



QUEST TRUST  
C O M P A N Y

# Distribution Form

Quest Trust Company  
17171 Park Row, Suite 100  
Houston, TX 77084  
P: 800.320.5950  
F: 281.646.9701  
Distributions@QuestTrust.com

## ACCOUNT HOLDER INFORMATION

Name:	Account Number:
Social Security Number (SSN):	Date of Birth:
Legal Address:	City, State, Zip Code:

Is this a distribution due to death? If Yes, please complete below. If no, skip the following section.

Beneficiary Name:	SSN:	Date of Birth:
Legal Address:	City, State, Zip Code:	

## REASON FOR DISTRIBUTION

This distribution is from a Traditional, Roth, SIMPLE or SEP IRA:	This distribution is from a Health Savings Account or Coverdell ESA:
Normal (Account holder is over 59.5) This could include RMDs. Early/Premature (Account holder is under 59.5 and no known exception applies) Early/Premature with exception (Account holder is under 59.5) Permanent Disability Removal of Excess Contribution for tax year: _____ Death Distribution to a Beneficiary Other: _____	H.S.A. Qualified Medical Expense H.S.A. Non-Qualified Medical Expense Coverdell ESA Qualified Education Expense Coverdell ESA Non-Qualified Education Expense Other: _____

## DISTRIBUTION DETAILS

<input type="checkbox"/> <b>Complete Distribution</b> I elect to close my account once the distribution is processed.	<input type="checkbox"/> <b>Partial Distribution:</b> CASH - Please distribute specific amount \$ _____ Frequency*:    One Time    Monthly    Quarterly    Semi-Annually    Annually Date to <u>commence</u> recurring distributions: _____ Date to <u>stop</u> recurring distributions (if applicable): _____ IN-KIND**: Please see section below if you are distributing an assets in-kind.
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\*Quest Trust Company will process recurring distributions, until written instructions are submitted to the contrary.

\*\*Please complete this below if you are distributing assets in-kind. Please note, the distribution of assets requires an accompanying valuation for each asset.

Asset Description:	Current Fair Market Value:

## FUNDING INSTRUCTIONS

Process this distribution via	ACH (\$5 fee)	Wire (\$30 Fee)	Check (\$5 Fee, however, Check Fee is waived for RMDs)
<b>FOR ACH/WIRE</b>		<b>FOR CHECK</b>	
Name of Bank:	Account Name:	Make Check Payable to:	
ABA/Routing Number:	Account Number:	Mail Check to:	
For Further Credit to:		Send Check via:    Regular Mail    Overnight Mail (\$35) Hold for pickup    Houston office    Austin office    Dallas office	



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## NOTICE OF WITHHOLDING *(Complete to opt out of withholding)*

The distributions you receive from your individual retirement account established at this institution are subject to federal income tax withholding unless you elect not to have withholding apply. If you elect not to 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.

**Option 1.** I elect to **HAVE** federal income taxes withheld from my IRA distribution at the rate of \_\_\_\_\_ % (not less than 10%) OR additional amount of \$ \_\_\_\_\_ from the amount withdrawn.

**Withholding Instructions:**

Send the amount requested LESS my federal withholding election.

Send the EXACT amount requested and submit my federal withholding election out of my remaining account cash balance.

**Option 2.** I elect to **NOT HAVE** federal income taxes withheld from my IRA distribution.

**Note: If this section is left blank, Quest Trust Company is required to withhold 10% from the gross distribution amount.**

## CORONAVIRUS-RELATED DISTRIBUTION (CRD)

If this distribution is Coronavirus related, by signing below under "Signature" I certify that I meet one or more of the criteria listed below and I have not received more than \$100,000 (inclusive of this distribution) from all of my retirement accounts, including IRAs, qualified plans, 403(b)s and government 457(b) plans. I am an "affected individual" who satisfies one or more of the following criteria:

- I was diagnosed with COVID-19 or SARS-CoV-2 by a test approved by the Centers for Disease Control and Prevention;
- My spouse or dependent is diagnosed with COVID-19 or SARS-CoV-2;
- I am unable to work due to lack of child care due to such virus or disease; or
- I have experienced an adverse financial consequence as a result of being quarantined, furloughed or laid off, or having work hours reduced due to COVID-19 or SARS-CoV-2.

I understand I have 3 years to rollover this distribution back to an IRA measured from the day after I receive this distribution. I also understand that tax withholding will not apply to this distribution unless I elect withholding.

## SIGNATURE

I certify that I am the proper party to receive payment(s) from this account, and that all information provided by me is true and accurate. I acknowledge that I have read the Notice of Withholding above and have completed the Withholding Election above. I understand that distributions from this account are reported to the IRS. I further certify that Quest Trust Company has given no tax advice to me and that all decisions regarding this withdrawal are my own. I expressly assume the full responsibility of determining the taxable amount of this distribution, for determining whether this distribution is a qualified distribution, and for any adverse consequences, which may arise from this withdrawal. I agree that Quest Trust Company shall in no way be responsible for those consequences.

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_