# IRA Required Minimum Distribution Form

Mail or fax complete forms to: Saturna Capital
P.O. Box N
Bellingham, WA 98227-0596
Fax: (360) 734-0755

**Account Owner** (Grantor) ❒ Mr. ❒ Mrs./Ms. ❒ Dr.

First Name | M.I. | Last Name

**Saturna Registration Number**

**Brokerage Account Number**

**Date of Birth** (MM-DD-YYYY)

**Social Security Number**

**Daytime Phone** (or best number to call)

**Pay From:**

| | | |
|---|---|---|
| | $ | or % |
| | $ | or % |
| | $ | or % |
| | $ | or % |
| | $ | or % |
| | $ | or % |
| Saturna Brokerage Services | $ | or % |

**Percentages must total 100%**

## Payment Instructions

Send payment by: ❍ Check
❍ Directly to my bank via ACH (requires prior ACH authorization)
❍ Wire Transfer (Instructions MUST be included, $5,000 minimum)
❍ Deposit into my Saturna Account:

❑ The current year required minimum distribution (RMD) amount: $

❑ Amount: $

❑ Entire account balance

❑ I will take my RMD from other sources

❑ Establish systematic withdrawal plan: $ every ❑ month ❑ quarter ❑ year Beginning (MM-DD-YYYY)

❑ Update my existing systemic withdrawal plan amount to the current year required minimum distribution (RMD) amount: $

## Notice of Withholding

The distributions you receive are subject to income tax withholding which will automatically be deducted at a rate of 10%. By checking the appropriate box below, you may elect not to have withholding apply to your distribution, or you may elect to determine the amount of your withholding. If you elect not to have withholding apply or if not enough federal income tax is withheld, you may be responsible for payment of estimated tax. If estimated tax payments and withholding are insufficient, you may incur penalties. Please refer to IRS Form W-4P for more information. ***Please note:*** *if you live in Michigan or Washington, DC, we are required to withhold state income tax for some or all of your distribution.*

❑ Do not withhold federal income tax; I will make any tax payments required.

❑ Withhold % (to request an amount other than 10%).

❑ Withhold $

## Signature

I certify under penalty of perjury that I am authorized to receive distribution(s) from this IRA; that all information provided by me is true and accurate; that I assume all responsibility for any adverse consequences which may arise as a result of said distribution; that Saturna Capital Corporation has not provided any tax advice; that Saturna Capital Corporation has no responsibility for adverse consequences of my said distribution; that Saturna Capital Corporation can rely on my selections herein; that I have read the above Notice of Withholding; and that I am aware of the tax liability and possible penalty on a distribution.

Signature _____ Date _____