

IRA/IRRA®/Roth IRA/SEP/SRA

One Time Distribution Form



Use this form to take a withdrawal (distribution) from a Merrill:

- Individual Retirement Account (IRA)
- IRRA® (Rollover IRA)
- Roth IRA
- Simplified Employee Pension (SEP) plan, or
- SIMPLE Retirement Account (SRA)

Complete, sign and send this form to the appropriate channel for processing. For clients with a Merrill Lynch Wealth Management Advisor please contact your branch office directly for the appropriate fax number and address for prompt processing. If forms are sent to the wrong channel processing is not guaranteed. Please retain a second copy of this form for your records.

Merrill Lynch Wealth Management Clients

Please contact your personal **advisor** to obtain your advisor's office fax number or address for prompt processing.

Merrill Edge Self-Directed and Merrill Guided Investing Clients

- Fax to: 866.557.2690
- Or, you can mail to the following address:
Merrill • P.O. Box 29002, Hot Springs, AR 71903-9002
- Ensure cash is available in your account before requesting a distribution

Part 1: Account Owner Information

Your Name *(please print)*

_____-_____
Merrill Retirement Account Number

Date of Birth *(month/day/year)*

Phone Number

Part 2: Reason for Withdrawal

*Check One**

- (a) Normal distribution *(if age 59½ or older)*
- (b) Early/premature distribution *(if under age 59½)*
- (c) Direct rollover to an eligible retirement plan
- (d) Distribution of excess contribution for tax year _____
- (e) Distribution of SEP/SRA income deferral for tax year _____

If you checked box (d) or (e), please provide contribution and earnings or losses amounts. You are responsible for computing earnings or losses attributable to your excess contribution. **The amount of contributions plus attributable earnings (minus attributable losses) indicated must equal the amount of your distribution in Part 3.** If you are eligible to make a contribution and would like to allocate all or a portion of the excess to do so, you must include a Letter of Authorization with your instructions in order for us to process.

Excess Contribution amount \$ _____

Earnings (losses) \$ _____

Total \$ _____ (Use this amount in Part 3)

*** As a reminder, you may only process one 60-day rollover between any and all of your IRAs in any rolling 12-month period, regardless of the number of IRAs you own (IRS Announcement 2014-15). You may, however, continue to make as many transfers between IRAs as you want. Do not use this form to complete a transfer. If you would like instructions on how to complete a transfer, please contact us using the appropriate contact channels for your relationship.**

Part 3: Amount of Distribution

- 1. Part of my account (*please check one*)
 - (a) Cash only \$ _____
 - (b) Securities in-kind* only (*describe at right*)
 - (c) Cash \$ _____ AND securities in-kind* (*describe at right*)

Description of Securities: Use descriptions as they appear on your account statement. If you select more securities than the space provides, attach a supplemental list of securities to be distributed in-kind. The securities you've selected will not be sold but will be transferred to your non-retirement account or mailed to you in certificate or statement form, based on your election within Part 5. If you do not indicate a quantity for the securities selected, your distribution may not be processed. Fractional shares will automatically be liquidated.

For Clients Enrolled in the RMD Service:

- Check this box if you want this distribution amount to be subtracted from the remaining RMD Service calculated amount*

*For Office Use Only: To capture the value of securities in kind, a History File Adjustment must be submitted.

Quantity	Security Name or Symbol
_____	_____
_____	_____
_____	_____
_____	_____

- 2. My entire account (*Your account will be closed and fees may apply*)
 - (a) Distribute all available cash AND sell all securities and distribute all cash proceeds as directed in Part 5
 - (b) Distribute all available cash AND all eligible securities in-kind*

*If you selected the distribution of securities in-kind, a fee may apply.

Part 4: Withholding Election

Important: Please read the Withholding Notice before completing this section.

Complete if you are providing a U.S. Address:

Federal Withholding:

Please note that if you do not make a withholding election, federal income tax will be automatically withheld from your distribution at a rate of 10%.

- Do not withhold federal income tax from my distribution.
- Withhold federal income tax from my distribution (check one):
 - At a rate of 10% At a rate of _____% (must be greater than 10%)
 - At \$ _____ (dollar amount must be greater than 10% of the total distribution value)

State Withholding:

State withholding may also be required in certain states. CA and VT state tax withholding is a percentage of the federal tax withholding.* To determine your state's withholding requirements refer to the supplemental State Tax Withholding Rate Document.

The minimum required for the state of _____ is _____.

- Do not withhold state income tax from my distribution.
- Withhold state income tax for the state of _____ from my distribution (check one):
 - *At a rate of _____% At \$ _____

Local Withholding:

Local withholding may be applicable for the states of Indiana and New York.

Complete if you are providing a Foreign Address:

If you are a U.S. citizen with a foreign address, you may not waive the Federal withholding requirement. If you are a Non-Resident Alien, all distributions are subject to a tax treaty rate or 30% tax withholding and you must complete Form W-8BEN. A valid Form W-8BEN expires after 3 years.

- I am a U.S. Citizen living abroad (check one)

Withhold: At a rate of 10% At a rate of _____% (must be greater than 10%)

 At \$ _____ (dollar amount must be greater than 10% of the total distribution value)
- I am a Non-Resident Alien (check one)

Withhold: At a rate of 30% Tax Treaty rate of _____% Country _____

 At a rate of _____% (must be greater than 30%)

Part 5: Distribution Instructions

Check One and fill in the Third Party Instructions for distributions going to an alternate payee

- (a) Distribute to a Merrill Non-Retirement Acct.

