

(LIBERTY TRUST COMPANY ACCOUNT NUMBER)

FOR PROCESSING, RETURN TO: IPS ♦ 8226 Douglas Avenue ♦ Suite 520 ♦ Dallas, Texas 75225-5927 ♦ 800-473-1977 ♦ 855-739-1987 FAX

1	ACCOUNT OWNER INFORMATION	
Type of Account: <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> Simple	Soc. Sec. Number:	
Legal Name:	Daytime Phone:	
Address:	Email Address:	
City, State, Zip:	Date of Birth:	

2	REASON FOR DISTRIBUTION
<p>Generally, if you are under age 59 1/2, you must pay a 10% additional tax on the distribution of any assets (money or other property) from your IRA. Distributions before you are age 59 1/2 are called EARLY DISTRIBUTIONS. The 10% additional tax applies to the part of the distribution that you have to include in gross income. It is in addition to any regular income tax on that amount. A number of exceptions to this rule are discussed in IRS Publication 590. <i>You may have to pay a 25%, rather than a 10%, additional tax if you receive distributions from a SIMPLE IRA before you are age 59 1/2.</i> You should consult with your tax advisor regarding any distribution from your account.</p>	
<p>PLEASE CHOOSE ONE:</p> <input type="checkbox"/> Account Owner is under Age 59 1/2 <input type="checkbox"/> Account Owner is over Age 59 1/2	
<p>CHECK ALL REASONS THAT APPLY, IF ANY:</p> <input type="checkbox"/> Death [Distribution to beneficiary due to death of original Account Owner] <input type="checkbox"/> Disability [Distribution to Account Owner who is disabled per IRC 72(m)(7)] <input type="checkbox"/> Substantially Equal Payments [under IRC 72(t)] <input type="checkbox"/> Distribution because of IRS Levy under IRC 6331 <input type="checkbox"/> Distribution from SIMPLE IRA within first 2 years <input type="checkbox"/> Modification of Substantially Equal Payments <input type="checkbox"/> Revocation within 7 days of account opening	
<p>If no box is checked, the distribution will be reported to the IRS based on your age at the time of the distribution, with no special reason.</p>	

3	AMOUNT OF DISTRIBUTION
<input type="checkbox"/> \$ _____ cash. (Must be an exact amount)	

4	FREQUENCY OF DISTRIBUTION
<p>Make distributions to me in the amount shown in Section 3 as indicated below until I instruct Liberty Trust Company, Ltd. ("LTC") in writing to discontinue making distributions to me. Note: If there is not sufficient cash in your IRA account to process the above requested amount, Liberty Trust Company, Ltd. will distribute the cash balance in your account, less any outstanding fees.</p>	
<input type="checkbox"/> Monthly - On the _____ day of each month.	
<input type="checkbox"/> Quarterly - On the _____ day of the _____ month of each calendar quarter.	

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DELIVERY INSTRUCTIONS

- Send by Check, regular mail (Default)
- Send by Check, overnight delivery (\$35 Fee)
- Send by Wire (\$25 Fee)

Wiring instructions:

Bank Name: _____

ABA/Routing Number: _____

Account Name: _____

Account Number: _____

Account Address: _____

- Send to Account Owner at address above (Default)
- Send to the following address:

Name: _____

Address: _____

Phone: _____

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NOTICE OF WITHHOLDING

Internal Revenue Service regulations require that this notice be given to your each time you request a distribution from your IRA. The distributions you receive from your IRA are subject to Federal Income Tax withholding, unless your elect not to have withholding apply. Although you may elect not to have income taxes withheld, you will still be liable for payment of any Federal Income Tax due on distributions from your IRA. If you elect not to have income tax withheld from your distribution, or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. In addition, you may incur penalties under the estimated tax payment rules if your withholding and estimated tax payments are not sufficient.

You should consult with your accountant, tax attorney or other tax advisor regarding your election of Federal Income Tax Withholding in Section 8 below. If you do not make an election, Federal Income Taxes will be withheld at a rate of 10%.

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INCOME TAX WITHHOLDING ELECTION

Choose one. If no election is made, 10% will be withheld from the distribution.

- DO NOT** withhold any Federal Income Tax from the distribution.
- Withhold 10% from the distribution for Federal Income Tax.
- Withhold _____ % of the distribution for Federal Income Tax. (minimum 10%)
- Withhold \$ _____ from the distribution for Federal Income Tax. (must be at least 10% of total)

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SIGNATURE

I certify that I am the IRA Account Owner, the beneficiary, or individual legally authorized to complete this form. I certify the accuracy of the information set forth in this form, and I authorize this transaction. I understand Liberty Trust Company, Ltd. may require additional documents before processing any distributions. I understand that I am responsible for any consequences resulting from this distribution including taxes and penalties owed. I indemnify and hold Liberty Trust Company, Ltd. and IRA Plus Southwest, LLC ("IPS") harmless from any resulting liabilities. I acknowledge that neither IRA Plus Southwest, LLC nor Liberty Trust Company, Ltd. has provided me with legal or tax advice.

I acknowledge and agree that LTC will make a reasonable effort to make distributions to me as indicated above until I instruct LTC in writing to discontinue making distributions to me. I further acknowledge and agree that by making these distributions to me, LTC is doing so only as a convenience to me and that IPS is not guaranteeing that distributions will be made on the date or dates requested and that it is solely my responsibility to notify IPS if a distribution has not been made. I agree to hold IPS and Liberty Trust Company, Ltd. harmless from any liabilities including, but not limited to, taxes or penalties incurred by me for any distribution not timely received.

Under penalty of perjury, I declare and certify that this form, except for the information provided in the completion of the form, is identical, word for word, to the form provided by Liberty Trust Company, Ltd. ("LTC"), via its website or by any other means, and has not been altered in any manner whatsoever by me or, to my knowledge, by any third party. In the event that this form has been modified, with or without my knowledge, I agree that any such modification shall be null and void and that the language of the form as it was provided by LTC shall override any conflicting language.

Signature: **X** _____ Date: **X** _____