-kind distribution (specify the share quantity and the symbol or description, cannot request in dollars)

NUMBER OF SHARES	SYMBOL	DESCRIPTION OF ASSET
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Periodic Distribution (If the distribution day falls on a non-business day, your distribution will be paid on the first business day thereafter).
 This is a New Request (Initial request or in addition to existing) Change of Instruction (will replace existing instruction)
 Payment in the amount of \$ (gross amount **before** tax withholding)
 Note: This amount must be at least \$500 for Optimum Market Portfolios accounts.
 Income (dividends, capital gains and fixed income interest).
 Frequency Instructions: (If no frequency is selected, monthly distributions will be set up. If no start date is indicated, the first day of the next month will be selected)
 Weekly Monthly Quarterly Semi-annually (Semi-annual option not available for OMP accounts)
 Annually (Annual option not available for OMP accounts)
 First Payment Date*: Last Payment Date** (optional):

MM/DD/YYYY
MM/DD/YYYY

*Must be the 1st or 15th for Optimum Market Portfolios **This date must fall on a business day.

4.

Method of Distribution

(If no election is made, your distribution will be mailed to your address of record via 1st class mail.)

Check or Certificate

First Class Mail Federal Express*[†] Express Mail* Saturday Overnight*[†]

*Additional fee will apply

[†]Street address only (no P.O. Box)

Charge the overnight fee to: LPL Financial Advisor Client

Send to the name and address of record

Send to an alternate name and/or address. (Validation of client signature in Section 7 is required for third party distribution.)

Check Payable to 3rd Party Payee (leave blank if yourself):

Specify Relationship to IRA holder if using third party payee

Mail to 3rd Party Address (leave blank if mailed to address of record)

Special Instructions: (optional)

Journal of Assets to LPL Account Number: (Validation of client signature in Section 7 is required for third party distribution.)

Specify relationship to IRA holder if journal is to a 3rd party

Fed Fund Wire (Wire to a 3rd party payee is not permitted.)

Charge the \$25 fee to: LPL Financial Advisor Client

Bank Name

Bank Phone

Bank Address

Fed Funds Wire ABA Number[‡]

Bank Account Name

Bank Account Number

Further Credit Name

Further Credit Number

[‡]Verify the Fed Fund wire number with your receiving financial institution.

ACH Electronic Funds Transfer - ACH to a 3rd party payee is not permitted (Validation of client signature in Section 7 is required.)

Bank Name

ACH ABA Number

Bank Account Name

Bank Account Number

Select One

Checking Account—Include a copy of a preprinted voided check.

Savings Account—Include a copy of a monthly bank statement including account number, registration, bank name and logo.

Note: An acceptable substitution is a letter on bank letterhead signed by an officer of the bank (including the officer's title) verifying ABA number, bank account title, bank account number, and receiving bank account type (i.e. checking or savings).

5. Tax Withholding**Federal Income Tax Withholding**

Under federal law, the Custodian is required to withhold federal income tax from distributions unless you elect out of this withholding below. **If no election is made, LPL will withhold 10%.** You may change this election for future distributions at any time by sending a written request. Whether or not you elect to have taxes withheld from your distribution, you are responsible for the full amount of income tax and any related penalties. If you do not withhold enough tax or make appropriate estimated tax payments, you may be subject to additional penalties. If funds are distributed to a foreign address or if the address of record on the LPL account is a foreign address, a minimum of 10% must be withheld regardless of your election below.

- Once taxes are withheld from the account and paid to the IRS, they cannot be reversed.
- If withholding is elected, the amount withheld must be 10% or greater of the gross distribution amount. If less than 10% is elected, LPL will round-up to 10%.
- Periodic distributions will continue at this rate until LPL is notified of a change.

- Do not withhold any federal income taxes.
- Withhold % on my gross distribution for federal income taxes (not available for in-kind distributions).
- Withhold \$ from available cash and/or equivalent on my gross distribution (must be at least 10% of gross distribution amount).

State Income Tax Withholding

Check one of the following to indicate whether you wish to have state income taxes withheld. **State withholding may be mandatory regardless of your election below.** Also, state withholding is not available for some states and taxes will not be withheld regardless of your election below.

- State withholding will be based on your account registration and the table on the following page.
- Periodic distributions will continue at this rate until LPL is notified of a change.
- State withholding can only be elected if federal withholding is elected.

- Do not withhold any state income taxes.
- Withhold % on my gross distribution for state income taxes (not available for in-kind distributions).
- Withhold \$ from available cash and/or equivalent on my gross distribution.

6. Client Signature and Certification

I certify that I am the proper party to receive payment(s) from this account and the information provided is true and accurate. I further certify that no tax advice has been given to me by LPL, unless my Financial Advisor is employed, as an outside activity, as a duly qualified tax adviser for which separate and distinct consideration has been paid and is unrelated in any way to LPL. All decisions regarding any authorization herein are my own. I expressly assume responsibility for tax implications and adverse consequences, which may arise from any withdrawal, and I agree that LPL shall in no way be held responsible. I understand the tax implications of distributions and understand that it is my responsibility to determine the taxable amount of any distribution made under this authorization.

