

**INDIVIDUAL RETIREMENT ACCOUNT WITHDRAWAL AUTHORIZATION**Re: \_\_\_\_\_ IRA # \_\_\_\_\_ Type  Traditional/SEP  Roth  Coverdell ESA  
Please Print Name (Please check one)\_\_\_\_\_  
Address Soc. Sec. #

You are custodian of my IRA which was set up in accordance with provisions of the Internal Revenue Code. The law requires that I furnish you with certain information regarding withdrawal from this account. I understand that if I am under the age of 59½ an \$18.00 closure fee per investment will be charged. I understand that if this is a SEP IRA I will be charged the \$15.00 annual fee at time of closure.

I understand that if this withdrawal requires you to withdraw funds from a time deposit prior to maturity, applicable regulations may require you to impose substantial interest penalties because of such early withdrawal.

I will be \_\_\_\_\_ years of age on December 31 of this year, 20\_\_\_\_.

**IRS REASON CODE FOR WITHDRAWAL BEGINNING IN 1990** (Please check one)

- |   |  |
|---|--|
| <input type="checkbox"/> 1. EARLY WITHDRAWAL (Owner has not reached age 59½ and is not disabled. Includes rollovers before age 59½)<br><b>\$18 closure fee applies per investment</b> | <input type="checkbox"/> 7. NORMAL (after age 59½ — Includes rollovers after age 59½)  |
| <input type="checkbox"/> 3. DISABILITY before age 59½ (Includes rollovers before age 59½ due to disability)   | <input type="checkbox"/> 8. EXCESS CONTRIBUTION WITHDRAWN BEFORE RETURN is due (Contribution made in the same year as withdrawal)<br>\$ _____<br><small>Income Attributable to Excess</small>      |
| <input type="checkbox"/> 4. DEATH<br>_____<br><small>Beneficiary's Name</small><br>_____<br><small>Beneficiary's Soc. Sec. No.</small>  | <input type="checkbox"/> 9. EXCESS CONTRIBUTION WITHDRAWN BEFORE RETURN is due (Contribution made in the year prior to the withdrawal)<br>\$ _____<br><small>Income Attributable to Excess</small> |

**TYPE OF WITHDRAWAL**

- \$ \_\_\_\_\_
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- Withdrawal Amount
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1. PARTIAL: There is still money in this account.
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2. COMPLETE: There is no money in this account (including dividends)
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- \* For SEP IRA \$15.00 maintenance fee charged at closing.

**PAYMENT METHOD**

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1. I want to receive this payment by check.
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2. Deposit this payment directly into my account at the Credit Union. Account No. \_\_\_\_\_

**FEDERAL WITHHOLDING ELECTION (Not applicable to Roth IRA or Coverdell ESA)**

Federal Law requires us to withhold 10% when an election has not been chosen.

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1. WITHHOLD 10% federal income tax from this payment.
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2. DO NOT WITHHOLD 10% federal income tax from this payment.

**IRA OWNER'S SIGNATURE**

I certify that I am the IRA owner, the beneficiary, or the individual legally authorized to complete this form. I certify the accuracy of the information set forth in this form, and I authorize this transaction. I understand the custodian/trustee may require the completion of additional documents before processing any distributions. I understand that I am responsible for any consequences resulting from this distribution including taxes and penalties owed. I indemnify and hold the custodian/trustee harmless from any resulting liabilities. I acknowledge that the custodian/trustee cannot provide me with legal/tax advice and, if needed, I will consult with a legal/tax professional for guidance.

Signed \_\_\_\_\_ Date \_\_\_\_\_