IRA Distribution Form – for Traditional and Roth IRAs

#1 IRA Owner Information (please print)

Name
Address
City
State
Zip Code

Important: If the above address does not match the information we have on file, please enclose a legible photocopy of your current/valid driver’s license or legible photocopy of a current/valid (within last 30 days) location-related utility bill (e.g., electric, water, cable or telephone bill) that shows your name and the same address that is listed on this form.

Social Security Number (SSN) or Taxpayer Identification Number (TIN)
Date of Birth

Daytime Phone Number

Type of IRA (select one)  ☐ Traditional  ☐ Roth
Account Number

#2 Distribution Reason (select one)

If you are requesting a distribution for any other reason not listed below, please contact us.

Payable to You  ☐ Under age 59 1/2 (premature)  ☐ Age 59 1/2 or older (normal)  ☐ Disability  ☐ Death
Transfer/Direct Rollover  ☐ Transfer to another IRA
☐ Direct rollover to an employer sponsored eligible retirement plan

1If you are the beneficiary due to the death of the account owner, complete the following:

Name of deceased
SSN
Date of Death
Your Relationship  ☐ Spouse  ☐ Non-spouse

2Custodian/Trustee Information: Complete for a transfer to another IRA or direct rollover to an employer-sponsored eligible retirement plan.

Name
Address
City
State
Zip Code

Account Number (if applicable)

Custodian/Trustee Phone Number

Signature of custodian/trustee required in Section 5 for transfer to another IRA.

#3 Required Minimum Distribution (upon reaching the age 70 1/2)

Excluding Roth IRA participants, all other IRA participants must begin to take their Required Minimum Distribution (RMD) once they attain the age of 70½.

Your RMD is calculated based on a life expectancy factor taken from the Uniform Lifetime Table published by the Internal Revenue Service (IRS) and the prior year end value of your IRA(s). If you would like your RMD calculated using a different method, contact us at the number provided at the top of the form.

Distribute my RMD Amount $ ____________________________________________  NOTE: You must resubmit your RMD annually.

Failure to take the RMD can result in the imposition of a 50% excess accumulations penalty on the amount that you failed to take.
#4 Payment Instructions

Payment election: I elect distributions to be paid in the following manner (select one)

- Full distribution
- Partial distribution of $ ________________
- Periodic distribution. Please begin periodic payments of $ ________________ on a [ ] monthly [ ] quarterly [ ] annual basis, starting on ________________ and continue payments until I notify you in writing.

Tax election: Complete this section for payments other than Roth IRAs, transfers or direct rollovers. Please read the Notice of Withholding carefully before completing this section and we encourage you to check with your tax advisor for additional information.

Federal Withholding ____________%  Note: Please indicate 0% if you elect no withholding. If you want federal taxes withheld, the income tax rate minimum is 10%. If a federal tax election is not designated, the mandatory 10% withholding will be taken from your distribution amount.

State Withholding ____________%  Note: Your state may allow or require state income tax withholding on any distribution.

[ ] I am not a U.S. person (30% mandatory federal withholding applies to this distribution unless a reduced withholding rate is applicable)

Payment Method: (select one)

- Automated Clearing House (ACH) (send electronically via ACH)
  Note: There is no fee for this payment method.

- Wire (send electronically via wire)
  Note: There is a $25 fee for this payment method.

- Check
  Note: There is a $5 fee for this payment method.
  [ ] Send check to me at the address in Section 1.
  [ ] Send check to my new custodian/trustee in Section 2.
  [ ] Optional: Send check by overnight mail (this address cannot be a P.O. Box). Note: there is a $20 fee for overnight mail.

Financial institution (FI) information: (complete for ACH or wire payments)

Please verify all information below with your FI:

Receiving FI Name: ____________________________

ACH Routing Number: _________________________

Wire Routing Number: _________________________

Your Account Number: _________________________

Attach a voided check

#5 Signature

By signing below, you certify that you are the IRA owner, the beneficiary or the individual legally authorized to complete this form, and that you hereby authorize TCF National Bank to withdraw funds from the referenced account and to distribute them according to the instructions provided herein. You hereby certify that this distribution is made for the reason described above and complies with the provisions of the TCF National Bank Customer Agreement. The receipt of this distribution is acknowledged by the account holder’s signature. TCF National Bank may rely on this certification without further investigation.