- If taking an early IRA distribution, I acknowledge that this distribution may result in a tax penalty if I do not meet one of the IRS exceptions. I understand that an early Roth distribution will also result in taxable income and possibly a tax penalty if I have not completed the five-year aging requirement and/or my distribution is not a qualifying distribution. I also understand that I may be required to file IRS Form 5329. In consideration of LPL Financial reporting a series of distributions on the IRS Form 1099-R, you understand the following:
- Once this payment series begins, generally, the payment schedule may not be altered for a period of five years or attainment of age 59 1/2 whichever is longer.
- Funds may not be added or subtracted from the account in any way, including contributions, transfers, and distributions from the account other than the calculated payment once the payment period is complete.
- A missed payment not corrected by year's end constitutes as an alteration of the schedule and will terminate the exception.
- Upon the attainment of age 59 1/2 the 1099-R will be coded as a normal distribution according to the IRS Form 1099-R instructions.
- Please consult with a tax professional before submitting the request.
- If my Coverdell Education Savings Account distribution exceeds the qualified higher education expenses of the beneficiary, I understand that that the distribution may be subject to income tax penalties.
- I hereby authorize LPL Financial LLC ("LPL") to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the bank indicated, and to credit and/or debit the same such bank account indicated above. This authority is to remain in full force and effect until LPL has received written notification from me (or either of us) of its termination in such time and in such manner as to afford LPL and the bank reasonable opportunity to act on it.

Account Owner Signature

Account Owner Name (print)

Date

7. Validation of Client Signature (required for third party, wire, and ACH distributions)

My customer(s) is/are well known to me, and I validate that the signature(s) on the attached document is/are genuine. I agree for myself and my successors, assigns, heirs, executors, and administrators to at all times indemnify and hold harmless LPL and all LPL staff and third-party providers, acting as authorized agents of LPL, from and against any and all claims, losses, liabilities, taxes, damages, actions, charges, and expenses, including attorney fees, resulting from your compliance with this request. LPL reserves the right to verify the authenticity of any signature.

Financial Advisor Signature

Financial Advisor Name (print)

Date



Disability Certification in Accordance with IRC Code 72(m)(7)

Instructions: This certification below must be completed by your physician and submitted with the distribution form.

Physician's Certification of Permanent and Total Disability: I hereby certify that the Participant named below has become unable to engage in any substantial gainful activity by reason of medically determinable physical or mental impairment that is expected to result in death or to be of long-continued and indefinite duration. I understand that this will serve as proof of Permanent and Total disability of the participant, in order for his/her distribution to be exempt from the IRS 10% early distribution penalty.	
_____ Physician's Name (print)	_____ Physician's Signature
Name of Hospital/Clinic <input type="text"/>	Physician's Phone Number <input type="text"/>
Address <input type="text"/>	
Date the client became permanently disabled:	<input type="text"/>
Certification was previously provided to LPL & I certify that is still valid. Approximate date submitted: <input type="text"/>	

Do Not Return This Page

State Income Tax Withholding Guidelines

State	Federal Income Tax Withholding Election	State Income Tax Withholding Election and Requirements
AR	Yes	Must withhold 3.00% of gross distribution
	No	No withholding
	No Instructions	Must withhold 3.00% of the gross distribution
CA	Yes	Must withhold 10.00% of federal income tax withheld, unless you specify a state income tax withholding amount
	No	No withholding
	No Instructions	Must withhold 10.00% of federal income tax withholding amount
DC	Yes	Must withhold 8.95% of gross distribution
	No	No withholding
	No Instructions	Must withhold 8.95% of gross distribution
DE, IA, KS, ME, NE, OK	Yes	Must withhold at least 5.00% of gross distribution
	No	No withholding
	No Instructions	Must withhold 5.00% of gross distribution
MA	Yes	Must withhold at least 5.30% of gross distribution
	No	No withholding
	No Instructions	Must withhold 5.30% of gross distribution
MI	Yes	Must withhold 4.35% of gross distribution, unless you specify a state income tax withholding amount on MI W-4P
	No	
	No Instructions	
NC	Yes	Must withhold 4.00% of gross distribution, unless you specify a state income tax withholding amount
	No	No withholding
	No Instructions	Must withhold 4.00% of gross distribution
OR	Yes	Must withhold at least 8.00% of gross distribution, unless you specify a state income tax withholding amount
	No	No withholding
	No Instructions	Must withhold 8.00% of gross distribution
VT	Yes	Must withhold 27% of federal income tax withholding amount, unless you specify a state income tax withholding amount
	No	No withholding
	No Instructions	Must withhold 27% of federal income tax withholding amount
AL, AZ, CO, CT, GA, HI, ID, IL, IN, KY, LA, MD, MN, MS, MO, MT, ND, NJ, NM, NY, OH, PA, RI, SC, UT, VA, WI, WV	Yes	Voluntary withholding of gross distribution permitted
	No	No withholding
	No Instructions	No withholding
All other states		State income tax withholding is not an available service even if your state has state income taxes

This information is provided as a guideline only, and is not a direction or advice regarding withholding. LPL Financial LLC advises you to contact your tax professional before making any election regarding state withholding. State law is subject to change and LPL Financial LLC is not responsible for changes in state law that may affect the accuracy of this guideline.