



MAIL TO: NEXT GENERATION SERVICES, LLC, 75 LIVINGSTON AVE. STE. 304, ROSELAND, NJ 07068 | P: (973) 533-1880 * F: (973) 533-1088

PARTICIPANT INFORMATION: Please complete the following information.

Name _____ Account # _____
Address _____
City, State, Zip _____ Phone _____

Date of Birth (MM/DD/YYYY)

--	--	--	--	--	--	--	--	--	--

Social Security Number (Required)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DEATH DISTRIBUTIONS ONLY: Please complete the following information.

Beneficiary Name _____
Beneficiary Home Address _____
City, State, Zip _____ Phone _____

Date of Birth (MM/DD/YYYY)

--	--	--	--	--	--	--	--	--	--

Social Security Number (Required)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TYPE OF DISTRIBUTION: Check only ONE box and fill in where applicable.

- (1) Traditional/SEP IRA Early Distribution – Participant is under age 59½ and no known exception applies. (8,B,D,L,P)
- (2) Traditional/SEP IRA Early Distribution – Exception applies. (8,B,D,P)
- (3) Traditional/SEP/HSA IRA Disability Distribution – If you are disabled within the meaning of IRC 72(m)(7).
- (4) Traditional/SEP/HSA Death Distribution – If you are a beneficiary of this account you must provide a certified copy of the death certificate. (8,A,B,D,G,H,L,P)
- (7) Traditional/SEP Normal Distribution – If you are the Participant and age 59 ½ or older.
- (G) Direct Rollover by IRA – must be paid directly to Trustee of employer plan. (4,B)
- (J) Roth IRA Early Distribution – Participant is under age 59 ½ and no known exception applies. (8,P)
- (Q) Roth IRA Qualified Distribution – meets 5 year holding period, and participant has reached age 59 ½, or is dead or disabled.
- (T) Roth IRA Early Distribution – Exception applies.
- (S) SIMPLE IRA Early Distribution – taken in the first 2 years, no known exception applies.
- (8/P) Excess Contributions Plus Earnings – In what tax year was the contribution made? _____ (1,2,4,B,J)
- (N) Recharacterization of IRA (Current Year) – For contributions made and recharacterized during the same tax year.
- (R) Recharacterization of IRA (Prior Year) – For contributions made in one year and recharacterized the following year.
- (HSA1) HSA Normal Distribution – for direct payments to the account holder or a medical service provider.
- (HSA2) HSA Excess Contribution – for distributions of excess contributions.
- (HSA6) HSA Death Distributions After Year of Death – for payments to a non-spouse beneficiary, other than an estate, after the year of death.
- (CESA1) Coverdell ESA Distribution – to the account holder and any direct payments to a qualified educational facility.
- (CESA2) Coverdell ESA Excess Contribution (Current Year) – for distributions of contributions made during the current tax year.
- (CESA3) Coverdell ESA Excess Contribution (Prior Year) – for distributions of contributions made in a previous tax year.
- (CESA4) Coverdell ESA Disability Distribution – If you are disabled within the meaning of IRC 72(m)(7).
- (CESA5) Coverdell ESA Death Distribution – If you are a beneficiary of this account you must provide a certified copy of the death certificate.



MAIL TO: NEXT GENERATION SERVICES, LLC, 75 LIVINGSTON AVE. STE. 304, ROSELAND, NJ 07068 | P: (973) 533-1880 * F: (973) 533-1088

DATE PAYMENT TO COMMENCE:

Start Date _____

Frequency of Payment One Time Distribution

End Date _____

Monthly Distribution

Other _____

If you have elected a frequency other than "one time," please use the line above if you wish to stop a recurring distribution by a specific date.

DISTRIBUTION AMOUNT: *Fill in where applicable.*

All Assets (only cash is currently held)

All Assets (In-kind)

Partial – Cash \$ _____

Partial – Asset CUSIP _____

DISTRIBUTION METHOD:

Cash – Check Payable to: _____

Mail to: _____

Wire *(Please attach outgoing Wire instructions.)*

ACH *(Please attach ACH instructions)*

Assets – Mail to: _____

(Please attach separate asset re-registration documents. Please note, additional fees may apply.)

FEES TO BE PAID BY AND ACCOUNT STATUS:

Deduct from Distribution

Check

Will you be closing your account upon distribution?

Deduct from Remaining Cash Balance

Credit

(Please attach Credit Card Authorization Form.)

Yes No

NOTICE OF WITHHOLDING ON DISTRIBUTIONS:

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. You may elect not to have withholding apply to your distribution payments by completing the "Withholding Election" section below. If you do not complete the "Withholding Election" section by the date your distribution is scheduled to begin, Federal income tax will be withheld from the amount withdrawn at a rate of 10%. 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.

WITHHOLDING ELECTION:

Choose either Option 1 or 2. Must be completed for any kind of distribution.

Option 1 Withhold Federal income tax at the rate of _____% (not less than 10%) plus an additional amount \$ _____ from the amount withdrawn.

Option 2 Effective _____, I elect not to have Federal income tax withheld. (Must have US Residence address on file.) I understand that I am still liable for the payment of Federal income tax on the taxable amount. I also understand that I may be subject to tax penalties under the estimated tax payment rules, if my payments of estimated tax and withholding, if any, are not adequate.

SIGNATURES:

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 further certify that no tax advice has been given to me by the Custodian/Administrator; that distributions are reported to the IRS, and that all decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences that may arise from this withdrawal and I agree that the Custodian/Administrator shall in no way be responsible for those consequences. Please do not email this form. **Please send the original to Next Generation Services located at 75 Livingston Ave. Suite 304, Roseland, NJ 07068.** I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Participant or Beneficiary _____ Date _____

Please note that if you mail this form to South Dakota it could cause a delay in processing. Please mail it to Next Generation Services.