

IRA On Demand Distribution Request Form

(Establish On Demand Instructions, Update On Demand Instructions)

Helpful Information

- It is your responsibility to ensure that your IRA distributions comply with IRS rules. All transactions made using this form are reported to the IRS as an IRA distribution. Please consult your tax advisor as such distributions generally result in taxable income to you.
- Required Minimum Distributions (RMD) and Qualified Charitable Distributions (QCD) apply to account holders over age 70½ and are reported as 'Normal' distributions on Form 1099-R.
- The QCD exception must be filed on Form 1040. QCDs will be subject to an Accommodation Fee. A letter of instruction, in addition to the IRA On Demand form, will be required to process your QCD request.
- IRA accounts cannot be terminated using the IRA On Demand Distribution Request Form. Please submit using the IRA Distribution Request Form.
- Securities will be priced as of the previous day closing price when processed. Due to the potential fluctuation of prices, it is the account holder's responsibility to ensure that the desired dollar amount has been distributed. Failure to monitor may result in IRS penalties.
- Roth IRA account holders over age 59½ who choose the "> 5 yrs." option when requesting Roth Normal Distributions assume responsibility for ensuring the 5 year period to determine Qualified Roth Distributions has been met.
- If you are a nonresident alien, a 30% tax withholding rate will apply unless you reside in a country with a lower tax treaty rate and submit a valid IRS Form W-8BEN. Contact your Financial Advisor to find out if a lower tax treaty rate applies.

By signing this form you acknowledge:

- Non-Roth IRA distributions will generally be taxed as ordinary income, and may be subject to a 10% early withdrawal penalty if taken before age 59½.
- Distributions from a Roth IRA that are attributable to earnings may be taxed as ordinary income and may be subject to a 10% early withdrawal penalty unless certain conditions are met.
- Distributions made from any SIMPLE IRA prior to age 59½ and within the first two years of participating in an employer's SIMPLE IRA plan may be subject to a 25% penalty.
- If taking Substantially Equal Periodic Payments (Internal Revenue Code 72(t)), it is your responsibility to comply with IRS rules. Hilltop Securities reports such distributions as "Premature-Early Withdrawal—no known exception" in accordance with IRS requirements. The 72(t) exception must be filed on Form 5329.
- IRA On Demand dollar amount to be determined by account holder for each payment. I authorize Hilltop Securities to accept requests from my Financial Advisor for various amounts that I may take from time to time.

Nothing herein constitutes or should be construed as a legal opinion or advice. Recipients should consult their own attorney, accountant, financial or tax advisor or other consultant with regard to their own situation. Neither Hilltop Securities Inc. nor any of its affiliates shall have any liability for any use of the information set out or referred to herein.



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

New
 Update

IRA On Demand Distribution Request Form

1. HTS Account Information.

HTS Account Number: _____

Full Name (First, Middle, Last)	Last 4 Digits of SSN/Taxpayer ID	Date of Birth		
Address	City	State/Province	Country	Zip

2. Type of IRA. (Check ONE)

1. Traditional 2. Roth 3. SEP 4. SIMPLE

3. Distribution Type. (Check ONE)

1. Normal Distribution (*Over age 59½*) Is this a Qualified Charitable Distribution (QCD)? Yes (If Yes, attach Letter of Instruction.)
 Roth Normal >5 yrs. <5 yrs. Unknown
2. Premature - Early-Under age 59½ Traditional or Roth (*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.
3. Beneficiary IRA - Traditional or Roth
4. SIMPLE IRA - Normal Premature > 2 yrs. since 1st Employer Contribution < 2 yrs. since 1st Employer Contribution
5. Disability(as defined under IRS Code Section 72(m)(7))

4. 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 opt 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. 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. 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.

5. Distribution Method. (Check All That Apply)

1. Check
2. Transfer to HTS account # : _____
3. Stock Certificate
4. ACH (*Must complete the ACH Authorization form if instructions are not on file.*)
5. Wire (Please note, there is an applicable wiring fee.)
Bank name _____
City: _____ State: _____ Country: _____
Routing #: _____ Account #: _____

6. For Participants Over 70½ Years Old.

I understand there is a minimum annual distribution requirement based on life expectancy and there is a penalty for not complying.

7. Acknowledgement

"I certify that this distribution request is in accordance with the provisions of Hilltop Securities Inc. Individual Retirement Plan and satisfies applicable laws. The custodian may rely on my certification without further investigation or inquiry and shall not be liable for any misrepresentation of fact. I hereby ratify any telephone instructions given pursuant to this authorization and agree Hilltop Securities Inc. will not be liable for any losses resulting from authorized transactions if it follows reasonable procedures designed to verify the caller. I understand that I am responsible for any consequences resulting from this distribution including taxes and penalties owed. I indemnify and hold Hilltop Securities Inc. harmless from any resulting liabilities.

8. Please Sign and Date.

X _____

Signature

Date