

# IRA Distribution Form



- For additional information call **(800) 539-FUND**
- Send completed form to: **Victory Funds**, P. O. Box 182593, Columbus, OH 43218-2593.

## IRA Distribution Form

For distributions during the **Account Holder's Lifetime ONLY.**

### I. Account Holder Information

Name (First, MI, Last)			Social Security Number
Street Address			Daytime Telephone Number
City	State	Zip Code	Date of Birth

### II. Account Information

List only the account(s) subject to this distribution request:

Fund Name	Account Number	\$Amount

### III. Amount of Distribution

**Total Distribution** This will close your account. Your distribution may be reduced for Maintenance and/or Termination Fees, if applicable. Please refer to your retirement account agreement.

**Partial Distribution** Check one of the following options:

A **one-time** payment of: \$ \_\_\_\_\_

A **series** of payments of: \$ \_\_\_\_\_

Frequency (Check ONLY one)  Monthly  Quarterly  Semi-Annually  Annually

Distribution Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM/DD/YYYY

**METHOD OF PAYMENT**

**Mail Check to Address of Record**  
Default method of payment. If no box is checked, your distribution will be mailed to you.

**Deposit to my Checking Account**  
Please attach a voided check to this form. A Medallion signature guarantee may be required. Consult your prospectus.

**Deposit to my Non-Qualified Account**

Fund Name \_\_\_\_\_ Account Number \_\_\_\_\_  
A Medallion signature guarantee may be required. Consult your prospectus.

### IV. Distribution Reason

IRS Code:	Reason Valid ONLY for:
<input type="checkbox"/> 1	<b>Early Distribution, No known exception to IRS early distribution penalty:</b> I am under age 59½, not disabled and not taking substantially equal periodic distributions. <i>Traditional IRA</i>
<input type="checkbox"/> J	<b>Early Distribution from a Roth IRA, No known exception to IRS Early Distribution Penalty:</b> I am under 59½, not disabled and not taking substantially equal periodic distributions. <i>Roth IRA</i>
<input type="checkbox"/> S	<b>Early Distribution from a SIMPLE IRA, No known exception to IRS Early Distribution Penalty:</b> I am under age 59½, not disabled and not taking substantially equal periodic distributions. <i>SIMPLE IRA</i>
<input type="checkbox"/> 2	<b>Early Distribution, Exception applies:</b> I am under age 59½, not disabled and taking substantially equal periodic distributions based upon a method approved by the IRS. <i>Traditional, Roth or SIMPLE IRA.</i>
<input type="checkbox"/> 3	<b>Disability:</b> I have attached a determination letter from the Social Security Administration or a physician as required by IRC 72(m)(7). <i>Traditional, Roth or SIMPLE IRA</i>
<input type="checkbox"/> 7	<b>Normal:</b> I am age 59½ or older. <i>Traditional IRA</i>
<input type="checkbox"/> T	<b>Roth IRA Distribution, Exception applies:</b> I am age 59½ or older. <i>Roth IRA</i>
<input type="checkbox"/> 8 or P	<b>Excess:</b> I have exceeded my allowable contribution for the _____ tax year by \$ _____. <b>Please check one:</b> I have filed my federal tax return for the year the excess contribution was made: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Traditional or Roth IRA</i>
<input type="checkbox"/> 8	<b>7 Day Revocation:</b> Consider this form notice of my decision to revoke my IRA. I received my IRA disclosure statement within the last seven calendar days. <i>Traditional, Roth or SIMPLE IRA.</i>
<input type="checkbox"/> 9.	Recharacterization ( <i>Enter the net income attributable to the recharacterized amount and select a or b</i> ) Net Income Attributable _____ <input type="checkbox"/> a. Same-Year Recharacterization <input type="checkbox"/> b. Prior-Year Recharacterization Earnings _____
<input type="checkbox"/> 10	Qualified Reservist Distribution

**V. Tax Withholdings and Signatures**

Federal income tax must be withheld from your distribution at a rate of 10% unless you elect not to have withholding apply. **If you do not check a box, taxes will be withheld at 10%.** I have read and understood the withholding information, including state tax withholding, on the back of this form. This election applies to federal tax withholding only. **If you are a resident of North Carolina**, please complete the state withholding election on the back of this form.

- I elect not to have federal tax withheld** from my distribution. I understand that I may be liable for payment of estimated tax. I may incur penalties under the estimated tax rules, if my withholding and tax payments are not sufficient.
- I elect to have taxes withheld** from my IRA distribution at \_\_\_\_\_% (not less than 10%).

The Participant/Beneficiary hereby authorizes the distribution from this account to the undersigned and certifies that it is in accordance with the provisions of the IRA plan. I acknowledge that the Custodian cannot provide me with legal advice and I agree to consult with my own tax professional when I need tax advice. I indemnify the Custodian, its agents, successors and affiliates from any and all claims the undersigned may have or hereafter claim to have with respect to the distributions or in the event I fail to meet the minimum distribution requirements.

Account Holder Signature

Date

Medallion Signature Guarantee

Date

**Withholding (Purpose of Form W4-P).** The IRA Owner must elect whether or not to have money withheld for federal income tax purposes and on what basis. You can make this election on this substitute Form W-4P or you could attach an actual Form W-4P. Unless elected otherwise, IRA distributions will have federal income tax withheld at a flat rate of 10%. You may use this form to elect to have no income tax withheld (except for payments to U.S. citizens delivered outside the U.S. or its possessions), to have 10% withheld, or to have more than 10% withheld. Check the box reflecting your choice. Generally, your election will apply to any later distributions from the same IRA. You may, however, revoke your previous exemption from withholding. Simply complete a new W-4P with your Custodian/Trustee. The payer will not send copies of Form W-4P to the IRS.

**Statement of Income Tax Withheld from your Account.** By January 31 of next year, you will receive a statement from your payer showing the total amount of your payments and the total income tax withheld during the year.

**Exemption from Income Tax Withholding.** The election to be exempt from income tax withholding does not apply to any periodic payment or nonperiodic distribution that is delivered outside the U.S. or its possessions to a U.S. citizen or resident alien. Other recipients who have these payments delivered outside the U.S. or its possessions can elect exemption only if an individual certifies to the payer that the individual is not: (1) a U.S. citizen or resident alien, or (2) an individual to whom Section 877 of the Internal Revenue Code applies (concerning expatriation to avoid tax). The certification can be made in a statement to the payer under penalties of perjury.

For more information, please see Publication 505, Tax Withholding and Estimated Tax, available from most IRS offices or via the internet at <http://www.irs.gov>.

**Caution:** Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see IRS Publication 505. It explains tax requirements and penalties in detail. You may be able to avoid quarterly estimated payments by having enough tax withheld from your IRA using Form W-4P.

**NORTH CAROLINA STATE TAX WITHHOLDING ELECTION (North Carolina Residents ONLY)**

North Carolina income tax must be withheld from your distributions unless you elect to not have withholding apply. If you do not make an election or if you elect to have withholding apply, your distribution(s) will be subject to withholding at the following rate:

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Total Distributions or Non-Periodic (one-time) Partial Distributions: 4%

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Periodic (a series of) Partial Distributions: *Income withholding at a rate of married with three exemptions.*  
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**If you are a resident of North Carolina, please check one of the boxes below:**

- I elect to have North Carolina Income Tax withheld from my distributions.
- I do not elect North Carolina Income Tax withheld from my distributions.

Signature

Date