

IRA Distribution Request Form

(One-time Distributions, IRA Account Termination, Recurring Distribution Set-up and Updates)

Helpful Information

- It is your responsibility to ensure that your IRA distributions comply with IRS rules. All transactions made using this form are reported to the IRS as an IRA distribution. Please consult your tax professional as such distributions generally result in taxable income to you.
- Required Minimum Distributions (RMD) apply to account holders age 72 and older and reported as “Normal” distributions on Form 1099-R.
- Qualified Charitable Distributions (QCD) apply to account holders age 70½ and older and reported as “Normal” distributions on Form 1099-R.
- The QCD exception must be filed on Form 1040. QCDs will be subject to an Accommodation Fee. A Letter of Instruction, in addition to the IRA Distribution form, will be required to process your QCD request. QCDs cannot be set-up as recurring distributions.
- Securities will be priced as of the previous day closing price when processed. Due to the potential fluctuation of prices, it is the account holder’s responsibility to ensure that the desired dollar amount has been distributed. Failure to monitor may result in IRS penalties.
- Roth IRA account holders over age 59½ who choose the “> 5 yrs.” option when requesting Roth Normal Distributions assume responsibility for ensuring the 5 year period to determine Qualified Roth Distributions has been met.
- If you are a nonresident alien, a 30% tax withholding rate will apply unless you reside in a country with a lower tax treaty rate and submit a valid IRS Form W-8BEN. Contact your Financial Professional to find out if a lower tax treaty rate applies.

By signing this form you acknowledge:

- Non-Roth IRA distributions will generally be taxed as ordinary income, and may be subject to a 10% early withdrawal penalty if taken before age 59½.
- Distributions from a Roth IRA that are attributable to earnings may be taxed as ordinary income and may be subject to a 10% early withdrawal penalty unless certain conditions are met.
- Distributions made from any SIMPLE IRA prior to age 59½ and within the first two years of participating in an employer’s SIMPLE IRA plan may be subject to a 25% penalty.
- If taking Substantially Equal Periodic Payments (Internal Revenue Code 72(t)), it is your responsibility to comply with IRS rules. Hilltop Securities reports such distributions as “Premature-Early Withdrawal—no known exception” in accordance with IRS requirements. The 72(t) exception must be filed on Form 5329.

Nothing herein constitutes or should be construed as a legal opinion or advice. Recipients should consult their own attorney, accountant, financial or tax professional or other consultant with regard to their own situation. Neither Hilltop Securities Inc. nor any of its affiliates shall have any liability for any use of the information set out or referred to herein.



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New
 Update

IRA Distribution Request Form

1. HTS Account Information.

HTS Account Number: _____

Full Name (First, Middle, Last)	Last 4 Digits of SSN/Taxpayer ID #	Date of Birth
Address	City	State/Province
		Country
		Zip

2. Type of IRA. (Check ONE)

1. Traditional 2. Roth 3. SEP 4. SIMPLE

3. Distribution Type. (Check ONE)

1. Normal Distribution (Over age 59½) Is this a Qualified Charitable Distribution (QCD)? Yes (If Yes, attach Letter of Instruction.)
 Roth Normal >5 yrs. <5 yrs. Unknown
2. Premature - Early-Under age 59½ Traditional or Roth (Exceptions to IRS 10% penalty must be filed on Form 5329) *IRS 10% penalty is exclusive from your Federal tax election in section 5 of this form.
3. Beneficiary IRA - Traditional or Roth
4. SIMPLE IRA - Normal Premature > 2 yrs. since 1st Employer Contribution < 2 yrs. since 1st Employer Contribution
5. Disability(as defined under IRS Code Section 72(m)(7))
6. Removal of Excess Contribution for Prior Year _____
7. Removal of Excess Contribution for Current Year
8. Removal of Excess Contribution plus earnings before tax filing deadline. Is contribution being removed in same year? Yes No
9. IRA to Qualified Plan (Attach a Letter of Acceptance-not used for IRA to IRA transfers)

4. Reason for Distribution. (Check ONE)

A. Distribute my entire account and close. (Note: Subject to a closing fee.)

B. One time Distribution

i. Cash \$ _____

Before taxes are removed (gross distribution)

After taxes are removed (net distribution)

ii. Securities

Distribute the following securities.

