

# Distribution Form for Direct Rollover to Employer Plan

| A ACCOUNT HOLDER INFORMATION                      |                               |
|---|-------------------------------|
| <b>Name:</b>                                      | <b>Account Number:</b>        |
| <b>Last Four of Social Security Number (SSN):</b> | <b>Date of Birth:</b>         |
| <b>Legal Address:</b>                             | <b>City, State, Zip Code:</b> |

| B DISTRIBUTION DETAILS   |  |
|--|--|
| <input type="radio"/> Complete Distribution<br><input type="radio"/> I elect to close my account once the distribution is processed. | <input type="radio"/> Partial Distribution:<br>CASH - Please distribute specific amount \$ _____<br>Date to commence recurring distributions: _____<br>Date to stop recurring distributions (if applicable): _____<br>IN-KIND**: Please see section below if you are distributing an assets in-kind. |

**INKIND INSTRUCTIONS:** Please complete the section below if your distribution contains an in-kind asset. For each in-kind asset, will need to provide (1) a Letter of Acceptance from the plan administrator and (2) Re-registration Documentation. Please refer to the Reregistration Documentation Guide for proper re-registration documentation to submit.

Reregistration document(s) should show proper vesting from your current account to your employer plan as applicable

| Asset Description: | Current Fair Market Value: | Reregistration Document Description: |
|--------------------|----------------------------|--------------------------------------|
|                    |                            |                                      |
|                    |                            |                                      |

| C FUNDING INSTRUCTIONS <i>(For the employer plan receiving the funds)</i>  |                        |                      |                            |                        |                               |  |   |
|--|------------------------|----------------------|----------------------------|------------------------|-------------------------------|--|---|
| <b>Process this distribution via:</b> <input type="radio"/> Check (\$5) <input type="radio"/> ACH (\$0) <input type="radio"/> Wire (\$30) <input type="radio"/> Cashier's Check (\$10)   |                        |                      |                            |                        |                               |  |   |
| <b>FOR ACH/WIRE</b><br><table border="1"> <tr> <td><b>Name of Bank:</b></td> <td><b>Account Name:</b></td> </tr> <tr> <td><b>ABA/Routing Number:</b></td> <td><b>Account Number:</b></td> </tr> <tr> <td colspan="2"><b>For Further Credit to:</b></td> </tr> </table> | <b>Name of Bank:</b>   | <b>Account Name:</b> | <b>ABA/Routing Number:</b> | <b>Account Number:</b> | <b>For Further Credit to:</b> |  | <b>FOR CHECK</b><br><b>Make Check Payable to:</b><br><br><b>Mail Check to:</b><br><br><b>Send Check via:</b> Regular Mail (\$0) <input type="radio"/> USPS Trackable Mail (\$10) <input type="radio"/> Overnight Mail (\$35) <input type="radio"/><br><input type="radio"/> Hold for pick-up <i>(select one)</i> <input type="radio"/> Houston office <input type="radio"/> Austin office <input type="radio"/> Dallas office |
| <b>Name of Bank:</b>   | <b>Account Name:</b>   |                      |                            |                        |                               |  |   |
| <b>ABA/Routing Number:</b>   | <b>Account Number:</b> |                      |                            |                        |                               |  |   |
| <b>For Further Credit to:</b>  |                        |                      |                            |                        |                               |  |   |

| D NOTICE OF WITHHOLDING <i>(Complete to opt out of withholding)</i>   |
|---|
| <p>The distributions you receive from your individual retirement account established at this institution are 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 penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.</p> <p> <input type="radio"/> <b>Option 1.</b> I elect to HAVE federal income taxes withheld from my IRA distribution at the rate of _____ % (not less than 10%) OR additional amount of \$ _____ from the amount withdrawn.<br/> <input type="radio"/> Early/Premature (Account holder is under 59.5 and no known exception applies)<br/> <input type="radio"/> Send the amount requested LESS my federal withholding election.<br/> <input type="radio"/> Send the EXACT amount requested and submit my federal withholding election out of my remaining account cash balance.           </p> <p> <input type="radio"/> <b>Option 2.</b> I elect to NOT HAVE federal income taxes withheld from my IRA distribution.<br/> <input type="radio"/> <b>Option 3.</b> This is a qualified disaster distribution and withholding does not apply.           </p> |

**Note: If this section is left blank, Quest Trust Company is required to withhold 10% from the gross distribution amount.**

| E SIGNATURE   |
|---|
| <p>I certify that I am the proper party to receive payment(s) from this account, and that all information provided by me is true and accurate. I acknowledge that I have read the Notice of Withholding above and have completed the Withholding Election above. I understand that distributions from this account are reported to the IRS. I further certify that Quest Trust Company has given no tax advice to me and that all decisions regarding this withdrawal are my own. I expressly assume the full responsibility of determining the taxable amount of this distribution, for determining whether this distribution is a qualified distribution, and for any adverse consequences, which may arise from this withdrawal. I agree that Quest Trust Company shall in no way be responsible for those consequences.</p> <p><b>Signature of Account Holder:</b> _____ <b>Date:</b> _____</p> |

INSTRUCTIONS: To process the requested Transaction, Quest Trust Company (QTC) asks that you provide the following documentation. For each transaction we will need (1) a Letter of Acceptance from the plan administrator, and (1) documents reregistering the investment to your employer plan.

**Please be aware that requests cannot be processed without complete and appropriate supporting documentation.**

How can you do this? Easy – through your [Online Client portal!](#)

| ASSET BEING DISTRIBUTED/CONVERTED  | Document Required  |
|--|--|
| <b>Private Entity:</b>   |  |
| <b>Private Entity (LLC, JV, LP)</b>  | A letter of acceptance acknowledging the transfer of ownership.  |
| <b>Trust</b>   | Assignment of beneficial interest or letter from a trustee or attorney transferring ownership.             |
| <b>Private Stock</b>   | New Stock Certificate, or for book entries/digital shares, provide contact information for transfer agent. |
| <b>Promissory Notes:</b>   |  |
| <b>Secured Promissory Note</b>   | Assignment of Note and Lien showing transfer of ownership  |
| <b>Unsecured Promissory Note</b>   | Assignment of Note showing transfer of ownership   |
| <b>Real Estate:</b>  |  |
| <b>Real Estate</b>   | Submit new deed (e.g. warranty deed or quit claim deed) showing the transfer of ownership.                 |
| <b>Real Estate with non-recourse loan or subject to an existing mortgage</b> | Submit new deed (e.g. warranty deed or quit claim deed) showing the transfer of ownership.                 |
| <b>Tax Liens</b>   | <b>Reregistration:</b> Assignment of Tax Lien  |

**Proper Vesting:** it is important both FMV and reregistration documents contain the proper vesting and references the proper account. A reminder, Quest's vesting is as follows:

**Quest Trust Company FBO [Account Holder's Name] [IRA or HSA or CESA] #[Account Number]**