For Office Use Only: Acct.#	Office:	Reg. Rep:	Name for Filing:
		• .	•



Southwest Securities, Inc. and/or Broker/Dealers for which it clears

Southwest Securities, Inc. Member NYSE/FINRA/SIPC

	New Account
\Box	Undate

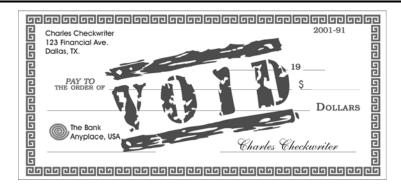
IRA Distribution Request Form					
1. SWST Account Information.					
SWST Account Number:		Date:			
Full Name (First, Middle, Last)		SSN/T	axpayer ID #	Date of Birth	
Address	Ci	y State/F	Province Country	Zip	
2. Type of IRA. (Check ONE)					
□ 1. Traditional □ 2. Roth (□ >5yrs or □ <5yrs)	□ 3. SEP □ 4.	SIMPLE (Before or	☐ After 2 years since 1	st Employer Contribution)	
3. Type of Distribution. (Check ONE)					
 □ 1. Normal Distribution (Over age 59½) □ 2. Death (Attach certified copy of the death certified) □ 3. Divorce (Attach copy of divorce decree) □ 4. Disability(as defined under IRS Code Section) □ 5. IRA to Qualified Plan (Attach a letter of accept) □ 6. Early-Under age 59½ (Exceptions to 10% pen) □ 7. Removal of Excess Contribution for Prior Year □ 8. Removal of Excess Contribution for Current Year □ 9. Removal of Excess Contribution plus earning 4. Distribution Type. (Check ONE) 	72(m)(7) ance-not used for IRA alty must be filed on F	Form 5329)	g removed in same year?	¹ □ Yes or □ No	
3, , ,	account (Note: Ther	n is a \$25 closing foo \			
 A. Distribute my entire account and close my account. (Note: There is a \$25 closing fee.) B. Distribute cash from my account: Gross Amount: \$					
Asset Description	Quantity	· ·	escription	Quantity	
	-		•		
5. Tax Withholding – Form W-4P/OMF	P No. 1545-041	5. (Check ONE)			
The Tax Equity and Fiscal Responsibility Act of 1982 1983, unless the recipient elects not to have withhole ELECTION IS MADE, THE CUSTODIAN MUST WIT estimated tax rules if your withholding and/or estimat I elect to have no income tax withheld from my R I want the following percentage withheld	ding apply. You may e THHOLD TAXES AT 1 ted tax payments are etirement Account Dis	lect out of this withholdir THE REQUIRED RATE (not sufficient. stribution.	ng by checking the appro	priate box below. IF NO	
6. Frequency of Distribution. (Check	ONE)				
☐ 1. One time ☐ 2. Quarterly Beginning Mon	th Day □	3. Monthly (Make paymen	t on: day of month)		
7. Distribution Method. (Check ONE)					
 1. Check 2. Transfer to SWST account #: 3. Stock Certificate 4. ACH (Must also complete the ACH Form on the B. For Participants Over 70 ½ Years 	ne next page.)	Bank name:	llowing & note that there State: Count:	intry:	
I understand there is a minimum annual distribution		life expectancy and the	e is a penalty for not cor	nplying.	
9. Please Sign and Date.					
X					
Signature	Date				

Automated Clearing House (ACH) Authorization

Use this form to make on-demand fund transfers between your Southwest Securities, Inc. ("SWST") and bank accounts and to set up recurring monthly transfers either to or from your SWST account. Please allow 2 weeks for this feature to be set up for your account. After the ACH is set up, funds can be transferred within 1 business day. Note: Your bank account must be cleared through a financial institution in the United States and the check must be payable in U.S. dollars.

1. SWST Account Information.							
Name:		Social Security Number:					
SWST Account Number (if available):		Home Phone Number:					
Type of ACH Request (Check ONE): ☐ New ACH	H Request OR ☐ Change	to Existing ACH Request					
2. Bank Account Information. (Refer to your bank statement for the following information.)							
Name as it appears on your Bank Account:							
Bank Name:	Bank Acco	Bank Account Type (Check ONE):					
Bank Routing Number:	Bank Acco	Bank Account Number:					
3. On-Demand Transfers.							
By signing this form, you elect to make transfers on-demand back and forth between your SWST and bank accounts. In addition to being able to make on-demand transfers, you can have the account set up for recurring types of transfers by completing section 4.							
4. Recurring Transfers. (Check all	that apply, if these addi	tional options are desired.)					
 □ Recurring transfer of dividends/interest and/or principal pay downs from SWST account to my bank account (Check ONE): □ Transfer dividends/interest only FROM SWST ACCOUNT to my bank account. □ Transfer dividends/interest & principal pay downs FROM SWST ACCOUNT to my bank account. □ Recurring monthly transfer between SWST & my bank account (Check ONE): □ Recurring monthly transfer FROM SWST ACCOUNT to my bank account:* 							
Amount: \$	Day of the Month:	Expiration:					
•	□ Recurring monthly transfer FROM MY BANK ACCOUNT to SWST account:						
Amount: \$	Day of the Month:	Expiration:					
*Important Note: In order to distribute money FROM an IRA account, you must complete an IRA Distribution Request Form.							
5. Please Read and Sign.							
event an entry is incorrect, SWST reserves the rignecessary bank routing information. I/we understa	ght to submit correcting entr and that it takes approximate and effect until SWST receiv	d my/our bank account via automated funds transfer. In the es. Attached is a voided check so that you have my/our ely 14 days from receipt of this form for this feature to be west written notification of its termination or alteration. I/we nply with the provisions of U.S. law.					
Applicant's Signature	X	Co-Applicant's Signature Date					
Applicant's Signature	Date	Co-Applicant's Signature Date					

6. Attach Voided Check.



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