



## IRA Distribution Request

This form should be used when a request is made to issue the payment directly to another financial institution or as a lump sum distribution directly to the IRA account holder.

Participant Name: \_\_\_\_\_

Participant SSN: \_\_\_\_\_

Participant Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Account Number: \_\_\_\_\_

**Please check one of the following:**

Please issue my check directly to the IRA or successor plan trustee indicated below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/State: \_\_\_\_\_

Please issue a check directly to me. I understand that if I elect a direct payment, the taxable portion of this distribution is subject to 20% federal income tax withholding.

I understand that the Direct Rollover election is irrevocable; I have verified that the trustee indicated above is an eligible retirement plan as defined by the IRS and that the successor plan has agreed to accept the Direct Rollover of my Cardinal Trust and Investments retirement plan funds.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date