Asset Description	Quantity	Asset Description	Quantity

C. Recurring Distribution*

Cash \$ _____

Before taxes are removed (gross distribution)

After taxes are removed (net distribution)

Frequency (Check ONE)

1. Weekly ____ (Choose M-T-W-TH-F) 2. Monthly (Make payment on: ____ day of month) 3. Quarterly - Beginning ____ Month ____ Day
4. Under the Hilltop Dividend/Interest payment schedule, as revised from time to time. (Check ONE)
- 4a. Dividend/Interest Income 4b. Dividend/Interest/Principal Pay downs

* If recurring date falls on a weekend or holiday your funds will be distributed on the **next** business day.

5. Tax Withholding-Form W-4P/OMP No. 1545-0415.

The Tax Equity and Fiscal Responsibility Act of 1982 requires withholding of Federal Income Taxes from distributions beginning on January 1, 1983, unless the recipient elects not to have withholding apply. You may opt out of this withholding by checking the appropriate box below. IF NO ELECTION IS MADE, THE CUSTODIAN MUST WITHHOLD TAXES AT THE REQUIRED RATE (10%). Penalties may be incurred under the estimated tax rules if your withholding and/or estimated tax payments are not sufficient.

Please select one of the following required options for federal withholding. This withholding election only applies to this request. Do not leave this section blank:

- I elect to have no federal income tax withheld from my Retirement Account Distribution.
- I want the following federal percentage withheld _____ (not less than 10%) from each payment.

Please select one of the following for state withholding. This withholding election only applies to this request. Leave this section blank if your state does not have a state income tax requirement:

- I elect to have no state income tax withheld from my Retirement Account Distribution.
- I want the following state percentage withheld _____. Not applicable to all states. Please confirm with your Financial Professional.

6. Distribution Method. (Check ONE)

- 1. Check
- 2. Transfer to HTS account # : _____
- 3. Stock Certificate
- 4. ACH (Must complete the ACH Authorization form if instructions are not on file.)
- 5. Wire (Fill out and attach the Fed Wire Request form. Please note, there is an applicable wiring fee.)

7. For Participants Age 72 and Older.

I understand there is a minimum annual distribution requirement based on life expectancy and there is a penalty for not complying.

8. Please Sign and Date.

X _____
Signature Date



**Hilltop Securities Inc. and/or Broker/
Dealers for which it Clears**

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WIRE TRANSFER REQUEST & AUTHORIZATION FORM

This form may serve as a Letter of Authorization (LOA) to wire funds from your Hilltop Securities Inc. brokerage account to another financial institution. For same day service on non-third party wires, requests must be received by the Hilltop Securities Cashiering Department by 2:00 PM (CST). We may need to confirm your instructions prior to processing your request. It's understood that third party wires may not receive same day service and are subject to management approval. Customer verbal verification is required for all wires. To avoid delays please complete all required form fields.

CUSTOMER (SENDER) INFORMATION

Attention:		Requested By:	
Customer Account #:		Wire Amount (U.S. Dollars): \$	
Office Number:	Written Dollar Amount:		
Customer Account Name:		Customer Phone Number:	
Customer Physical Address:		<input type="checkbox"/> Domestic Wire <input type="checkbox"/> Foreign Wire	
Purpose of Wire Proceeds:		Charge Fee To: <input type="checkbox"/> Office # _____	
Relationship of Recipient if a Third Party:		<input type="checkbox"/> Customer <input type="checkbox"/> Financial Professional# _____	

INTERMEDIARY BANK INFORMATION (If Applicable)

Intermediary Bank Name:	Bank ABA/ SWIFT/ IBAN/ CLABE Code:
Bank Address:	Country:

RECIPIENT BANK INFORMATION (Destination/ Beneficiary Bank)

Recipient Bank Name:	Bank ABA/ SWIFT/ IBAN/ CLABE Code:
Bank Address:	Country:

RECIPIENT (BENEFICIARY) INFORMATION/ FOR FURTHER CREDIT (Person or Entity Receiving Funds)
(Please ensure that customer ownership documentation is attached if recipient is a related third party entity.)

