

ACCOUNT TYPE

- Traditional IRA
 SEP IRA
 Roth IRA
 Rollover IRA
 SIMPLE IRA
 Inherited IRA

NAME & INFORMATION
Account Owner

Name/Account Title		Account #	
Address	City	State	Zip
Phone #	S.S.#/Tax ID	Date of Birth	

DISTRIBUTION TYPE *Choose One:*

<input type="checkbox"/> NORMAL	Recipient is over age 59 1/2.
<input type="checkbox"/> PREMATURE	Recipient is under 59 1/2 and not disabled. A 10% penalty may result. Roth IRAs: Rules vary; consult with your tax advisor.
<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 Testamentary/Administration are required. If beneficiary is a Trust, a copy of the Trust is required.
<input type="checkbox"/> DISABILITY	Physician's statement or Social Security certification required.
<input type="checkbox"/> PAYMENTS BASED ON LIFE EXPECTANCY	IRS Exception - Recipient receives distributions, which are part of a series of substantially equal periodic payments (not less frequent than annually) for the later of 5 years or 59 1/2, as stated under Code Section 72(t)(2)(A)(iv).
<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, letter of instruction, and former spouse's address.
<input type="checkbox"/> EDUCATION	Distributions used for qualified higher education expenses; These expenses include tuition fees, books, supplies, equipment, amounts contributed to a qualified state tuition program, and room and board.
<input type="checkbox"/> ROLLOVER	Direct Rollover to Employer Plan. Letter of Acceptance from plan required in addition to payment instructions.
<input type="checkbox"/> RECHARACTERIZATION	Recharacterizing an IRA contribution to another type of IRA for the year 20____.
<input type="checkbox"/> SIMPLE EARLY WITHDRAWAL	(IRS penalties may apply) I am under age 59 1/2 and have participated in my employer sponsored SIMPLE IRA plan for at least two years. I understand that a 10% penalty by the IRS may apply.
<input type="checkbox"/> SIMPLE EARLY WITHDRAWAL	(IRS penalties may apply) I am under age 59 1/2 and have NOT part participated in my employer sponsored SIMPLE IRA plan for at least for at least two years. I understand that a 25% penalty by the IRS may apply.
<input type="checkbox"/> EXCESS CONTRIBUTION	Removal is being made <input type="checkbox"/> Before <input type="checkbox"/> After (Year of Excess Contribution 20____) tax filing deadline. If before, please provide amount of earnings as these must be withdrawn and are subject to tax withholding: \$ _____ Excess Amount \$ _____ Earnings Amount
<input type="checkbox"/> TRANSFER	Internal IRA to IRA transfer to Stockcross A/C#_____. Traditional to Traditional IRA, SIMPLE to Traditional IRA, Roth to Roth IRA. Same name and social security number required. No IRS reporting.

SENDING YOUR DISTRIBUTION

Please send my distribution to:

- HOME ADDRESS - As listed on this form
 JOURNAL - To Account # _____
 WIRE - Please provide wiring instructions below:

Financial Institution

Account Name	Routing #	Account #
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- EFT - Electronic Funds Transfer instructions must be on file for 5 business days before funds are sent. Choose one:
 Use Existing Instructions
 Establish New Instructions (Please attached a voided check)

YOUR DISTRIBUTION

- TOTAL DISTRIBUTION PARTIAL DISTRIBUTION
 Cash Only \$ _____
 Securities Only (Please list below)
 Cash and Securities \$ _____ (List securities below)

SECURITIES TO BE REREGISTERED OR LIQUIDATED:

Name of Investment	# of Shares or \$ Amount	Liquidate or Re-register at StockCross
		<input type="checkbox"/> Liquidate <input type="checkbox"/> Re-register
		<input type="checkbox"/> Liquidate <input type="checkbox"/> Re-register
		<input type="checkbox"/> Liquidate <input type="checkbox"/> Re-register
		<input type="checkbox"/> Liquidate <input type="checkbox"/> Re-register
		<input type="checkbox"/> Liquidate <input type="checkbox"/> Re-register

FREQUENCY OF DISTRIBUTION:

- One Time OR Periodic *Choose one:*
 Monthly
 Quarterly
 Semi-Annually
 Annually

Note: Distributions will continue regularly as indicated above until you notify StockCross in writing to stop distributions on the account.

WITHHOLDING ELECTION (FORM W-4P/OMB NO. 1545-0074)

Purpose of Form W-4P – Unless you elect otherwise, Federal income tax will be withheld from distributions from your IRA. You can use Form W-4P, or a substitute form, such as that contained on this form, to instruct StockCross to withhold no tax from your IRA distribution (or to revoke this election). This substitute form should be used only for distributions from IRAs which are payable on demand.

Non-periodic Payments – Payments from IRAs that are payable upon demand are treated as non-periodic payments for Federal income tax purposes. Generally, non-periodic payments must have income tax withheld at a rate of not less than 10 percent, unless you elect to have no income tax withheld. Your election will remain in effect for any subsequent distribution unless you change or revoke it. Please consult your tax advisor for tax consequences from the distribution.

- I DO NOT WANT - to have tax withheld from my retirement account distribution.

Federal Income Tax Withholding -

- I WANT - to have federal income tax withheld from the distribution from my StockCross IRA at the rate of: _____ % or \$ _____
 (Not less than 10% of the Distribution)

State Tax Withholding -

The Withholding election will apply to this distribution only. Your state of residence will determine your state income tax withholding requirements. Your state of residence is determined by your legal address of record provided for your IRA. If federal withholding is applied, state income tax may also be required, regardless of your election. DO NOT complete this section if you are a resident of AK, FL, HI, MS, NH, SD, TN, TX, WA, WY.

- I DO NOT WANT – to have state tax withheld from my retirement account distribution.
 I WANT - to have state income taxes withheld with the minimum amount or percentage, if any, as determined by the requirements of my state of residence.
 NOTE: if your state does not provide a minimum amount or percentage for withholding and you do not provide a percentage below, state income taxes will not be withheld from the distribution.

SIGNATURE AND DATE

I certify that I am the proper party to receive payment(s) from this IRA and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by StockCross. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that StockCross shall in no way be held responsible.

Signature X	Date
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Office use only - Do not complete.			
Gross Cash Distributed		State Tax Withholding	
Fees		Net Distribution	
Federal Tax Withholding			