

## **ROTH IRA WITHDRAWAL**

mombor's name	member account no i
member's name:	member account no.:
address:	daytime phone no.:
~	social security no.:
country:	XXX-XX-~
country.	withdrawal amount:
	~
	_ check if complete close of IRA
Note: If you live in a foreign country or you are not a U.S. Citizen or non-resident alien, CU form G324 will also need to be completed before withdrawal	
Can be processed.	
Revocation of new IRA. (Must be within 7 days of initial deposit – HDQCU only).	
CHECK THE APPROPRIATE TYPE OF WITHDRAWAL	
Service Center Withdrawals	Withdrawals processed by IRA Specialist - HDQCU
☐ J ROTH PRIOR 59.5 NO EX — Under age 59.5. May be deposited as a rollover deposit to an IRA within 60 days from date of receipt. If	☐ EXCESS CONTRIBUTION WITHDRAWAL — I made this excess contribution on (check one box below)
you elect to use this distribution as a rollover deposit, effective January 1, 2015, an IRA owner may complete only <u>ONE</u> IRA rollover per 365 days, regardless of how many IRAs owned without differentiating between Traditional, ROTH, and SEP IRAs.	☐ 8 CURRENT YEAR EXCESS CONTRIBUTION — Withdrawn BEFORE TAX RETURN due date. Contribution was made in the same year as this withdrawal. Income attributable to the excess contribution may be subject to a 10% IRS penalty.
Exceptions to the 10% IRS imposed penalty on interest withdrawals must be documented on your Federal Income Tax Return.	□ P PRIOR YEAR EXCESS CONTRIBUTION — Withdrawn BEFORE TAX RETURN due date. Contribution was made in the year prior to this withdrawal. Income attributable to the
☐ T ROTH OVER AGE 59.5 OR DISABILITY PRIOR TO AGE 59.5 —  May be deposited as a rollover to an IRA within 60 days from date of	excess contribution may be subject to a 10% IRS penalty.
receipt. If you elect to use this distribution as a rollover deposit, effective January 1, 2015, an IRA owner may complete only ONE IRA rollover per 365 days, regardless of how many IRAs owned without differentiating between Traditional, ROTH, and SEP IRAs.	O DIRECT TRANSFER TO AN IRA OWNED BY MY EX- SPOUSE —This form must be signed by member in addition to receiving the properly signed transfer form from the other institution. We also require a copy of the divorce decree.
Q QUALIFIED ROTH — Owner meets both 5-year holding period and qualified reason test. — The 5-year holding period begins January 1st of the first year for which the first regular or conversion contribution was made. This is true even if the contribution is made between January 1st and the tax return deadline and attributed to the prior year. For IRA conversion contributions, the period begins January 1st of the first year in which the conversion was made. It does not matter in which month of the year the contribution was completed. To meet the qualified reason test, owner reaches age 59.5 or is disabled or deceased.	PERIODIC DISTRIBUTIONS  \$
Mail to: home address	
or  Deposit to my Alliant:	
Deposit to my Alliant: ☐ savings account ☐ supplemental savings account ☐ Alliant checking account	
Remarks:	solocure statement for further information
Please refer to IRA custodial agreement and di	SCIOSUIC STATETILIOI TUITITEI IIIIOITTIAUOTI.
WITHHOLDING NOTICE Payments from your IRA are subject to Federal Income Tax withholding unless you elect not to have withholding. If you do not check the Federal "No withholding" election box, Federal withholding will be taken from your payment. You may change your withholding election at any time prior to a disbursement.	
Withholding from IRA payments, when combined with other withholding, <b>MAY</b> relieve you from payment of estimated income tax. However, you may still be responsible for payment of estimated tax even if you elect to have withholding from these payments. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are insufficient. The amount of Income Tax you pay is not affected by your withholding decision.	
WITHHOLDING ELECTION  State (already area)	
Federal (check one)  Withholding: I want 10% Federal Income Tax withheld from my payment(s).	State (check one)  Residents of California  Withholding: I want State Income Tax withheld from my payment(s).  1% withheld for State of California.
No withholding: I do not want 10% Federal Income Tax withheld from my payment(s).	■ No withholding: I do not want State Income Tax withheld from my payment(s).
Credit union representative's authorized signature date	member's signature (required) date