Account Name of Recipient:	Recipient Account Number:	
For-Further-Credit/Reference:		
Recipient Physical Address:		
City:	State & Zip Code:	Country:

SIGNATURES/ APPROVALS

By completing and signing this **Wire Transfer Request & Authorization Form** ("Authorization"), you are authorizing us to transfer funds as indicated on the Authorization and in accordance with the terms set forth in this **"Wire Transfer Authorization Disclosure and Agreement"** found on page 2 of this document.

Customer Signature:	Customer Printed Name:	Date:
Joint Customer/ Authorized Agent Signature:	Joint Customer/ Authorized Agent Printed Name:	Date:
Financial Professional Signature:	Financial Professional Printed Name:	Date:
Authorizer/ Principal Signature:	Authorizer/ Principal Printed Name:	Date:
<input type="checkbox"/> Customer Verbal Verification Obtained	Customer Verbal Verification Obtained By (Print Name):	Date:

For Hilltop Use Only:		
<input type="checkbox"/> Operations Verbal Verification Date: _____ Time: _____ Spoke with: _____ Operations Signature: _____	Third Party Wire Approval	OFAC Screening (Attach)
	Approving Manager's Signature:	Reviewed OFAC Screening Performed By (Print):
Indemnification <input type="checkbox"/> Repetitive Wire <input type="checkbox"/> LOA Attached or on File <input type="checkbox"/>	Date:	OFAC Passed <input type="checkbox"/> Contact AML Officer <input type="checkbox"/>

Wire Transfer Authorization Disclosure and Agreement

- I authorize Hilltop Securities (“Hilltop”) to transfer funds as shown on the wire request authorization form. I am responsible for the accuracy of the information.
- I understand that Hilltop reserves the right to reject this request in its discretion. I will not hold Hilltop liable for rejecting this request. In addition, I agree to indemnify Hilltop for any losses or damages that may arise in connection with this request.
- I understand that there is a fee associated with sending a wire, and that the funds will be withdrawn from my account when the wire is sent in accordance with the attached Schedule of Charges. I acknowledge that I have no right to cancel or amend the transfer request. If you ask us to cancel or amend it, we will make a reasonable effort to act on your request. However, you agree not to hold us liable if for any reason this transfer order is not amended or canceled.
- I understand that Hilltop may require further verification of wire requests via phone or e-mail for security purposes, and that if required, verification must be completed prior to processing the request.
- I acknowledge that any wire transfer request executed by Hilltop will be subject to rules and regulations applicable to payment orders, including record keeping and information transmittal requirements under the Federal Bank Secrecy Act and its implementing regulations. I acknowledge and agree that Hilltop may capture and transmit information regarding me (for example, my name, address and account number) and regarding any beneficiary (for example, the beneficiary's name, address, account number, and other beneficiary identifiers) as part of the processing of a payment order. I agree to assist Hilltop in connection with any requirements imposed on Hilltop in fulfilling its obligations in this regard.
- I understand that Hilltop will comply with regulations issued by the US Treasury’s Office of Foreign Assets Control (OFAC). I understand that if any wire transfer request is to an entity listed on OFAC’s list of Specially Designated Nationals and Blocked Persons, Hilltop is prohibited by law from completing the transfer and shall “block” the funds until such time OFAC issues a written release to Hilltop.
- I agree to notify Hilltop immediately if I notice any discrepancy involving the posting of my payment order or if I discover a problem with the transfer. I will provide such notification in writing, including a statement of the relevant facts, within a reasonable time.
- I agree that Hilltop is not liable for consequential, special, or exemplary damages or losses of any kind in relation to this transfer request.