



IRA CHECK WRITING APPLICATION
IRA / Roth / SEP Accounts

If you are age 59 1/2 or older, you may begin to take distributions from your Pension Financial Services, Inc. (Penson) IRA account by writing a check.
This program will include one free order of complimentary checks that you can use to receive your IRA distribution.

Instructions:

- Complete all sections of this form to enroll in the Penson IRA Check-Writing Program, and return the completed application to your broker.
- The included signature card must also be completed and returned.

Account Holder Information		
Name	Social Security #	Date of Birth
Street Address	City/State/Zip Code	
IRA Account Number	IRA Account Type (check one) <input type="checkbox"/> IRA (Traditional, Rollover, Spousal, etc.) <input type="checkbox"/> Roth (established 5 years or more) <input type="checkbox"/> SEP	
Tax Withholding Election		
I understand that by enrolling in the IRA Check-writing Program I am electing out of Federal and state tax withholding on each IRA Check-writing check distribution. (See IRA Check-writing Agreement for details.)		
Checks		
The initial package of 25 checks is complimentary. Please select type of delivery below:		
<input type="checkbox"/> Bulk Mailing (no charge 10-15 business days) <input type="checkbox"/> First Class (\$6.25 seven to ten business days) <input type="checkbox"/> Overnight (\$21.99 from day order is placed with vendor)		
Authorization		
I hereby acknowledge my understanding of and agreement to be bound by the enclosed IRA Check-writing Agreement (the "Agreement"), which supplements the terms and conditions of any other agreement(s) applicable to my account. I acknowledge and understand that any distributions from my IRA Account may be subject to ordinary income tax. The Agreement contains my election not to have income tax withholding apply to check distributions, as further described in the Agreement. I hereby acknowledge I have read and understand the Notice of Tax Withholding on IRA Payments in Section 6 of the Agreement.		
Under penalty of perjury, I certify that the number shown above is my correct Taxpayer Identification Number. Unless, otherwise indicated, I am not subject to backup withholding and I am a U.S. person. This certification is required by U.S. Government regulations.		
_____	_____	
(Signature)	(Date)	
Branch Manager Approval		
_____	_____	
(Signature)	(Date)	
For Internal Use Only / IRA Dept Approval		
Approved By:		

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IRA CHECK WRITING AGREEMENT

1. Description of IRA Check Writing

The IRA Check Writing service permits me to write checks to withdraw funds from my eligible Pension Individual Retirement Account (the "IRA Account").

2. Checks

I understand that I may write checks on my IRA Account. Each check must be for a minimum of \$100.00 U.S. dollars. I understand that canceled checks **will not** be returned to me, though I may request copies of my checks. Pension reserves the right to pay postdated checks, although it is not obligated to do so. Pension also reserves the right not to pay any check if it determines, in its sole discretion, that the check is incomplete or improperly completed. I understand that any check that would cause me to exceed the "Available Cash Balances" in my IRA Account will not be honored. For purposes of this Agreement, "Available Cash Balances" shall mean amounts held in the sweep vehicle designated on my IRA account application for holding uninvested cash balances.

I understand that fees will be imposed for stop payments, checks returned for insufficient funds, and any other special services, and that these fees are subject to change without notice. I further understand that Pension reserves the right to impose additional fees for other services at its discretion.

Schedule of Fees

Stop payment	\$15.00
Check returned for insufficient funds	\$20.00
Copy of a check	\$2.00
Reorder of checks	\$12.00
Overnight fee	\$21.99
First class delivery	\$6.25

In order for me to stop payment on any check, I must notify my Broker. Any fees assessed to the IRA may not be reimbursed, as per IRS regulations. To reorder checks, please contact your broker.

Pension shall not be responsible for any person's action in refusing to honor or accept my checks, or for any person's action in taking possession of my checks.

3. Liability

I acknowledge that the checks issued pursuant to this Agreement are for my exclusive use and accordingly I agree to use reasonable care to safeguard them and limit access to them. I will not issue any checks in excess of my Available Cash Balance. I acknowledge and agree that I will have sole liability for all transactions made through the use of the checks. I also agree to pay the reasonable costs and expenses of collection of any unpaid balance due in connection with IRA Check Writing including, but not limited to, attorneys' fees involved in such collection to the extent provided by law.

4. Termination of IRA Check Writing

I may terminate the IRA Check Writing service at any time by contacting my Broker. Pension may terminate my use of the IRA Check Writing service at any time and for any reason at its sole discretion. Termination of the service will not affect any rights and obligations incurred prior to termination, including my obligation to pay checks or other charges. Upon termination of the IRA Check Writing service for any reason, I agree that I will destroy all unused checks in my possession.

5. Distributions

I understand that any check written by me will be considered a distribution for Federal Income Tax purposes and will be reported by Pension to the Internal Revenue Service ("IRS") at year-end, and that the taxable portion thereof will be subject to tax as ordinary income. **The distribution will be reported to the IRS as taken in the year in which my IRA Account is actually debited rather than the date appearing on any check.**

I understand the Federal Income Tax withholding provisions applicable to IRA distributions and that a withholding election must be made before any distribution can be taken. In order to utilize IRA Check Writing, I understand that I must choose not to have tax withheld with respect to check distributions, and I hereby so elect. I acknowledge that I have read and understand the "Notice of Tax Withholding on IRA Payments" set out below and understand that I may revoke or change my election not to have tax withheld from check distributions at any time. I further understand that, in the event that I do so change my election, I will have to submit an IRA distribution form to my Broker requesting federal and or state withholding, and I may not write any further checks from my account.

6. Notice of Tax Withholding on IRA Payments

The Federal Income Tax Law requires that Federal Income Tax must be withheld at a fixed rate of 10% of the amount distributed from an IRA Account unless I elect not to have tax withheld. As withdrawals from an IRA Account via the Pension Check Writing service originate with me, the customer, I must elect not to have the 10% withheld from check distributions in order to utilize this service. Pension Clearing is required to inform me that, by electing not to have Federal Income Tax withheld from check distribution(s), I may be responsible to pay estimated income taxes. I may incur penalties under the estimated tax rules if my withholding and estimated tax payments are not sufficient.

7. Roth Notification

By checking the Roth box under the account type section, I understand that I am solely responsible to determine eligibility for the 5 year ruling regarding Roth IRA distributions. If I attained age 59 1/2, then I may take a qualified distribution from my Roth IRA if this distribution is made after 5 years from the first year which a contribution was made to my Roth IRA. A withdrawal before 5 years and before age 59 1/2 will be taxable and subject to a 10% penalty. I will consult my tax advisor before making a withdrawal from my Roth IRA.

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IRA Check Writing Signature Page

Instructions:

- Provide all required information in the specified boxes. Please PRINT neatly.
- Provide authorized signer signature in BLUE or BLACK ink.
- Return this completed page and application to your brokerage firm

Required Signature for Basic Checks	
ACCOUNT LAST NAME	CUSTOMER SOCIAL SECURITY #
ACCOUNT FIRST NAME	BROKERAGE ACCOUNT NUMBER
_____	_____
(Customer Signature)	(Date)
For Internal Use Only	
Brokerage Account Number	Checking Account Number