



DISTRIBUTION REQUEST

214 West 9th Street
Onaga, KS 66521-0420
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F) 913.901.4190
Distributions@mainstartrust.com

☐ This Is a New Address

Please Print or Type

Will distribution close account?

☐ Yes ☐ No

1. Accountholder Information

Account Name:		Date:	
Address:		Account Number:	
City State Zip:		Social Security Number:	
Phone Number:		Date of Birth:	

2. Method of Payment

Distributions to be made: Starting Date _____ ☐ Once ☐ Monthly ☐ Quarterly ☐ Annually
(MM/DD/YYYY)

☐ Check (default)

☐ Direct Deposit: ☐ Information Already on File
☐ Voided Check Attached (see page 2)
☐ Checking ☐ Savings

3. Cash Amount

I instruct the custodian to distribute from the above account:

☐ 1. The entire cash balance

☐ 2. \$ _____ (value of assets requested) - or - other _____

4. Securities to Distribute

Asset Description	Quantity	Liquidate Please submit Sale Authorization or Redemption form.	Distribute In Kind
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

5. Withholding Election – Substitute Form W-4R

<p>Withhold federal taxes of \$ _____ or _____ % (0-100%) Whole number only</p> <p><i>IRS regulations require the Custodian to withhold at least 10% of distribution if left blank.</i></p>	<p>I understand that I am still liable for the payment of Federal Income Tax on the amount received. I also understand that I may be subject to Federal Income Tax penalties under the estimated tax payment rules if my estimated tax payments and withholding are insufficient. Note: If you elect to withhold federal income tax and are a resident of Kansas, you may voluntarily elect to have state income tax withheld at 5% or greater.</p>
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6. Distribution Reason

I direct Mainstar Trust, Custodian to make a distribution from the IRA for the following reason:

- ☐ Normal Distribution & RMD (attained age 59 ½)
- ☐ Early distribution (under age 59 ½ - IRS penalty applies)
- ☐ Death distribution to beneficiary
- ☐ ROTH Early Distribution (under age 59 ½)
- ☐ ROTH Distribution (attained age 59 ½ or Death)
- ☐ SIMPLE IRA early distribution.
Date employee first participated _____
- ☐ Substantially equal payments (72t)
- ☐ IRA Excess Contribution Removal
Was the contribution made in a prior year?
☐ No (Code 8) ☐ Yes (Complete the following to determine the appropriate code)
Is contribution being removed prior to the tax return due date of the year for which the contribution was made?
☐ Yes (Code P) ☐ No (Use ____ Code 1 or ____ Code 7)

7. Direct Deposit Authorization

Complete if you want cash distribution deposited directly to your bank account.

I hereby authorize Mainstar Trust to electronically deposit money into the account referenced at the financial institution named below. This authorization is to remain in effect until I notify Mainstar Trust in writing on a Direct Deposit Authorization form of a cancellation or change. I understand it is my responsibility to verify that the money in the correct amount is credited to my account and to notify Mainstar Trust of any discrepancies. In the event money is deposited erroneously into my account, I authorize Mainstar Trust to debit my account not to exceed the amount of the erroneous credit. I hereby agree to hold Mainstar Trust harmless from any error or omissions Mainstar Trust may make in depositing or failing to deposit the requested amount to the designated account.

Account Information: Attach a voided check or a savings account deposit slip.

Please verify the ABA Routing Number with your financial institution for your account. These are the first nine (9) digits on your check or deposit slip. The accountholder is responsible for the accuracy of the ABA Routing Number.

BANK NAME: _____

ABA ROUTING NUMBER: _____

BANK PHONE: _____

ACCOUNT NUMBER: _____



Attach voided
check here.

8. Signature

I certify that I am the proper party to receive payment(s) and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by the custodian.

Accountholder/Trustee Signature

Date