



**PART 1. GOLDSTAR ACCOUNT INFORMATION**

Name(s) \_\_\_\_\_ Account No. \_\_\_\_\_

**PART 2. AMOUNT AND METHOD OF DISTRIBUTION - SELECT ONE**

- 1. Total Cash Distribution and Account Closure
- 2. Partial Cash Distribution  
Amount \$ \_\_\_\_\_ Commencement Date \_\_\_\_\_  
*(must be within 6 months of signature date)*
- 3. Total In-Kind Distribution and Account Closure *(re-registration fee(s) apply.)*
- 4. Partial In-Kind Distribution *(List the assets below you wish to distribute In-Kind. Re-registration fee(s) apply.)*

Asset Name	Number of Share(s) / Dollar Amount

Please re-register all assets as follows. *(Notary is required if re-registration does not match the name(s) on the account.)*

Registration \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_

**NOTE:** Federal Withholding is not available for any GAMMA distributions.

**PART 3. BANK INFORMATION - COMPLETE IF YOU SELECTED ACH OR WIRE FOR DISTRIBUTION BELOW**

I elect to have the selected distribution directly deposited into my bank account. I understand that due to the ACH reporting limitations of most banks, a detailed summary of each payment sent to my bank may not be reported to me by my bank, and that I will obtain this information through the GoldStar website.

Bank Name \_\_\_\_\_ Bank Phone \_\_\_\_\_  
Bank Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Name on Bank Account \_\_\_\_\_  
Routing/ABA No. *(must be 9 digits in length)* \_\_\_\_\_  
Bank Account No. \_\_\_\_\_

**NOTE:** A voided check or completion of this form must be received in order to establish Direct Deposit. A deposit slip is not sufficient to initiate this request.  
Verify with the financial institution which Routing Number to use for Wire transfers (May be different than what you would use for ACH).

Some banking institutions (especially credit unions) have an intermediary or secondary bank the wired funds must be sent to before it can be delivered to your bank.

Intermediary Bank Name \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Routing/ABA No. *(must be 9 digits in length)* \_\_\_\_\_



**PART 4. PAYMENT DELIVERY INSTRUCTIONS - SELECT ONE**

- Mail a Check to the address of record
- Mail a Check to the following address *(Notary required)* \_\_\_\_\_
- ACH - For Direct Deposit *(Notary required if funds are being sent to an account that is not registered in the name of the account holder.)*
- Wire Funds *(Notary required if funds are being sent to an account that is not registered in the name of the account holder.)*

**IF NO OPTION IS CHOSEN AND ACH HAS NOT BEEN ESTABLISHED, WITHDRAWAL WILL BE SENT BY CHECK.**

**PART 5. FEES**

To avoid delays in the processing of your request, please ensure there is sufficient cash in the account to cover the requested distribution and any applicable fees, including past due fees (Termination Fee \$150). Please refer to the Fee Schedule or call GoldStar for any applicable fees regarding this distribution.

**PART 6. CUSTOMER SIGNATURE**

I certify that I am authorized to receive payments from this account and that all information provided by me is true and accurate. All decisions regarding this distribution are my own, and I expressly assume responsibility for any consequences that may arise from this distribution. I agree that the trustee or custodian is not responsible for any consequences that may arise from processing this distribution authorization.

**Wire** - 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. Be advised that intermediary and/or receiving institutions may charge additional fees. GoldStar reserves the right to request additional verification prior to processing a wire transfer request. I further agree that GoldStar Trust Company will not incur any loss, liability, cost or expense from acting upon this request.

**ACH** – I hereby authorize GoldStar Trust Company to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account at the bank named above. I authorize the bank to accept any such credits or debits to my account without responsibility for their correctness. I further agree that GoldStar Trust Company will not incur any loss or liability, cost, or expense for acting upon this request. I understand that this authorization may be terminated by me at any time by written notification to GoldStar Trust Company and to the bank. The termination request will be effective as soon as GoldStar Trust Company has had a reasonable amount of time to act upon it.

**X** \_\_\_\_\_ Date (mm/dd/yyyy)  
Authorized Signature *(Account Holder, Custodian, or Trustee)*

**X** \_\_\_\_\_ Date (mm/dd/yyyy)  
Secondary Authorized Signature *(Joint Account Holder, if any)*

**NOTARY PUBLIC - ONLY IF APPLICABLE**

If the name on your bank account is not identical to the name on your GoldStar account(s), you must have your form notarized. If your name is listed on a joint bank account, a Notary is not necessary. If a Notary Public is necessary and you do not provide one, GoldStar cannot establish this option on your account.

Place Notary Seal Here

Sworn to and subscribed before me on: \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_