Or, a Bank of America Non-Retirement Acct.

- (b) Federal Funds Wire Transfer *(Please complete the Wire Transfer Instructions in Part 6. Please note that Merrill charges a transaction fee for this service.)*

- (c) Direct Rollover *(Please complete the Direct Rollover Instructions in Part 7.)*

- (d) Mail check/securities to the mailing address on file

- (e) Pick up check at Merrill

Wire Call _____
(For office use only)

- (f) Mail check to alternate address noted below:

- Check here if this is your new mailing address to be updated on our records.

Alternate Address:

Memo:*

*This information will not be displayed in the envelope window.

Third Party Instructions (This section must be completed if distributing to an alternate payee)

By making an election to pay to a third party, I understand that I will be responsible for any taxes that are due as a result of this distribution. Please indicate the alternate payee's name, relationship to you and reason for the distribution.

Alternate Payee Name: _____

Relationship: _____

Reason for Distribution: _____

Part 6: Federal Funds Wire Transfer Instructions

If you checked Fed Fund Wire Transfer in Part 5, please provide the below information. Please note that Merrill charges a transaction fee for this service. Please note that an election to wire funds is a distribution, not a transfer.

(Please speak to your Merrill Lynch Wealth Management Advisor or the Merrill Advisory Center for details.)

Bank Name

For Further Credit *(if applicable)*

ABA Number *(ABA numbers for fed wires differ from the ABA on a checking account. Please check with your financial institution for the correct ABA.)*

Name on Account

Name

Account Number

For Credit To

Miscellaneous Bank Instructions (if any)

Name on Account

For international transfers only:

Account Number

Non-Fed Member/International Bank SWIFT CODE

If the wire transfer is being made to an alternate payee, indicate the final recipient's city and country of residence below. (Third Party Instructions in Part 5 must be completed)

City of Residence

Country of Residence

Part 7: Direct Rollover Third-Party Payee Instructions to Employer-Sponsored Retirement Plans

I understand that I am responsible for ensuring that this distribution is eligible for rollover. I have checked with the employer-sponsored plan to which the monies are being rolled, and they are willing to accept receipt of these monies. Merrill will accommodate distributions to third-party employer-sponsored retirement plans only in the following instances: (i) direct rollovers to employer-sponsored retirement plans and (ii) removal of excess rollover being returned to employer-sponsored retirement plans. I understand that for tax purposes, if the direct rollover transaction type is a type other than Journal Entry or Check, Merrill will report transactions to external institutions as a distribution unless provided with proof that these funds were deposited into a qualified account.

Make check payable to: _____ OR Journal Entry to my Merrill employer-sponsored retirement plan account number: _____

Plan name _____

FBO _____
Client Name _____

Street address _____

City _____ State _____ Zip Code _____

Plan Account Type:

457(b) Profit Sharing
 403(b) Money Purchase
 401k Other Qualified Plan _____

Part 8: Signature

I have read and understand the terms of the Merrill Custodial Agreement and the Withholding Notice and my instructions comply with the terms therein. For cash distributions and tax withholding, I understand I must make arrangements to have sufficient cash and/or money accounts available in my retirement account for this request to be processed. I understand that if the distribution is made payable to a third party payee, I will be responsible for any taxes that are due as a result of this requested distribution. I have reviewed this form in its entirety, and hereby certify that all information as it appears is correct and may be relied upon by the custodian.

Note: The rules governing distributions can be complex, and you might be subject to taxes based on your distribution. We urge you to consult your tax advisor or attorney for further guidance.

This distribution will be processed by Merrill upon receipt of this form unless a future transaction date is inserted here ____ / ____ / ____.
(The future transaction date must be within 365 days for cash and 30 days for securities from the date the form is signed)

X _____
Signature

Date (month/day/year)

Withholding Notice

FOR IRA/IRRA®/Roth IRA/SEP/SRA Distributions Only

Federal income taxes are required to be withheld (subtracted) from your distribution at a rate of 10% unless you tell us that you do not want any taxes withheld. State income taxes will be withheld according to requirements of the state in which you reside. You must use this form to instruct us whether you want income taxes withheld from distributions you will receive from your retirement account. Certain states require that you complete their state form to opt-out of state taxes when your distribution is subject to federal income taxes. To determine your state's requirements, please refer to the supplemental State Tax Withholding Rate Document. Even if you elect to not have federal and state taxes withheld from your distribution, you are liable for payment of federal and state income taxes on the taxable portion of your distribution.

How to choose not to have taxes withheld.

If you do not want any federal taxes withheld from your distributions, check the appropriate boxes in Part 4 (Withholding Election) on the Distribution Form and sign at the bottom. Your selection will also serve as an election not to have state taxes withheld from your distributions. If you do want state taxes withheld check the appropriate box and indicate the applicable state withholding rates.

If you do not make an election we will assume you choose to have federal and, if applicable, state income taxes withheld from all distributions.

Estimated Taxes. Under Internal Revenue Service Rules, if you choose not to have federal income taxes withheld, or if the amount withheld from your distribution is not sufficient, you may be responsible for paying estimated taxes each quarter. When your actual taxes for a year are determined, you could incur IRS penalties if your estimated federal income tax payments were not sufficient. You may incur similar tax penalties under state law.



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