



DISTRIBUTION REQUEST FORM



INSTRUCTIONS AND GUIDELINES

Use this form when you want to receive a distribution from your Sterling Trust Traditional, Roth, SEP or SIMPLE IRA account.

When completing your **Distribution Request Form**, please follow these guidelines:

- Be sure to fill out the entire **Distribution Request Form**.
- When seeking an Asset Distribution, be sure to fill out a **Fair Market Valuation Form**.
- When seeking a Cash Distribution, be sure to specify your desired payment type.
- When selecting a method of disbursement, be sure to review the fees associated with each method.
- If you are requesting a distribution of coins or bullion, the assets will be delivered via COD unless other payment arrangements are noted on the form.
- If seeking a wire transfer, be sure to contact your bank to determine the proper routing procedures.
- If you are using your 70 1/2 Required Distribution to make a charitable donation, be sure the gift is paid directly to the charity. The distribution may be up to \$100,000 in one year including 2006 and 2007.
- Be sure to sign and date ALL necessary fields of the **Distribution Request Form**.

Note: When taking a Premature or Non-Qualified Distribution, you may be subject to tax consequences. Please contact your tax advisor for any questions you may have regarding the reporting of a distribution.



SUBMISSION OPTIONS

BY FAX

254-751-0872

OVERNIGHT

Sterling Trust
7901 Fish Pond Road
Waco, TX 76710

REGULAR MAIL

Sterling Trust
P.O. Box 2526
Waco, TX 76702-2526

BY E-MAIL

IRAServices@SterlingTrustCompany.com



CONTACT INFORMATION

For assistance, please contact a Client Services Representative at:

Phone:

800-955-3434 (Option 2)
254-751-1505 (Option 2)

Fax:

254-751-0872

Website:

www.SterlingTrustCompany.com

Or e-mail questions to:

IRAServices@SterlingTrustCompany.com

DO NOT FAX OR MAIL THIS COVER PAGE



PLEASE PRINT CLEARLY. A DELAY IN PROCESSING MAY OCCUR IF INSTRUCTION IS UNCLEAR.

1 ACCOUNT HOLDER INFORMATION

ACCOUNT HOLDER NAME	ACCOUNT NUMBER		ACCOUNT TYPE <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE
ADDRESS			
CITY	STATE	ZIP CODE	
SOCIAL SECURITY NUMBER	BIRTH DATE		

2 PROCESSING (CHECK ONE OPTION)

EXPEDITED PROCESSING SERVICE* (\$50.00)
 If there is sufficient cash in your account to process the transaction, expedited processing requests will generally be completed in approximately one business day unless corrections are required.

NORMAL PROCESSING SERVICE
 Normal processing will be completed in approximately three business days unless corrections are required.

**Although the feature does not guarantee same day service, it does guarantee that your request will be processed before other non-expedited requests.*

3 TYPE OF DISTRIBUTION

Normal: Age 59-1/2 or older (Code 7)

Premature: Under 59-1/2 (Code 1) *(Possible tax consequences.)*

Premature Distribution Exception: (Code 2) *(For an IRS levy only)*

Death Distribution: (Code 4) *(A copy of the Death Certificate will need to be provided.)*

Timely refund of excess or nondeductible contribution PLUS earnings. For Tax Year _____

Refund of principal amount of excess contribution AFTER tax filing date. For Tax Year _____

Distribution due to divorce or separation. *(Complete and attach the Notification for Divorce and Transfer Instructions form.)*

Revocation: *(Must be within 7 days of account establishment.)*

4 DISTRIBUTION INSTRUCTIONS

Complete Distribution *(Account to be closed)*
(See the "IRA Fee Schedule" or your Account Agreement for the Termination/Closing Fee.)

