



IRA DISTRIBUTION REQUEST

HORIZON TRUST COMPANY
6301 Indian School Rd NE Ste.200
Albuquerque, NM 87110

Phone: 888-205-6036
Fax: 505-288-3905
Operations@Horizontrust.com

1. ACCOUNT OWNER INFORMATION *Please type or print all information requested below. Required fields are denoted by an * (asterisk)*

*First Name: _____ *MI: _____ Check Box if changing address.
If this is not the current address on file, have this form Medallion Guarantee stamped on pg 5.

*Last Name: _____ *Birth Date: ____ / ____ / ____

*Horizon Trust Account Number: _____ *Mailing Address: _____

*Social Security Number: _____ *City: _____ *State/Province: _____

*Daytime phone number: (_____) _____ - _____ *Country: _____ *Postal Code: _____

2. REASON FOR DISTRIBUTION *(Check one)*

If no option is checked, we will default to premature or normal, based on your age. For Roth accounts, we will default to non-qualified.

A. Traditional/SEP/SIMPLE IRA

- Premature: under the age of 59½
- Normal: over the age of 59½, includes Required Minimum Distributions (RMD)
- Disability
- Substantially Equal Payments *(requires Certification of Substantially Equal Periodic Payments and Hold Harmless Statement)*
- SIMPLE: funds have been in my account for two years or more and I am less than 59½
- IRA Direct Rollover to a non-IRA Qualified Plan *(must complete section 8)*
- Distribution of RMD to Qualifying Charity *(see section 7d)*

B. Roth IRA

- Non-Qualified Distribution from a Roth IRA: under the age of 59½, no exception applies
- Non-Qualified Distribution from a Roth IRA: over the age of 59½, or exception applies, including substantially equal payments *(see instructions)*
- Qualified Distribution from a Roth IRA: under the age of 59½, includes disability and/or qualifying first time home purchase
- Qualified Distribution from a Roth IRA: over the age of 59½
- Roth IRA Direct Rollover to a non-IRA Qualified Plan *(must complete section 8)*

3. TAX WITHHOLDING

Please refer to the "Notice of Withholding on Distributions or Withdrawals from IRAs" in section 3 of the instructions. If no option is checked, or a physical U.S. address is not provided, we will withhold 10% for federal withholding and withhold for state taxes according to your state of residence guidelines (see the attached IRA State Tax Withholding Notice).

Federal Tax Withholding

- Withhold _____ % from my requested distribution *(must be at least 10%)*.
- I elect NOT to have federal income tax withheld. If you choose this option you **MUST** provide Horizon Trust with your physical U.S. address below or in section 1. *(cannot be a P.O. Box)*

Address

Street: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

INVESTMENT PRODUCTS: NOT FDIC INSURED · NO BANK GUARANTEE · MAY LOSE VALUE

3. TAX WITHHOLDING (continued)

State Tax Withholding

My state of residence for income tax purposes is _____ (if no state is provided, Horizon Trust will default to your state listed on your account).

I elect NOT to have state income tax withheld from my distribution. Note: Not permitted in all states. Your state may require withholding (see the attached IRA State Tax Withholding Notice)

Withhold state income tax from my distribution in accordance with the minimum percentage, if any, as noted on the attached IRA State Tax Withholding Notice.

Note: If your state does not require a minimum amount or percentage for withholding and you do not provide a percentage below, Horizon Trust will not withhold state income taxes from the distribution. Keep in mind, state income tax withholding is not available in certain states (see the attached IRA State Tax Withholding Notice). If your state of residence for tax reporting purposes is one of those states, Horizon Trust will not withhold state taxes even if you choose this option.

Withhold _____ % from my distribution. If you choose this option you MUST provide Horizon Trust with your physical U.S. address in section 1.

Note: Your state withholding election will be compared to the withholding requirements of the state which you have indicated is your state of residence for income tax purposes. Depending on those requirements, your state withholding amount may be adjusted, either to round up to the next whole dollar or to ensure that a minimum amount is withheld. Keep in mind, state income tax withholding is not available in certain states (see the attached IRA State Tax Withholding notice). If your state of residence for tax reporting purposes is one of those states, Horizon Trust will not withhold state taxes even if you choose this option.

