Roth IRA Distribution Request

SMITH BARNEY citigroup)

Account Jornal Information Beneficiary Information For death distributions copy Remark Surgiciary						CITIC	group
1. Distribution Request (1 bits section must be completed) Peace constitutions Request Form \$400 for Withdeavard Peace constitutions Request Form \$500 for Withdeavard Peace constitutions Request Form \$500 for Withdeavard Peace Contributions Request Form \$500 for Withdeavard Peace Contributions Request Form \$500 for Withdeavard Peace Form \$400 for W	Account Owner Information 🔲 B	eneficiary Information <i>(For deati</i>	h distributions only)		Account	T C F	C
Distribution Request (This section must be compileted) Perseas crossift your advisor before requesting any distribution. Request Form 474 for Traditional, SEP & SMPLE RA distributions. Request Form \$400 for Withdeaval. Perseas contributions is a forth Distribution Request (This selection will close the account and a termination for may apply)			Social Security Number		Date o	of Birth	
Conclus her of this is a Total Distribution Request (This section will close the account and a termination fee may apply) VERBAL DISTRIBUTION AUTHORIZATION Concess with tracking Concess Conces	I. Distribution Request (This section Please consult your tax advisor before	e requesting any distribution. Requ		onal, SEP & SIMPLE IRA			ndrawal of
Scheduled Distribution Request Please complete "How do you wish to receive your distribution" in Section 1.	☐ Check here if this is a Partial Distri B. How do you wish to receive your distr ☐ Send the requested distribution ☐ Transfer the requested distribution ☐ Transfer the requested distribution ☐ Transfer the requested distribution ☐ Swis Automatic Funds Transfer ☐ See Section 4 for my authorizat ☐ Wire the requested distribution ☐ What assets do you want SB to distribution ☐ Cash ☐ Distribute the total cash availab ☐ Distribute \$ ☐ Securities (List the securities in the Sell the securities I have listed a	ibution Request. ibution? to me at my address of record. on to another Smith Barney account on through SWIS/AFT to an account form #5475. ion to distribute to a third party. to me (attach bank instructions). inute? le	unt in my Name.		option allows you to you or to have Barney (SB) according ferred to another account number in only be made to must make an elebelow. This election Distribution Requesion (Quantity)	to request a distribution assets transferred to cunt. In order to have SB account, you mus in Section 1. Asset transferred to your SB or Bank account in the "Withhold on will remain in effect ests until changed by on Form.)	n to be issued your Smith assets transet indicate the ansfers call counts. (You for all verba completing)
egin scheduled distributions as follows: common control (not for SMIS/AFT) Control (must be at least \$50) Country Cou							
Income Only (not for SWIS/AFT)			<u> </u>				
Over Age 591/z (penalty may apply) Over Age 591/z and Exception RDC No Known Exception Substantially Equal Payments Death of Account Owner (Death Certificate Required) DIA Disability (Verification Required) DIA Disabil	. ☐ Income Only <i>(not for SWIS/AFT)</i>	(must be at least \$50)	☐ Monthly☐ Quarterly☐ Semiannually (not for	□ 1st □ 15tt SWIS/AFT) □ Botl	of the month n of the month h 1st and 15th of the	month	
Over Age 591/z (penalty may apply)	3. Reason for Distribution Reques	(This section must be completed	I) See back of this form fo	r additional information.			
By signing below I hereby assign the distribution of assets from my IRA requested herein. I understand that this distribution of assets including any income or gains f my IRA will be reported by Citigroup Global Markets Inc. ("Smith Barney"), the Custodian for my account, as the Payor to the Internal Revenue Service as income to mand that I am responsible for any federal and/or state income taxes or penalties due on such income. I assign this income to	Under Age 59¹/2 (penalty may apply) PRD □ No Known Exception EDE □ Substantially Equal	Over Age 591/2 and Exception IKD	tion First Roth The certific I hereby ce wner my name (equired) Institution	IRA Contribution or ation will apply to all Sm rtify that the first contribu or the original account he	nith Barney Roth IRA: ution or conversion r older's name if a Ben	s registered in your na nade to any Roth IRA r eficiary Roth IRA) at ar	egistered in
Tou may elect to have Federal and/or State Income Taxes withheld from your IRA distributions in one of two ways: 1. specify the percentage of each distribution to be withheld, or 2. accept the default rate of withholding specified by the Internal Revenue Service (10% for one-time and partial distributions) You may elect NOT to have any taxes withheld from your distribution, in which case you may be responsible for the payment of estimated income taxes. F YOU DO NOT COMPLETE THIS SECTION SMITH BARNEY IS REQUIRED TO WITHHOLD AT THE STATUTORY RATES. WITHHOLDING IS NOT REFUNDABLE BY SMITH BARNEY IS REQUIRED TO WITHHOLD AT THE STATUTORY RATES. WITHHOLDING IS NOT REFUNDABLE BY SMITH BARNEY IS REQUIRED TO WITHHOLD AT THE STATUTORY RATES. WITHHOLDING IS NOT REFUNDABLE BY SMITH BARNEY IS REQUIRED TO WITHHOLD AT THE STATUTORY RATES. WITHHOLDING IS NOT REFUNDABLE BY SMITH BARNEY IS REQUIRED TO WITHHOLD AT THE STATUTORY RATES. WITHHOLDING IS NOT REFUNDABLE BY SMITH BARNEY IS REQUIRED TO WITHHOLD AT THE STATUTORY RATES. WITHHOLDING IS NOT REFUNDABLE BY SMITH BARNEY IS REQUIRED TO WITHHOLD AT THE STATUTORY RATES. WITHHOLDING IS NOT REFUNDABLE BY SMITH BARNEY IS REQUIRED TO WITHHOLD AT THE STATUTORY RATES. WITHHOLDING IS NOT REFUNDABLE BY SMITH BARNEY IS REQUIRED TO WITHHOLD AT THE STATUTORY RATES. WITHHOLDING IS NOT REFUNDABLE BY SMITH BARNEY IS REPUNDABLE BY SMITH BARNEY IS	By signing below I hereby assign the comy IRA will be reported by Citigroup Goand that I am responsible for any feder (insert name of assignee), whose addrocheck one: Pay a check and/or deliacount Branch Account	distribution of assets from my IR Global Markets Inc. ("Smith Barn ral and/or state income taxes or p ess is ver securities in-kind as instruct	A requested herein. I un ney"), the Custodian for r penalties due on such ir ted above. Transfer	derstand that this distri ny account, as the Payo come. I assign this inc	bution of assets inc or to the Internal Re ome to	luding any income or venue Service as inco	gains from ome to me
certify that no portion of this rollover includes after tax rollovers from other plans or non-deductible IRA contributions.	You may elect to have Federal and/or Stat. specify the percentage of each distribut. 2. accept the default rate of withholding: You may elect NOT to have any taxes with the specific transport to the second transport transport to the second transport transport to the second transport transport transport to the second transport transpor	ate Income Taxes withheld from yoution to be withheld, or specified by the Internal Revenue Stheld from your distribution, in with State Income Taxes at the Withhold Federal Income Taxes earthHOLD State Income Taxes equa	Service (10% for one-time thick case you may be responded by the following the followi	e and partial distributions ponsible for the payment STATUTORY RATES. WI on(s). % from my IRA distributions in the content of the cont	of estimated income THHOLDING IS NOT withhold State Income ribution(s). State poution(s).	REFUNDABLE BY SM 2 Taxes from my IRA D To have state taxes with other than your state of the state's abbreviation.	istribution(s) held for a state residence, ente
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DISTRIBUTION RULES AND TAX REPORTING

