



Account Number _____

Rep ID _____ Alternate Branch _____

ON-DEMAND DISTRIBUTION REQUEST – IRA/SEP/ROTH/SIMPLE

New Amended

SECTION ONE: CLIENT INFORMATION

Name and Address	SSN
	Date of Birth

By completing this form, I hereby authorize RBC Correspondent Services, a division of RBC Capital Markets, LLC ("RBC CM"), Member NYSE/FINRA/SIPC, to accept written and oral instruction(s) from me (including, without limitation, instructions provided by me by telephone) to distribute assets according to the instructions selected below:

SECTION TWO: TYPE OF DISTRIBUTION

- Premature - Client is under age 59½. This distribution may be subject to an IRS 10% premature distribution tax.
- Substantially Equal Payments
- Normal - Client has attained age 59½.
- Disability - Within the meaning of Section 72(m)(7) of the Internal Revenue Code
- Distribution to Beneficiary (In decedent account status)
- Simple IRA - Distribution prior to completion of 2 years in the Plan and under age 59½.

SECTION THREE: METHOD OF DISTRIBUTION

I authorize distributions from my account to be processed by any of the following methods:

- Check issued and forwarded to the address of record.
- ACH (ACH paperwork required.)
- Deposit to RBC CM account. (If available, please provide account number: _____.)

SECTION FOUR: WITHHOLDING ELECTION

Taxable distributions you receive from your retirement account are subject to federal income tax withholding unless you elect not to have withholding apply. If you elect withholding, government regulations require the rate to be no less than 10%. If you elect not to have withholding apply, you are still liable for payment of federal income tax on your distribution(s). You may also be responsible for payment of estimated tax. In addition, you may incur penalties under estimated tax rules if your withholding and estimated tax payments are not sufficient. Withholding is merely a method of paying taxes that you owe; therefore, it does not change your total tax liability. This section will remain in effect until RBC CM receives written notification to change the method of withholding.

For more information on federal income tax withholding from IRAs, please see IRS Publication 505, "Tax Withholding and Estimated Tax," and consult your legal and/or tax professional.

Federal Income Tax (one box must be checked.)

- Permanent nonwithholding election: I elect not to have federal income tax withheld from my payment(s).
- Permanent withholding election: I elect to have _____% or \$_____ withheld from my distribution(s) as a prepayment of federal income tax.

State Income Tax (one box must be checked.)

- Permanent nonwithholding election: I elect not to have state income tax withheld from my payment(s).
- Permanent withholding election (*Must fill in "State for withholding" below*): I elect to have _____% or \$_____ withheld from my distribution(s) as a prepayment of state income tax. State for withholding _____.

SECTION FIVE: SIGNATURES

I authorize and direct RBC CM to withdraw funds from this account according to written and oral instruction(s) from me and to disburse such funds according to such instructions. I understand the above instructions will remain in effect until RBC CM receives written instruction from me canceling, revoking or modifying the above instructions, and I agree to release and discharge RBC CM and hold RBC CM harmless from and against all liability arising from or related to its adherence to such oral or written instructions. I certify that this withdrawal shall be made for the reason indicated above, that any withdrawal request shall comply with the provisions of the RBC CM Individual Retirement Account Agreement, and that such withdrawal request satisfies the requirements of the Internal Revenue Code. By authorizing the payment above, I acknowledge constructive receipt of the funds from my retirement account. I acknowledge that I may be liable for any taxes (including, without limitation, tax on ordinary income) and penalties imposed by the Internal Revenue Service (IRS) arising from or related to the amount distributed from my IRA to a third party. I agree to hold harmless RBC Capital Markets, LLC (as custodian) for following my instructions for payment to a third party. I understand that the distribution of assets out of my IRA to a third party will be reported to the IRS under my Social Security Number.

Client Signature	Date	Print Name
Firm Principal Signature		Date