4. REQUIRED MINIMUM DISTRIBUTION (RMD) OPTIONS (only applies if you are over the age of 70 1/2)

Complete the following section if you would like Horizon Trust to calculate your RMD amount. If you are not married, fail to include the Trust Certification form or do not answer the questions below, we will default your RMD calculation to the Uniform Table based on your age.

Is your spouse the sole primary beneficiary of your account?

YES NO

If YES, provide your spouse's date of birth: ____ / ____ / ____

Is your beneficiary a "qualifying trust?"

YES NO

If YES, please attach a Trust Certification form.

5. PAYMENT OPTIONS

Please choose at least one option, but only one election is to be made per section. If no option is chosen, this form may be returned to you for completion. If you want to receive a partial distribution as well as establish a scheduled distribution payment, select one option under both sections, A and B.

A. Partial Distribution

(One time payment; your account will remain open)

Please note that your account may be subject to a minimum cash and/or liquid asset balance requirement.

Send my current cash balance.

Send the gross amount of \$ _____

Refer to asset instructions in section 6 to either liquidate the specific asset(s) and forward the proceeds to me, or reregister the specific asset(s).

Send my current year RMD immediately upon receipt. (based on the elections in section 4)

Send my deferred RMD for tax year _____ immediately upon receipt. (based on the elections in section 4)

C. Total Distribution

(Your account will be closed)

Please follow the asset instructions I have provided in section 6, distribute all cash and close my account. If an asset is not specified, it will be distributed "in-kind." If you request liquidation of an asset that Horizon Trust cannot facilitate, we may return the paperwork to you and no action will be taken on the request.

B. Scheduled Distributions

(recurring payments)

Only cash payments are allowed as directed in my payment schedule below. If a systematic withdrawal needs to be set up with an investment sponsor, provide instructions in section 6.

Is this a change to an existing scheduled distribution?

YES NO

Send me regular distributions of my cash balance.

Send me regular distributions of \$ _____

Please note: If this total amount is not available on the designated distribution date, but the available cash balance is at least 90% of the requested amount, the scheduled distribution will be fulfilled with all available cash.

Send me regular distributions of my RMD. (based on the elections in section 4)

Payment Schedule

If no selection is made, default is annual with an immediate start date. The start date cannot be the 29th, 30th or 31st of the month.

Select Frequency:

Monthly Quarterly Semi-Annually Annually

Payment should begin on: ____ / ____ / ____ (mm/dd/yyyy)

6. ASSET INSTRUCTIONS

For a total distribution if an asset is not specified below, or if no box is checked, the asset will be distributed "in-kind." Attach additional pages if necessary.

A. A liquidation is in process and funds will be available in the account within 10 days of receipt. I understand on a partial and/or total distribution request that if the requested amount is not available within 10 days that my request will be cancelled and my paperwork may be returned.

B. There is sufficient cash in my account to meet this distribution request. I understand on a partial and/or total distribution request that if the requested amount is not available within 10 days that my request will be cancelled and my paperwork may be returned.

<input type="checkbox"/> Number of Shares OR <input type="checkbox"/> Dollar Amount	Name of Asset	
		<input type="checkbox"/>
		<input type="checkbox"/>

D. Reregistrations: I authorize Horizon Trust to reregister the following asset(s) and have elected below whether reregistration is to be based on "Number of Shares" or "Dollar Amount."

Note: Additional paperwork with original signature and original Medallion Signature Guarantee stamp may be required from the Asset Sponsor when taking a distribution of an asset in-kind.

<input type="checkbox"/> Number of Shares OR <input type="checkbox"/> Dollar Amount	Name of Asset	
		<input type="checkbox"/>
		<input type="checkbox"/>

1. Reregister the asset(s) listed above to me personally.

2. Reregister the asset(s) listed above to my personal account at the Institution listed below. If you have an existing personal account, you must include a copy of your account statement. If you do not have an existing personal account, please include a completed application from the institution to whom your assets are being reregistered. Failure to attach documentation may result in a processing delay, or paperwork being returned to you.