Partial/One-Time Distribution - Specify Dollar Amount:

All Available Cash Total Gross Amount of Available Cash \$ _____

Total Gross Amount of \$ _____ (please complete chart below)

Partial/One-Time Asset Distribution

ASSET DESCRIPTION	NUMBER OF SHARES/UNITS OR AMOUNT	<input type="checkbox"/> Liquidate or <input type="checkbox"/> In-Kind
ASSET DESCRIPTION	NUMBER OF SHARES/UNITS OR AMOUNT	<input type="checkbox"/> Liquidate or <input type="checkbox"/> In-Kind
ASSET DESCRIPTION	NUMBER OF SHARES/UNITS OR AMOUNT	<input type="checkbox"/> Liquidate or <input type="checkbox"/> In-Kind
ASSET DESCRIPTION	NUMBER OF SHARES/UNITS OR AMOUNT	<input type="checkbox"/> Liquidate or <input type="checkbox"/> In-Kind



A Division of Equity Trust Company

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Account Number _____

5 RECURRING DISTRIBUTION INSTRUCTIONS

NEW/SET-UP

CHANGE OF INSTRUCTIONS

Specify Frequency:

Monthly Quarterly Beginning Date: MM/DD _____

(If no date is chosen, distributions will be made on the 25th of the month, provided funds are available.)

Amount Requested:

All Available Cash A total gross amount of \$ _____ All Dividends only

All Dividends from the following investments:

ASSET DESCRIPTION #1	ASSET DESCRIPTION #2
ASSET DESCRIPTION #3	ASSET DESCRIPTION #4

All total gross amount of \$ _____ via systematic withdrawal from the following funds (i.e., mutual funds):

NAME	AMOUNT
NAME	AMOUNT
NAME	AMOUNT

6 METHOD OF DISBURSEMENT

SEND FUNDS BY CHECK**

MAKE CHECK PAYABLE TO _____

MAIL CHECK TO _____

ADDRESS	CITY	STATE	ZIP CODE
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CASHIER'S CHECK* (\$50.00) REGULAR CHECK OVERNIGHT MAIL (\$25.00) REGULAR CHECK REGULAR MAIL (NO CHARGE)

**Overnight Mail Required*

SEND FUNDS BY WIRE** (\$30.00 DOMESTIC/\$50.00 INTERNATIONAL)

BANK NAME	BANK PHONE NUMBER
ABA ROUTING # (9 DIGITS)	ACCOUNT NUMBER
FOR CREDIT TO	FOR FURTHER CREDIT TO

SEND FUNDS BY ACH** (NOT AVAILABLE FOR PARTIAL/ONE-TIME OR COMPLETE DISTRIBUTION)

BANK NAME	BANK PHONE NUMBER
ABA ROUTING # (9 DIGITS)	ACCOUNT NUMBER
FOR CREDIT TO	FOR FURTHER CREDIT TO

****Funds will be sent via check if no option is chosen.****



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Account Number _____

7 TAX WITHHOLDING ELECTION

Please complete both Federal withholding and State withholding (not applicable in all states). If you do not choose an election for Federal Income Tax, we will withhold Federal Taxes at a flat 10% rate...

FEDERAL WITHHOLDING* ELECTION:
I elect NOT to have Federal Income Tax withheld
I elect to have Federal Income Tax withheld at a flat 10% rate.
I elect to have Federal Income Tax withheld in the amount of \$ _____, which is more than the 10% rate.
I elect to have Federal Income Tax withheld at a _____% rate.
STATE WITHHOLDING ELECTION: NOT APPLICABLE FOR ALL STATES.
I elect NOT to have State Income Tax withheld.
Withhold state income tax according to the attached State Income Tax Withholding Requirements Chart.
Withhold \$ _____ or _____ %

* For Federal Income Tax withholding information, please see Publication 505, Tax Withholding and Estimated Tax, available from www.IRS.gov or most IRS offices.

8 PAYMENT OF FEES

How would you like to pay for any service-related fees associated with this transaction? By checking the credit card box, you authorize Sterling Trust to charge this card for all service-related fees associated with this transaction (if applicable).

Choose a payment method: [] Deduct Fees from Account [] Check Enclosed

Note: Please complete the attached Credit Card Form if you wish to pay by credit card.

9 SIGNATURES

The undersigned hereby authorizes and directs Equity Trust Company, d.b.a. Sterling Trust ("Sterling" or "Sterling Trust") to distribute funds from my account referenced above in accordance with the instructions completed on this form.

