

IRA DISTRIBUTION FORM

Apple Bank for Savings

Please complete all of the information requested below:

PLAN # _____ BRANCH #/DEPARTMENT _____

1. PLAN TYPE TRADITIONAL ROTH SEP

2. ACCOUNT OWNER INFORMATION

Name:

First

Middle

Last

Address:

Street

City

State

Zip Code

Date of Birth:

Social Security Number:

Home Phone:

Business Phone:

3. REASON FOR DISTRIBUTION

- | | |
|--|--|
| <input type="checkbox"/> Regular Distribution (after age 59-1/2) | <input type="checkbox"/> Death (complete Section 5; additional documentation required) |
| <input type="checkbox"/> Mandatory Distribution (After age 70-1/2) | <input type="checkbox"/> Disability (additional documentation required) |
| <input type="checkbox"/> Premature Distribution (before age 59-1/2; possible IRS penalty) | <input type="checkbox"/> Remove an excess contribution made for the current year |
| <input type="checkbox"/> Premature Distribution (before age 59-1/2; exempt from IRS penalty) | <input type="checkbox"/> Remove an excess contribution made for the prior year |
| <input type="checkbox"/> Internal Transfer | <input type="checkbox"/> Other _____
(conversion to Roth, Revocation, Recharacterization, etc.) |

4. DISTRIBUTION INSTRUCTIONS

Required Minimum Distribution (RMD)*

- | | |
|---|--|
| <input type="checkbox"/> Close Account(s) | <input type="checkbox"/> Installment payment based on Uniform Lifetime Table |
| <input type="checkbox"/> Specified Amount(s) | <input type="checkbox"/> Installment payments based on Joint Life and Last Survivor Expectancy Table |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Installment payments based on the Single Life Expectancy Table |
| <input type="checkbox"/> Interest only – Installment Payments:
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | |

*RMD's not required for Roth during participant's lifetime

Frequency: Immediately At Maturity Installments: Monthly Quarterly Semi-Annually Annually

Please indicate month in which distributions are to start _____

Deferred Distribution: If you reach age 70-1/2 this year, you may elect to defer this year's distribution up to April 1st of the following tax year. You are allowed to defer this distribution only for the year that you reach age 70-1/2. If you defer your distribution until next year, two withdrawals will be made in the same year. Please indicate which month you would like your deferred distribution:

January February March

Federal Income Tax Withholding Election: You must select one, withholding options as noted below. If you do not we are required to automatically withhold from your taxable payments as required by Federal Law.

- | | |
|---|--|
| <input type="checkbox"/> Do not withhold federal income tax from my payments | <input type="checkbox"/> I elect to have the amount of \$___ withheld from my distribution payment |
| <input type="checkbox"/> Withhold federal income tax from my payments (10% -normal) | <input type="checkbox"/> Other percent ___% |

Method of Payment

- Check mailed to recipient's address
 Deposit to IRA owner's Apple Bank Savings Account:
Checking, NOW, or Money Market Account # _____
- Check mailed to recipient of funds in Section 5
 Savings Account # _____
 Special handling instructions _____

Specify retirement account(s). List numbers below

Specified Amount(s)

\$ _____
\$ _____
\$ _____

Please note that early withdrawals from time deposit accounts may result in interest penalties. See account disclosures.

5. DISTRIBUTION DUE TO DEATH

- * The recipient's signature must be guaranteed. Recipient of funds: Designated IRA beneficiary Legal representative of estate

Name:

First	Middle	Last
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Address:

Street

City	State	Zip Code
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Date of Birth:

Social Security Number:

Home Phone:

Business Phone:

6. AUTHORIZATION By signing this request:

You authorize us to make a withdrawal from the above Apple Bank IRA in the manner and for the reason indicated. You affirm that the withdrawal is permitted under the Apple Bank IRA and meets all legal requirements of the Internal Revenue Code. You acknowledge that Apple Bank may rely on your affirmation and is not liable for any tax or other consequences, nor for any penalties, however incurred in connection with this withdrawal.

Name of individual receiving funds (please print)

Signature

Date

7. Approved by APPLE BANK FOR SAVINGS

Authorized Signature

Date