Institution Name: _____

Personal Account Number: _____ Telephone Number: (_____) _____ - _____

7. PAYMENT DELIVERY

A. Cash Payments: Choose one and complete the requested information. If no selection is made, we will mail a check to the mailing address specified in section 1.

1. **Check:** Would you like your check sent via overnight delivery? YES (Charge my account) NO

a. Mail a check to my mailing address of record as referenced in section 1.

b. Mail a check payable to me to an alternate address listed below (you need only provide the address, city, state and ZIP*): (Medallion Signature Guarantee required in Section 10)

c. Mail a check to my personal non-IRA account at the institution listed below. You must provide a copy of your account statement. Failure to attach the requested document will result in Horizon Trust mailing a check to the address listed in section 1.

d. Mail a check to the Charity listed on page 4. You must provide Charity's name and Tax ID number. Failure to provide this information may result in a processing delay.

Institution/Charity Name: _____

Address: _____

Institution Account Number/Charity Tax ID Number: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

7. PAYMENT DELIVERY *(continued)*

2. Electronic Funds Transfer *(You must attach a pre-printed voided check/deposit slip).* Exception for Savings accounts only: you may substitute a letter from the receiving financial institution referencing the registration of the account, the account number and the ABA number. Failure to attach the requested document will result in Horizon Trust mailing a check to the address listed in section 1

Financial Institution Name: _____

Account Number: _____ Routing Number: _____ Telephone Number: (_____) _____ - _____

Choose one option below: **Attach a preprinted voided check/deposit slip below.** If the required document is provided, but no payment option chosen, we will send your distribution via ACH.

- a. Wire
Sub-Account Number *(if applicable)*: _____
- b. ACH Transfer *(direct deposit)*
 Checking Savings

ATTACH A PREPRINTED VOIDED CHECK/DEPOSIT SLIP HERE

8. DIRECT ROLLOVER TO A NON-IRA RETIREMENT PLAN

Send cash and/or asset(s) listed in section 6 to a non-IRA retirement plan. A successor Trustee/Custodian acceptance signature and/or acceptance letter is required. If not provided, this form will be returned and no action taken.

Receiving Account Type

Money Purchase Plan Profit Sharing Plan 401(k) 403(b)(7) 457 Other _____

Receiving Firm Account Number: _____ Receiving Firm Mailing Address: _____

Receiving Firm Name: _____ City: _____ State/Province: _____

Telephone Number: (_____) _____ - _____ Country: _____ Postal Code: _____

▶ Receiving Trustee/Custodian Acceptance Signature: _____
(required)

Print Name: _____ Title: _____

**For asset reregistrations please also provide:*

Tax ID Number: _____ DTC Number: _____

9. FEES

I understand that the requested distribution(s) will be subject to fees and that all applicable fees will be deducted from available cash or credit card on file PRIOR to sending payment. If cash or credit is insufficient to cover my distribution and fees, I understand this form may be returned to me and no action taken.

10. SIGNATURE

I hereby acknowledge that I have read, understand and agree to all of the provisions on this IRA Distribution Request Form and if applicable, the ACH Authorization.

▶ Account Owner Signature: _____ Date: _____

[MEDALLION GUARANTEE STAMP HERE]

Medallion Signature Guarantee may be obtained from an authorized officer at a brokerage firm, bank or other financial institution. Certification by a notary public is not a substitute for a signature guarantee.

A Medallion Guarantee Stamp is required when a check is being sent to an address other than the address of record or the address of record has been changed in the past 30 days.

When complete return to:

Horizon Trust Company
6301 Indian School Rd. NE, Suite 200
Albuquerque, NM 87110

or Fax to: 505-288-3905



IRA DISTRIBUTION REQUEST

MAILING ADDRESS
Horizon Trust Company
P.O. Box 30007
Albuquerque, New Mexico 87190

FOR OVERNIGHT NIGHT MAIL ONLY:
Horizon Trust Company
6301 Indian School Rd. NE, Suite 614
Albuquerque, NM 87110

P: 888-205-6036 • F: 505-288-3905 • Operations@Horizontrust.com

INSTRUCTIONS, DEFINITIONS AND GENERAL INFORMATION

Distributions are reported to the Internal Revenue Service on Form 1099-R. You should consult your tax advisor or IRS Publication 590 concerning your distribution elections. Use this form for all IRA distributions and Required Minimum Distributions. Do not use this form to request a recharacterization of an IRA contribution, a Roth Conversion, a distribution of a death benefit, a return of excess contribution or if you are the beneficiary of an account. Other forms are required for these requests.

