



PART 1. GOLDSTAR ACCOUNT OWNER

Name(s) _____

Account Number _____

Phone Number _____

Email Address _____

- Set Up New Periodic
- Update Current Periodic
- Cancellation

PART 2. DISTRIBUTION INSTRUCTIONS - SELECT ONE OF THE OPTIONS BASED ON ACCOUNT TYPE

TRADITIONAL, SEP, OR SIMPLE IRA DISTRIBUTION REASON

I direct the Custodian to make a distribution from my IRA for the following reason:

- Normal Distribution (Age 59 ½ or older)
- Early Distribution (Under age 59 ½)
- Disability Distribution (A Physician's statement stating you meet the IRS definition of disability is required)
- Death Distribution by Beneficiary
- Substantially Equal Periodic Payments (72T) or IRS Levy
- Trustee to Trustee Transfer (Signed Letter of Acceptance and Delivery Instructions required) *\$50 per occurrence

ROTH DISTRIBUTION

I direct the Custodian to make a distribution from my ROTH IRA for the following reason:

- Qualified Distribution (Over 59 ½ and 5 year satisfied)
- Non-Qualified Distribution (Under age 59 ½ or over 59 1/2 and 5 year not satisfied)
- Disability Distribution (A Physician's statement stating you meet the IRS definition of disability is required)
- Death Distribution by Beneficiary
- Substantially Equal Periodic Payments (72T) or IRS Levy
- Trustee to Trustee Transfer (Signed Letter of Acceptance and Delivery Instructions required) *\$50 per occurrence

GAMMA DISTRIBUTION

I direct the Custodian to make a distribution from my Gamma for the following reason:

- Normal Distribution (Federal Withholding Not Available)

PART 3. AMOUNT AND METHOD OF RECURRING DISTRIBUTIONS - SELECT ONE IN EACH ROW

Amount: All available cash Fixed dollar amount \$ _____

Frequency: Monthly Quarterly

Distribution Date: (funds will be received within 1-2 business days) 1st 5th 15th 26th

Start Month: _____

If cash funds are not available at the time of distribution, your check or ACH will not be issued. Funds will be processed on the next distribution date. If your recurring distribution has not been successful in the past 12 months, your scheduled distribution will be deactivated.



PART 4. FEDERAL WITHHOLDING ELECTION

Withhold _____ % *(Must be 10% or greater)*
Withhold Additional Federal Income Tax of \$ _____ *(If applicable)*

Do Not Withhold Federal Income Tax

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

**IF NO OPTION IS CHOSEN, 10% WILL BE WITHHELD FROM AVAILABLE CASH FOR FEDERAL INCOME TAX.
(NOT APPLICABLE FOR GAMMA)**

PART 5. DISTRIBUTION INSTRUCTIONS - SELECT ONE

- Check - \$5 Fee
- ACH - For Direct Deposit/ACH complete page 3
- Complete for an alternative name and/or address (Notary required) *Direct Rollovers are not eligible for periodic setup.*

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

PART 6. SIGNATURES

I certify that I am the proper party to receive payment from this account and that all information provided by me is true and accurate. No tax advice has been given to me by the custodian. All decisions regarding these payments are my own. I assume responsibility for any consequences that may result from these payments and I agree that the custodian is not responsible for any consequences that may result from executing this request. I authorize the custodian to make payments as indicated on this form until instructed otherwise.

X _____ Date (mm/dd/yyyy)
Signature of Account Holder

X _____ Date (mm/dd/yyyy)
Signature of Secondary Account Holder

**A NOTARY STAMP IS REQUIRED IF FUNDS ARE SENT TO
AN ADDRESS OTHER THAN THE ADDRESS OF RECORD.**

Sworn to and subscribed before me on: _____, 20 _____

Notary Public: _____

My Commission Expires: _____

Place Notary Seal Here



COMPLETE THIS SECTION IF YOU ELECTED DIRECT DEPOSIT AND ACH IS NOT ALREADY ESTABLISHED

I have elected to have the selected distribution(s) 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.

PART 7. BANK INFORMATION AND AUTHORIZATION

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

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, 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) _____
Signature of Account Holder

X _____ Date (mm/dd/yyyy) _____
Signature of Secondary Account Holder

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.

Sworn to and subscribed before me on: _____, 20 _____

Notary Public: _____

My Commission Expires: _____

Place Notary Seal Here