

Approval for Distribution for Traditional, Roth, Rollover, Education & SEP IRA

CHECK ONE:	
<input type="checkbox"/> IRA	<input type="checkbox"/> Roth <input type="checkbox"/> HSA <input type="checkbox"/> Coverdell <input type="checkbox"/> SEP
DCG&T USE ONLY	
G&T#	PLAN#
SS#	CODE#

BROKERAGE FIRM _____

I. DEPOSITOR INFORMATION				
NAME		INVESTMENT EXECUTIVE NAME		ACCOUNT NUMBER
ADDRESS			DOB	SOCIAL SECURITY NUMBER
CITY	STATE	ZIP	PHONE	

II. REASON FOR DISTRIBUTION Please select only one choice.

<input type="checkbox"/> Normal	Recipient is over age 59½.
<input type="checkbox"/> Premature	IRA: Recipient is under age 59½ and is not disabled. May be subject to 10% penalty, exception to penalty may apply. ROTH: Distribution rules vary; consult with your tax advisor.
<input type="checkbox"/> Premature – Substantially Equal Payments	Recipient is under age 59½, and is taking substantially equal payments under section 72(t). Special rules apply, consult your tax advisor.
<input type="checkbox"/> Disability	Physician's statement or social security certification necessary.
<input type="checkbox"/> Death	Beneficiary of deceased account holder completes form. A certified copy of death certificate with raised seal and beneficiary's social security number, address, and date of birth are required. If the beneficiary is an estate, Letters of Testamentary/Administration are required. If beneficiary is a Trust, a copy of the Trust is required.
<input type="checkbox"/> HSA	Qualified Medical Expense distribution from a Health Savings Account
<input type="checkbox"/> Divorce	Enclose a certified copy of the divorce decree with raised seal along with former spouse's social security number, date of birth, and letter of instruction.
<input type="checkbox"/> Coverdell – Qualified Education Expense	Distribution from a Coverdell account used for qualified higher education expenses.
<input type="checkbox"/> Removal of Excess Contribution	Removal is being made <input type="checkbox"/> Before <input type="checkbox"/> After tax filing deadline. If before, please provide amount of earnings \$ _____. Please note: Earnings are subject to tax withholding.

III. DISTRIBUTION INFORMATION

FREQUENCY OF DISTRIBUTION (Periodic distributions will begin when form is received by trustee)
 Please check one: Monthly Quarterly Semi-Annually Annually One Time Begin Date: _____

SEND DISTRIBUTION TO:

HOME ADDRESS OTHER (Please provide us with mailing and deposit instructions.)

JOURNAL TO ACCOUNT NUMBER _____

ACCOUNT TYPE (Please indicate)
 ___ Traditional IRA ___ ROTH ___ Retail Account

<input type="checkbox"/> TOTAL DISTRIBUTION (All cash)	PARTIAL DISTRIBUTION	
<input type="checkbox"/> LIQUIDATE <input type="checkbox"/> SECURITIES (Certificate Form)	<input type="checkbox"/> CASH AMOUNT \$ _____	<input type="checkbox"/> SECURITIES (list below)
SECURITIES TO BE REREGISTERED OR LIQUIDATED:		
Liquidate/ Reregister (Please circle one)	How many (shares, units or \$ amount)?	Name of Asset
L / R		
L / R		

IV. IMPORTANT INFORMATION REGARDING TAX WITHHOLDING To ROTH IRA Holders: Federal Income Taxes only apply to the earnings on non-qualified distributions.

Federal Income Taxes must be withheld from distributions unless the recipient elects not to have withholding apply. You may elect out of this withholding by checking the appropriate box below. If no election is made, we must withhold taxes at the required flat 10% rate. If you live in a state that requires state withholding that amount may be withheld also. Penalties may be incurred under the estimated tax rules if your withholding and/or estimated tax payments are not sufficient.

CHOOSE ONE

Option 1 I elect to have no income tax withheld from my retirement account distribution.

Option 2 I want income taxes withheld from my retirement account distribution at a rate of _____% plus an additional \$ _____.

Option 3 I want income taxes withheld in the amount of \$ _____.

If you have indicated above that you are taking partial distributions, your withholding election shall remain in effect until it is revoked by you.

V. NOTICE FOR RECIPIENTS OVER 70 ½ Years old (Does not apply to Education Savings Accounts or ROTH IRAs.)

I understand there is a minimum annual distribution requirement based on life expectancy and the IRS may impose a severe penalty for failure to take a minimum payment.

Vi. PARTICIPANT ACKNOWLEDGEMENT (If Education Savings Account, responsible individual must sign if designated beneficiary is a minor.)

SIGNATURE	DATE
_____	_____

Please send the original to Mesirow Financial, Inc. Please retain a copy for your records.
 If you have any questions regarding the completion of this form, please contact your Investment Executive.