1. ACCOUNT INFORMATION

If information does not match Horizon Trust's records or is left blank, the form may be returned to you with an explanation regarding the discrepancy or for completion.

2. REASON FOR DISTRIBUTION

Premature: You are under 59½ years of age (your distribution may be subject to a 10% federal excise tax). If you are taking substantially equal payments, it is your responsibility to determine the annual amount and that it qualifies under IRC section 72(t)(2) (A)(iv).

- » If you qualify for one of the following exceptions: substantially equal payments, medical expenses, education expenses, first time home purchase, or health insurance premiums for unemployed individuals, please consult your tax advisor regarding the completion of IRS Form 5329.

Normal: You are over 59½ years of age.

Disability: You are under 59½ years of age and your disability

Substantially Equal Payments: It is your responsibility to determine the annual amount and that it qualifies under IRC Section 72(t)(2) (A)(iv). In order to have the distribution reported as an exception to the IRS, you must attach a completed Certification of Substantially Equal Periodic Payments and Hold Harmless Statement to this form. If this certification is not provided, but the Substantially Equal Payment option is checked, your payment will be reported based on your age.

IRA Direct Rollover to a Non-IRA Qualified Plan: For information please consult your tax advisor, the IRS or IRS Publication 590.

Qualified/Non-Qualified distribution from Roth IRA: If you have questions regarding which choice is appropriate for your particular situation, please consult your tax advisor, the IRS or IRS Publication 590. If your reason for distribution is Substantially Equal Payments, you must attach a completed Certification of Substantially Equal Periodic Payments and Hold Harmless Statement to this form. If this certification is not provided, your payment will be reported as a Non-Qualified Distribution from a Roth IRA: under the age of 59½, no exception applies.

Direct Distribution to a Qualifying Charity: Account owner must be over the age of 70½. For more information regarding limits, charity requirements, etc., please consult your tax advisor, the IRS or IRS Publication 590. A qualifying direct distribution to a charity is eligible toward Required Minimum Distributions (RMDs). If the amount of the qualifying charity distribution is less than your RMD, you may be required to withdraw additional funds to satisfy your RMD. This option is not available for SIMPLE IRAs.

3. TAX WITHHOLDING

Federal Tax Withholding

Even if you elect "NOT" to have withholding, federal income tax must be withheld from this distribution if you HAVE NOT provided a U.S. residence/street address (not a P.O. Box) in section 1, section 3 or if payment is being sent to an address outside the U.S. If you elect withholding, the IRS requires a minimum of 10% of the gross distribution be withheld. If you are considered a Non-Resident Alien (NRA) for tax purposes, you must complete a W-8BEN form to determine the percentage of your distribution amount to be withheld.

A withholding election is not required for a direct rollover request or a transfer to an inherited/spousal IRA.

Notice of Withholding on Distributions or Withdrawals from IRAs

The distribution you have requested from your retirement plan is subject to Federal income tax withholding, unless you elect not to have withholding apply. 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 tax penalties, under the estimated tax rules, if your withholding and estimated tax payments are not sufficient.

State Tax Withholding

Some states require state withholding if federal withholding is elected or required when making a distribution from your retirement plan. Please refer to the attached IRA State Withholding notice to determine if your state of residence requires withholding, if withholding is voluntary, or if withholding is not an option. If you elect state withholding, or if state withholding is required in your state, we will withhold based on the requirements of your state of residence unless you choose a greater amount.

