

Catholic Family Fraternal of Texas – K.J.Z.T.
 PO Box 18896
 Austin, Texas 78760-8896
 512.444.9586 1.888.253.2338

REQUIRED MINIMUM DISTRIBUTIONS (RMD)

IRA HOLDER'S NAME AND ADDRESS			IRA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS	
			Catholic Family Fraternal of Texas – K.J.Z.T. P.O. Box 18896 Austin, Texas 78760-8896	
Social Security Number	Date of Birth	Home Phone	IRA Account Identification	Trustee's or Custodian's Phone Number
				512.444.9586
IRA HOLDER LIFE EXPECTANCY				
<i>This section must be completed prior to withdrawal of a required minimum distribution.</i>				
Is your spouse more than 10 years younger than you, and is he or she your sole beneficiary for the entire calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: <i>If yes, the joint life expectancy of you and your spouse, recalculated, is used. If not, the uniform lifetime table is used to determine the required minimum distribution.</i>				
WITHHOLDING ELECTION				
Select One: <input type="checkbox"/> Withhold Federal income tax at a rate of _____% (not less than 10 percent) from each amount withdrawn. Withhold additional Federal income tax of _____% (complete only if applicable) Withhold state tax at a rate of _____% from the amount withdrawn (complete only if applicable) <input type="checkbox"/> Effective _____, I elect not to have Federal income tax withheld. I understand that I am still liable for the payment of Federal income tax on the amount received. I also understand that I may be subject to Federal income tax penalties under the estimated tax payment rules if my payments of the estimated tax and withholding are insufficient.				
DISTRIBUTION INFORMATION				
Until I give the IRA Trustee or Custodian further written instructions to the contrary, I direct the IRA Trustee or Custodian to distribute my RMD as follows:				
RMD Distribution			Special Payment Instructions	
<input type="checkbox"/> Distribute this year's minimum amount. <input type="checkbox"/> Distribute the minimum amount each year. <input type="checkbox"/> Distribute the minimum plus \$ _____ each year. <input type="checkbox"/> Other			<input type="checkbox"/> To checking account # <input type="checkbox"/> To Savings account # <input type="checkbox"/> Other	
Distribution Schedule				
<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec				
SIGNATURES				
I certify that I am the proper party to receive payment(s) from this IRA and that all information provided by me is true and accurate. No tax advice has been given to me by the Trustee or Custodian. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Trustee or Custodian shall in no way be held responsible.				
_____ (IRA Holder, Beneficiary or Former Spouse)			_____ (Date)	
_____ (Authorized Signature of Trustee or Custodian)			_____ (Date)	