

Required Minimum Distribution Form

Traditional, Roth, Rollover, Simple & SEP IRA

DCG&T USE ONLY	
G&T#	PLAN#
SS#	CODE# 400

BROKERAGE FIRM

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

II. METHOD OF CALCULATION (Please select only one choice.)

Uniform Lifetime Joint Life Expectancy You may only use Joint Life Expectancy if your beneficiary is your spouse and is at least ten (10) years younger than you. Spouse's date of birth: _____

III.

If your calculation is to be based on the market value of multiple retirement accounts, or if your retirement account was held at another investment company the previous year, please provide the Market Value as of December 31st of the previous year, to be used for this calculation:
 Market Value \$ _____

IV. FREQUENCY OF DISTRIBUTION: *Please send RMD amount distributed over the following period of time:

One-time Monthly Quarterly Semi-Annually Annually

Beginning on this date: _____ * These instructions will remain in effect until changed or cancelled in writing.

SEND DISTRIBUTION TO:

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

JOURNAL TO ACCOUNT NUMBER _____

(cannot be a retirement account)

METHOD OF PAYMENT: Cash Securities (list below) Cash and 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		

V. 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.

IMPORTANT NOTICE: IF YOU ARE A PARTICIPANT IN AN EMPLOYER SPONSORED PLAN AND WITHDRAW AMOUNTS THAT EXCEED YOUR MINIMUM REQUIRED PAYMENT, THEY ARE SUBJECT TO THE REQUIRED 20% TAX WITHHOLDING.

VI. PARTICIPANT ACKNOWLEDGEMENT

I am aware that if I have requested Mesirow Financial, Inc. to calculate my payment, they will do so based on the information I have provided. I further acknowledge that I am responsible for verifying the accuracy of the payment figure and the payment amount when I receive the distribution.

SIGNATURE	DATE
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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.