If you elect to not 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. If you have any questions regarding the tax treatment of any withdrawals from your account, please contact your tax advisor, tax attorney, or the IRS.

By signing below, under penalties of perjury, I certify that I am an individual, a US citizen or other US person (as defined in Form W-9), and that the Social Security number I have provided in Section 1 of this form is correct.

(NOTE: failure to provide a correct Social Security number may subject my account to backup withholding)

I understand that if I am a nonresident alien, I am required to complete Form W-8BEN* to certify my foreign status and I understand that I am not under penalty of perjury certifying the above information.

*Please contact us or go to www.irs.gov to obtain Form W-8BEN.

Signature of IRA Owner/Beneficiary ____________________________  Date ____________________________

Signature of Custodian/Trustee ____________________________  Date ____________________________
NOTICE OF WITHHOLDING

Please read carefully before completing the IRA Distribution Form

Your IRA distributions, other than Roth IRA distributions and Direct Rollovers, are subject to federal (and, in some cases, state) income tax withholding unless you elect not to have withholding apply. Withholding will apply to the gross amount of each distribution, even if you have made non-deductible contributions. Moreover, failure to provide a U.S. residential address will result in 10% federal income tax withholding (and possible state income tax withholding) on the distribution proceeds, even if you have elected not to have tax withheld (an IRS requirement as applicable). A Post Office Box does not qualify as a residential address.

If you elect to have withholding apply (by indicating so on the distribution request form, by making no choice, or by not providing a U.S. residential address), federal income tax will be withheld from your IRA distribution(s) (excluding Roth IRA distributions) at a rate of at least ten percent (10%). Federal income tax will not be withheld from Direct Rollovers or distributions from a Roth IRA unless you elect to have such tax withheld.

State income taxes may also be required to be withheld from your distribution regardless of your election. See below for your state’s withholding rules. Your state of residence will determine your state income tax withholding requirements, if any. Your state of residence is determined by your legal address of record provided for your IRA.

Residents of District of Columbia: Withholding is required at the highest income tax. An election out is not allowable.

Residents of IA and MA: If federal income tax is withheld, state income tax of at least your state’s minimum requirements must be withheld in addition to federal income tax withholding at the time of your distribution. If you elect out of federal income tax withholding, state income tax will not be withheld unless you indicate otherwise.

Residents of CA, OK, OR and VT: If federal income tax is withheld, state income tax at least your state’s minimum requirements must be withheld in addition to federal income tax withholding at the time of your distribution unless you elect not to have state income taxes withheld.

Residents of AR, DE, KS, ME, MI and NC: State income tax of at least your state’s minimum requirements must be withheld unless you elect not to have state income taxes withheld.

Residents of AK, AZ, FL, HI, NH, NV, SD, TN, TX, WA, and WY: State income tax withholding is not available on your IRA distributions. Please consult your tax advisor or state agency for more information.

Residents of all other states: You are not subject to mandatory state income tax withholding, however, you may elect voluntary state income tax withholding in a percentage. If you elect to have state income taxes withheld and your state provides a minimum amount or percentage for withholding, you must elect a percentage that is not less than your state’s minimum withholding requirements. If the percentage you elect for withholding is less than your state’s minimum withholding requirements, your state’s minimum amount or percentage will be withheld.

Important: State tax withholding rules can change and the rules cited above may not reflect the current ruling of your state. Please consult with your tax advisor to obtain the most up-to-date information pertaining to your state.

Whether or not you elect to have federal and, if applicable, state income tax withheld, you are still responsible for the full payment of federal income tax, any state tax or local taxes, and any penalties which may apply to your distribution(s). Whether or not you elect to have withholding apply (by indicating so on the distribution form), you may be responsible for payment of estimated taxes. You may incur penalties under the IRS and applicable state tax rules if your estimated tax payments are not sufficient.

If you are not a U.S. person (including a U.S. resident alien), you must submit IRS Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding, with the distribution request form to claim tax treaty benefits, and a reduced federal income tax withholding rate, if applicable. Otherwise payments are subject to the 30% nonresident alien federal income tax withholding rate. To obtain Form W-8BEN, please consult your tax advisor or go to the IRS website at http://www.irs.gov.