General Information:

Distributions from Roth IRAs are reported on IRS Form 1099-R for the tax year that the distribution was taken. For the purpose of taxation, all distributions are considered to come from contributions first, and earnings last. Contributions are non-deductible. Upon withdrawal (at any time), they are tax-free and penalty free. Accumulated earnings are subject to taxation in certain instances.

Roth Distributions are Tax Free and Penalty Free if held for five years* or more and any one of the following exceptions apply:

- Over age 591/2
- Used for first time home-ownership
- Due to disability
- Distributed to beneficiaries upon IRA holder's death

Roth Distributions are subject to ordinary income tax when any one of the following applies:

- One of the above exceptions applies but the account has been held for less than five years*
- Used for qualified higher education expenses incurred by the IRA holder or immediate family member
- Used to cover medical expenses exceeding 7.5% of AGI
- Used to purchase health insurance after receiving unemployment compensation for more than 12 weeks

Roth Distributions are subject to ordinary income tax and the 10% penalty when none of the above-mentioned exceptions applies.

*The five year period is the five-taxable year period beginning with the first year for which a contribution or conversion is made to any Roth IRA.

By supplying the information requested in section 3 on the front of this form, you will enable Smith Barney to accurately report your Roth Distribution to you and the Internal Revenue Service.

Required Minimum Distributions (ONLY applies to beneficiaries of ROTH IRAs)

Although a Roth IRA owner is not required to take any distributions from the Roth IRA during his or her lifetime, the beneficiary (or beneficiaries) of the Roth IRA is subject to the required minimum distribution (RMD) rules. If you would like information on required Roth IRA distributions, request a complimentary copy of the *Smith Barney IRA Distribution Manual* from your Smith Barney Financial Consultant.

Reason for Distribution:

The IRS requires IRA custodians to report distributions using Reason Types that indicate why a distribution was made. The following is a brief explanation of these Reason Types. For distributions due to disability or death, you must provide Smith Barney with verification as indicated below.

REASON TYPE Distribution	EXPLANATION If you are under age 59 ¹ / ₂ , you may be subject to a 10% penalty tax unless an exception applies (see above).
Distribution Exception Applies – Substantially Equal Payments (code EDE)	. If you are under 59½ and take distributions from your IRA in the form of "substantially equal payments" (in accordance with IRS Code Section 72(t)(2)(A)(iv) you will be exempt from the penalty taxes described under Distribution - No Known Exception. However, once you start this method of distribution, you must continue taking distributions under this method for at least five years or until age 59½, whichever is longer. Otherwise, you may be subject to penalties for all distributions taken under this election.
Distribution Exception Applies – (code IKD)	If you are over age $59^{1/2}$ and the Roth IRA has been held for less than five years.
Distribution Exception Applies –	. If you are a beneficiary receiving distributions as the result of the death of the original IRA account holder & the original IRA account holder held the account for less than five years (you must provide a certified copy of the death certificate).
Distribution Exception Applies – Disability (code DIA)	. This option is only available if you are disabled (and you have held the Roth IRA for less than five years) to the extent that you are unable to engage in any substantial gainful activity and it is medically determined that the condition will last continuously for at least 12 months or will lead to your death. A physician's letter must accompany this request.
Qualified Distribution – (code IKD)	If you are over age 591/2 and the Roth IRA has been held for at least five years.
Qualified Distribution — Death (code DEA)	. If you are a beneficiary receiving distributions as the result of the death of the original IRA account holder & the original IRA account holder held the account for at least five years (you must provide a certified copy of the death certificate).
Qualified Distribution – Disability (code DIA)	. This option is only available if you are disabled (and you have held the Roth IRA for least five years) to the extent that you are unable to engage in any substantial gainful activity and it is medically determined that the condition will last continuously for at least 12 months or will lead to your death. A physician's letter must accompany this request.