4. REQUIRED MINIMUM DISTRIBUTION (RMD) OPTIONS

If your beneficiary includes a "qualifying trust", and that trust meets the requirements outlined on the Horizon Trust Certification Form to perform a joint life calculation, please complete and submit that form with your IRA Distribution Request Form. If you would like us to calculate your RMD amount, please contact our client service team at 1-888-205-6036. If at least 90% of the requested amount is available on the payment date, we will send this amount and consider your distribution request fulfilled.

It remains your responsibility to ensure you have taken your full required minimum distribution amount.

If you are over 70½ years of age all partial distributions will be applied toward the RMD.

5. PAYMENT OPTIONS

If you are requesting a total distribution, all scheduled distribution payments previously established will be stopped upon receipt of your request.

Partial distribution/transfer requests must leave a minimum cash and/or liquid asset balance in the account. Your distribution amount will be adjusted for any applicable minimum balance requirement.

For Scheduled Distribution Payments You may choose to receive a regular distribution of all cash in your account, or a specific dollar amount. HORIZON Trust will attempt to meet your requested amount for 10 business days. If applicable, fees will apply to each payment.

For any scheduled distribution payment, it is your responsibility to ensure that sufficient cash is available to make each payment when due. Your requested distribution schedule will continue until you notify Horizon Trust to stop.

6. ASSET INSTRUCTIONS

In the applicable section indicate the number of shares or dollar amount, and the name of the asset. If you are authorizing a systematic withdrawal, check the appropriate box and it must be for cash only. We will request the liquidation to coincide with the payment frequency to begin 30 days prior to scheduled date, if possible. For partial or total distributions, liquidations will be initiated immediately.

Traditional Assets

It is your responsibility to contact your Financial Representative to request liquidation of any publicly traded or broker-held assets (such as stocks, bonds, etc.).

Alternative Assets

It is your responsibility to arrange the terms of the sale of any alternative asset(s) (such as limited partnerships, private stock, deeds of trust, etc.). Please ensure these assets are liquidated prior to the submission of your distribution request.

Asset Reregistrations

If you have elected to reregister assets to your personal account, please include a copy of your personal account statement. Failure to provide the requested information will delay the distribution request.

7. PAYMENT DELIVERY

All distributions must be made payable to the account owner or an account for the benefit of the account owner.

Distributions made payable to an account owner in the name of a trust for benefit of the account owner will be reported to the IRS as a distribution to the account owner using the account owner's social security number.

If you have selected ACH or wire, you must attach a pre-printed voided check/deposit slip to the Traditional/Roth IRA Distribution Request form. If not attached, HORIZON Trust will send you a check via first class mail to the mailing address listed in section 1.

Terms and Conditions of ACH Authorization

By electing an ACH Transfer in section 7.A.2.b., your signature will constitute an acknowledgement that you have read and agree to the following:

I hereby authorize Horizon Trust to effect payment for my distribution by initiating credit entries to my account indicated at the financial institution named. I request such financial institution to accept any credit entries initiated by Horizon Trust to such account and to credit the same such account without responsibility for the correctness thereof. I understand that such amounts will be debited as distributions from my retirement plan (please note that it can take up to three (3) banking days after distribution for deposit to be made in your account). I understand that this authorization may be terminated by me at any time by sending written notification to both my financial institution and to Horizon Trust. Any such notification to Horizon Trust shall be effective only with respect to entries to be initiated by Horizon Trust ten (10) calendar days or more after receipt of such notification. I may direct Horizon Trust not to credit my financial institution account, provided that such authorization is in writing and is received by Horizon Trust not less than ten (10) calendar days prior to the initiation of the credit entry. I agree to hold Horizon Trust harmless from any consequences of acting in accordance with this authorization. (I understand that Horizon Trust is not liable for the failure of a credit entry to be accepted by my financial institution.)

8. DIRECT ROLLOVER

This section must be completed in its entirety in order to request a direct rollover to a non-IRA qualified plan. Horizon Trust requires acceptance from the receiving firm in order to proceed.

9. FEES

All applicable fees will be deducted from available cash or credit card on file prior to sending payment to you. If there is insufficient funds to cover the fees as well as the requested distribution amount, the fees will be deducted from the available cash and the difference will be distributed to you. It is your responsibility to provide Horizon Trust with asset instructions if cash is not sufficient to cover the distribution and/or applicable fees.

