

**DISTRIBUTION REQUEST  
INDIVIDUAL RETIREMENT ACCOUNT / EDUCATION SAVINGS ACCOUNT**

Acct No: \_\_\_\_\_

Depositor's Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Type of Account:**  Traditional IRA  SEP IRA  SIMPLE IRA  Roth IRA  Education Savings Account

**Type of Distribution:**  Total (Account Termination)  Schedule of Payments –Check One:  
 Partial (Amount: \$ \_\_\_\_\_)  Monthly  Quarterly  
 Semi-Annually  Annually

**Method of Delivery:**  Cash  In-kind Shares  Electronic Funds Transfer (ACH)  Wire

**Reason for Distribution:** The reasons listed below are for reference only. Whether a distribution is qualified or nontaxable depends upon the reasons for the distribution. The term “Traditional IRA” below indicates Traditional IRA, SEP-IRA and SIMPLE-IRA distributions.

(Note: Substantial tax (and penalties) may apply to distributions, conversions and transfers. **Consult your tax adviser** and refer to your Disclosure Statement for more information.) **Check the box that applies:**

**Qualified Traditional IRA:** Age 59 ½ or older.

**Required:** Age 70 ½ or older (*Traditional IRA*); Designated Beneficiary has reached age 30 (*Education Savings Account*).

**Trustee-To-Trustee:** \_\_\_\_\_  
(Attach Completed Transfer Letter of Acceptance.)

**Nontaxable Roth IRA:** Account open 5 years and distribution made at age 59 ½ or for qualified first-time home buyer expense, disability or death.

**Nontaxable Education Savings Account:** Used to pay qualified higher education or elementary/secondary education expenses.

**Disability:** I am permanently disabled and unable to engage in any gainful employment. A letter certifying this, signed by a Medical Doctor, is enclosed (*All Accounts*).

**Death:** Each beneficiary must complete a distribution form and enclose a copy of the death certificate (*All Accounts*). Enter tax i.d. # of beneficiary: \_\_\_\_\_ or estate: \_\_\_\_\_.  
Note: For Education Savings Accounts, distributions must be paid to the Designated Beneficiary's estate within 30 days of the date of death.

**Correction of Excess Contributions:** For the \_\_\_\_\_ tax year. I understand that I will be responsible for reporting and paying all IRS penalties (*All Accounts*).

**Premature:** Under age 59 ½ and not a series of substantially equal payments (*Traditional IRA and Roth IRA*); or distribution made within 5 years of establishment (*Roth IRA*); or distribution not used for qualified higher or elementary/secondary education expenses (*Education Savings Account*).

I understand that, in addition to normal income tax, I may be assessed a 10% penalty by the IRS on this premature distribution unless an exception applies.

**Premature with Exception (Periodic Payments):** Less than age 59 ½ and electing substantially equal periodic payments over life expectancy of you and your beneficiary (*Traditional IRA and Roth IRA*).

I understand that if I alter the schedule prior to age 59 ½ or five years from the date of the first payment, the IRS may impose a 10% penalty on all payments received prior to age 59 ½.

**Conversion to Roth IRA:** Convert my Traditional IRA to a Roth IRA. (Attach completed Transfer Letter of Acceptance, if applicable.)

**Recharacterization:** Recharacterize my Roth IRA back to a Traditional IRA (or vice versa). (Attach completed Transfer Letter of Acceptance Form.)

**Monteagle Funds**  Value  Quality Growth  
 Select Value  Large Cap Growth  Fixed Income Bond

**Withholding Election** *Check one:*

I DO NOT want to have federal income tax and applicable state income tax withheld from my distribution.

I DO want to have federal income tax and applicable state income tax withheld from my distribution.

I acknowledge that I am solely responsible for determining the taxable portion of any distribution. I understand that I am liable for payment of federal and applicable state income tax on the taxable portion of my distribution and may be subject to penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate. I agree to indemnify and hold harmless Investors Bank & Trust Company and the Monteagle Funds, their agents and service providers, from any and all losses or expenses resulting from my failure to pay requisite taxes or to correctly determine the taxable portion of my distribution. I certify the information provided above to be true and correct.

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

Authorization by Investors Bank \_\_\_\_\_

(\*Depositor to sign for *Traditional IRA/Roth IRA*; Responsible Individual to sign for *Education Savings; Beneficiary, if applicable, to sign for all Accounts*)