By signing this form, I acknowledge that I have read and understand the Sterling Trust IRA Distribution Request Form Instructions. Also, I acknowledge that I have read and understand the NOTICE OF WITHHOLDING ON IRA DISTRIBUTIONS and the Custodian is not responsible for determining the appropriateness of the withholding election.

If I plan to take a series of substantially equal payments qualifying for penalty exemption under Internal Revenue Code 72(t), by signing this form, I understand that I am solely responsible for the distribution including maintaining the appropriate cash balance for the distribution(s) and that Sterling Trust is not responsible for monitoring such distribution(s).

Signature of Account Holder/Beneficiary

Date

Signature of Custodian

Date



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STATE INCOME TAX WITHHOLDING REQUIREMENTS	
State of Residence	State Income Tax Withholding is not Required
AK, AZ, FL, HI, IL, MI, NH, NV, SD, TN, TX, WA, WY	State income tax is not required. We will not withhold for these states.
	State Income Tax Withholding is Voluntary
AL, AR, CO, CT, GA, ID, IN, KY, LA, MD, MN, MO, MT, NE, NJ, NM, NY, ND, OH, RI, SC, UT, WI, WV	<ul style="list-style-type: none"> We will withhold state income tax only if you instruct us to do so. You must indicate the amount to withhold. For CO, CT, MO, & NJ amounts must be whole dollars.
	State Income Tax Withholding is Mandatory Where Federal Withholding Applies
CA, NC, OR, DE, VT	<p>If federal tax is withheld, you cannot opt out of state withholding. We will withhold state tax as indicated below:</p> <p>CA - 10% of federal tax withheld DE - you must tell us the amount to withhold NC - 4% of gross distribution OR - 8% of gross distribution VT - 24% of federal tax withheld</p>
	State Income Tax Withholding is Mandatory Where Federal Withholding Applies
IA, KS, ME, MA, OK	<p>We will withhold state tax as indicated below unless you indicate otherwise:</p> <p>IA - 5% of gross distribution KS - you must tell us the amount to withhold ME - 5% of gross distribution MA - 5.6% of gross distribution OK - 8% of gross distribution</p>
	State Income Tax Withholding is Mandatory on Premature Distributions or a Series of Substantially Equal Payments Under IRC 72(T)
PA, MS	<p>We will withhold state tax as indicated below:</p> <p>PA - 2.8% MS - 5%</p>
	State Income Tax Withholding is Mandatory on Qualified Plan Distributions Only
VA	We will not withhold state income tax on distributions from IRA, Roth, SEP, or SIMPLE accounts.



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1 ACCOUNT HOLDER INFORMATION	
ACCOUNT HOLDER NAME	ACCOUNT NUMBER

2 CREDIT CARD INFORMATION			
NAME OF CARDHOLDER (as stated on front of card)		CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard	
BILLING ADDRESS			
CITY	STATE	ZIP CODE	
PHONE	MOBILE PHONE		
CREDIT CARD NUMBER		EXPIRATION DATE (mm/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

THIS SPACE INTENTIONALLY LEFT BLANK

SIGNATURE			
<p>IMPORTANT -- Please read before signing.</p> <p>The signature below acknowledges that I have received, read and understand the Sterling Trust's <i>Terms of IRA Custodial Account Agreement, Disclosure Statement and IRA Fee Schedule</i>; the <i>Terms of IRA Custodial Account Agreement and Disclosure Statement</i> explains the duties, limitations on duties, and the rights of Sterling Trust and depositor; and by signing this form below, the depositor assumes complete responsibility for determining contribution eligibility and tax consequences of any and all contributions or distributions. The Account Holder accepts and agrees to all of the terms and provisions set forth in the <i>Terms of IRA Custodial Account Agreement and Disclosure Statement</i> and has read and accepted the terms of the Sterling Trust <i>IRA Fee Schedule</i>.</p> <p><i>My signature below acknowledges that I have read and agree with the Terms of IRA Custodial Account Agreement and Disclosure Statement.</i></p>			
SIGN & DATE			
_____	_____	_____	_____
Credit Cardholder Signature	Date	IRA Account Holder Signature	Date