

WITHDRAWAL REQUEST

Forward To: 214 West 9th Street
 PO Box 420
 Onaga, KS 66521
 P) 800.521.9897
 F) 785.889.7169
 Distributions@mainstartrust.com

Please Print or Type

NEW ADDRESS

WILL DISTRIBUTION CLOSE ACCOUNT?
 Yes No

Accountholder _____ Account Number _____ Date _____
 Phone Number _____ Social Security Number _____ Date of Birth _____
 Address _____ City / State / Zipcode _____

DISTRIBUTION REASONS	METHOD OF PAYMENT												
<p><i>I direct the Trustee or Custodian to make a distribution from the IRA for the following reason:</i></p> <p><input type="checkbox"/> 1. IRA Early Distribution (under 59 1/2 IRS Penalty Applies) <input type="checkbox"/> 1 or S. SIMPLE Early Distribution Has it been 2 years since initial funding? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If left blank, request will be processed as prior to 2 years being satisfied</i></p> <p><input type="checkbox"/> 2. IRA and SIMPLE Early Distribution - 72t payments (under 59 1/2 IRS Penalty Exception)</p> <p><input type="checkbox"/> 4. IRA and SIMPLE Death</p> <p><input type="checkbox"/> 5. IRA Prohibited Transaction</p> <p><input type="checkbox"/> 7. IRA and SIMPLE Normal Distribution (attained 59 1/2)</p> <p><input type="checkbox"/> 8. IRA Excess Contribution Removal*</p> <p><input type="checkbox"/> J. ROTH Early Distribution (under 59 1/2)</p> <p><input type="checkbox"/> T. ROTH Distribution (attained 59 1/2 or DEATH)</p> <p><i>*If Excess Contribution Removal was selected please answer the following</i></p> <p>Was the contribution made in a prior year?</p> <p><input type="checkbox"/> No (Use Code 8) <input type="checkbox"/> Yes (Complete the following to determine the appropriate code.)</p> <p>Is contribution being removed prior to the tax return due date of the year for which the contribution was made?</p> <p><input type="checkbox"/> Yes (Use Code P) <input type="checkbox"/> No (Use Code 1 or Code 7)</p>	<p align="center">Checks and/or securities will be issued to you unless indicated.</p> <p>Cash Distribution(s) to be made beginning on _____ (MM/DD/YYYY)</p> <p><input type="checkbox"/> Once <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually</p> <p><input type="checkbox"/> Direct Deposit <input type="checkbox"/> Voided Check Attached <input type="checkbox"/> Information Already on File</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Asset Description</th> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Distribute In Kind</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td align="center"><input type="checkbox"/></td> </tr> </tbody> </table>	Asset Description	Quantity	Distribute In Kind	_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
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_____	_____	<input type="checkbox"/>											
_____	_____	<input type="checkbox"/>											
_____	_____	<input type="checkbox"/>											

DISTRIBUTION AMOUNT

I instruct the Custodian to distribute from the above account:

1. The entire cash balance

2. \$ _____ (value of assets requested) or other _____

3. The minimum amount required for the tax year in which I attain age 70 1/2 and each year thereafter.

4. The entire account balance

SUBSTITUTE FORM W-4P WITHHOLDING CERTIFICATE FOR PENSION PAYMENTS

IRS Regulations require the custodian to withhold at least 10% of distribution if left blank.

1. I DO NOT want Federal Income Tax withheld from my Distribution.

2. I WANT ____% or \$ _____ of Federal Income Tax (not less than 10% or equivalent dollars) withheld from my Distribution.

I understand that I am still liable for the payment of Federal Income Tax on the amount received. I also understand that I may be subject to Federal Income Tax penalties under the estimated tax payment rules if my estimated tax payments and withholding are insufficient.

NOTE: If you elect to withhold federal income tax and are a resident of Kansas, you may voluntarily elect to have state income tax withheld at 5% or greater.

SIGNATURE REQUIRED

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 further certify that no tax advice has been given to me by the Custodian and that all decisions regarding this withdrawal are my own.

Accountholder's Signature

Direct Deposit Authorization

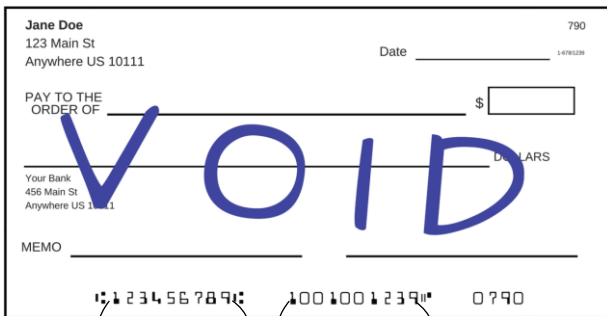
I hereby authorize Mainstar Trust to electronically deposit money into the account referenced at the financial institution named below. This authorization is to remain in effect until I notify Mainstar Trust in writing on a Direct Deposit Authorization form of a cancellation or change. I understand it is my responsibility to verify that the money in the correct amount is credited to my account and to notify Mainstar Trust of any discrepancies. In the event money is deposited erroneously into my account, I authorize Mainstar Trust to debit my account not to exceed the amount of the erroneous credit. I hereby agree to hold Mainstar Trust harmless from any error or omissions Mainstar Trust may make in depositing or failing to deposit the requested amount to the designated account.

Account Information: Attach a voided check or a savings account deposit slip.
 Please verify the ABA Routing Number with your financial institution for your account. These are the first nine (9) digits on your check or deposit slip. The accountholder is responsible for the accuracy of the ABA Routing Number.

Bank Name _____

Bank Phone _____

ATTACH VOIDED CHECK HERE

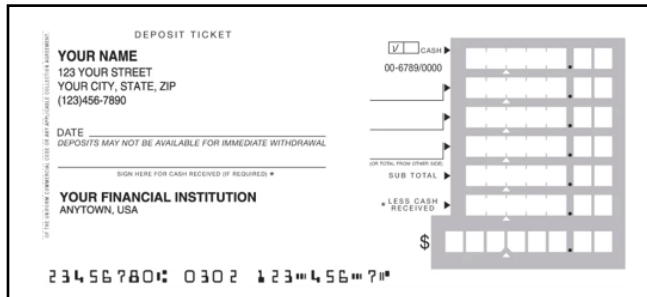


123456789 1001001239 0790
 Routing Number Account Number

ABA Routing Number _____

Account Number _____

ATTACH SAVINGS DEPOSIT SLIP HERE



 Accountholder Signature

 Date

 Print Name

 Mainstar Trust Account Number