



**Hilltop Securities Inc. and/or Broker/Dealers for which it clears**  
 Hilltop Securities Inc. Member NYSE/FINRA/SIPC

New Account  
 Update

## IRA Distribution Request Form

### 1. HTS Account Information.

HTS Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name (First, Middle, Last) \_\_\_\_\_ SSN/Taxpayer ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

### 2. Type of IRA. (Check ONE)

1. Traditional     2. Roth (  >5yrs or  <5yrs)     3. SEP     4. SIMPLE (  Before or  After 2 years since 1<sup>st</sup> Employer Contribution)

### 3. Type of Distribution. (Check ONE)

1. Normal Distribution (Over age 59½)  
 2. Death (Attach certified copy of the death certificate)  
 3. Divorce (Attach copy of divorce decree)  
 4. Disability (as defined under IRS Code Section 72(m)(7))  
 5. IRA to Qualified Plan (Attach a letter of acceptance-not used for IRA to IRA transfers)  
 6. Early-Under age 59½ (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.  
 7. Removal of Excess Contribution for Prior Year \_\_\_\_\_  
 8. Removal of Excess Contribution for Current Year  
 9. Removal of Excess Contribution plus earning before tax filing deadline. Is contribution being removed in same year?  Yes or  No

### 4. Distribution Type. (Check ONE)

- A. Distribute my entire account and close my account. (Note: Subject to a closing fee.)  
 B. Distribution Request Gross Amount \$ \_\_\_\_\_ Net Amount \$ \_\_\_\_\_  
 All Dividend/Interest Income  
     i. Cash portion gross amount: \$ \_\_\_\_\_  
     ii. Security portion gross amount: \$ \_\_\_\_\_  
**Distribute the following securities.** (Please provide # of shares. We cannot process the request on \$ amount.)

Asset Description	Quantity	Price/Value	Asset Description	Quantity	Price/Value

### 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 elect 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 Advisor.





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**Automated Clearing House (ACH) Authorization**

Use this form to make on-demand fund transfers between your Hilltop Securities Inc. (HTS) and bank accounts and to set up recurring monthly transfers either to or from your HTS account. Please allow 2 weeks for this feature to be set up for your account. After the ACH is set up, funds can be transferred within 1 business day. Note: Your bank account must be cleared through a financial institution in the United States and the check must be payable in U.S. dollars.

**1. HTS Account Information.**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 HTS Account Number (if available): \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
 Type of ACH Request (Check ONE):  New ACH Request  Change to Existing ACH Request  Add Additional Bank

**2. Bank Account Information. (Refer to your bank statement for the following information.)**

Name as it appears on your Bank Account: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_ Bank Account Type (Check ONE):  Checking **OR**  Savings  
 Bank Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

**3. On-Demand Transfers.**

By signing this form, you elect to make transfers on-demand back and forth between your HTS and bank accounts. In addition to being able to make on-demand transfers, you can have the account set up for recurring types of transfers by completing section 4.

**4. Recurring Transfers. (Check all that apply, if these additional options are desired.)**

- Recurring transfer of dividends/interest and/or principal pay downs from HTS account to my bank account (Check ONE):
  - Transfer dividends/interest only **FROM HTS ACCOUNT** to my bank account.
  - Transfer dividends/interest & principal pay downs **FROM HTS ACCOUNT** to my bank account.
- Recurring monthly transfer between HTS & my bank account (Check ONE):
  - Recurring monthly transfer **FROM HTS ACCOUNT** to my bank account:\*  
 Amount: \$ \_\_\_\_\_ Day of the Month: \_\_\_\_\_ Expiration: \_\_\_\_\_
  - Recurring monthly transfer **FROM MY BANK ACCOUNT** to HTS account:  
 Amount: \$ \_\_\_\_\_ Day of the Month: \_\_\_\_\_ Expiration: \_\_\_\_\_

**\*Important Note:** In order to distribute money FROM an IRA account, you must complete an IRA Distribution Request Form.

**5. Please Read and Sign.**

I/we authorize HTS to transfer funds between my/our securities account and my/our bank account via automated funds transfer. In the event an entry is incorrect, HTS reserves the right to submit correcting entries. Attached is a voided check so that you have my/our necessary bank routing information. I/we understand that it takes approximately 14 days from receipt of this form for this feature to be activated. This authorization remains in full force and effect until HTS receives written notification of its termination or alteration. I/we acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Applicant's Signature Date Co-Applicant's Signature Date

**6. Attach Voided Check.**