Please call our Client service department for fee information.

10. SIGNATURE

Sign and date the form to acknowledge all provisions on the IRA Distribution Request form and, if applicable, the Terms and Conditions of ACH Authorization in section 7.A.2.b. above. A Medallion Guarantee Stamp is required when a check is being sent to an address other than the address of record or the address of record has been changed in the past 30 days. If this section is incomplete, the form will be returned to you for completion.

Please make a copy of the completed form for your records.

MAILING ADDRESS

Horizon Trust Company
P.O. Box 30007
Albuquerque, New Mexico 87190

FOR OVERNIGHT NIGHT MAIL ONLY:

Horizon Trust Company
6301 Indian School Rd. NE, Suite 614
Albuquerque, NM 87110

Toll Free: 1-888-205-6036
Fax to: 505-288-3905
www.horizontrust.com



IRA STATE WITHHOLDING NOTICE

MAILING ADDRESS
 Horizon Trust Company
 P.O. Box 30007
 Albuquerque, New Mexico 87190

FOR OVERNIGHT NIGHT MAIL ONLY:
 Horizon Trust Company
 6301 Indian School Rd. NE, Suite 614
 Albuquerque, NM 87110

P: 888-205-6036 • F: 505-288-3905 • Operations@Horizontrust.com

Some states require state withholding if federal withholding is elected or required when making a distribution from your retirement plan. Please refer to the chart to determine if your state of residence requires withholding, if withholding is voluntary or if withholding is not an option. If you elect state withholding, or if state withholding is required in your state, we will withhold based on the requirements of your state of residence unless you choose a greater amount.

While Horizon Trust makes every effort to obtain information about state tax withholding laws, we do not guarantee the accuracy or the timeliness of state tax withholding information we provide, because state tax laws are subject to constant change and interpretation. The information we provide is not intended to serve as tax or legal advice, and we strongly recommend that you contact your tax advisor regarding your tax withholding elections and to obtain the most current information about your state's withholding laws.

Withholding Requirement	State of Residence
Required at 2.7% when federal tax is withheld	VT
Required at 5% when federal tax is withheld	NE, ME
Required at 5.3% when federal tax is withheld	MA
When federal tax is withheld, state tax will be withheld at 4%, unless client elects out of state withholding	NC, VA
When federal tax is withheld, state tax will be withheld at 5% unless client elects out of state withholding	DE, IA, KS, OK
When federal tax is withheld, state tax will be withheld at 7.75% unless client elects out of state withholding	MD
When federal tax is withheld, state tax will be withheld at 8% unless client elects out of state withholding	OR
When federal tax is withheld, state tax will be withheld at 10% of federal withholding amount, unless client elects out of state withholding	CA
When federal tax is withheld, state tax will be withheld at 6% unless client elects out of state withholding or elects a lower amount	GA
Voluntary withholding (Some states have guidelines that must be followed, see below)	AL, AR, AZ, CO, CT, DC, ID, IL, IN, KY, LA, MI, MN, MO, MS, MT, ND, NJ, NM, NY, OH, PA, RI, SC, UT, WI, WV
State tax withholding is not an option (Horizon Trust will not withhold state income tax even if you request it)	AK, FL, HI, NH, NV, SD, TN, TX, WA, WY

GUIDANCE FOR VOLUNTARY WITHHOLDING

AL: Maximum of 5%

KY: Minimum of 2%

OH: Minimum of 3.5%

AR: Minimum of 5%

MI: Minimum of 4.35%

RI: Minimum of 7%

CT: Must be in whole dollars, with a minimum of 5%

MO: Must be in whole dollars

SC: Minimum of 7%

IL: Minimum of 3%

MT: Minimum of 6%

WV: Minimum of 4%

IN: Minimum of \$10

ND: Minimum of 4%

NJ: Must be in whole dollars only, with a minimum of \$10

No Guidance: AZ, CO, DC, ID, LA, MN, MS, NM, NY, PA, UT, WI

(California state withholding is calculated as a percentage of the federal withholding amount. All other state withholding will be calculated as a percentage of the gross distribution amount.)