

VIP Services: (888) 855-9856 | info@trustprovident.com  
7450 Arroyo Crossing Parkway, Suite 230, Las Vegas, NV 89113

### Section 1 Account Owner Information

First Name	MI	Last Name	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Last Four Digits of Social Security Number		Account Number
<input type="text"/>	<input type="text"/>		<input type="text"/>

### Section 2 Joint Account Owner Information (If applicable)

First Name	MI	Last Name	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Last Four Digits of Social Security Number		Account Number
<input type="text"/>	<input type="text"/>		<input type="text"/>

### Section 3 Beneficiary Information

**Complete only if you are a beneficiary requesting a distribution from an account that you inherited.**

First Name	MI	Last Name	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax ID (SSN/TIN)	Date of Birth (mm/dd/yyyy)	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Photo Identification	Identification Number	 Please attach a legible color copy of a valid photo ID.	
<input type="text"/>	<input type="text"/>		

### Section 4 Processing Options

If you would like expedited processing, please select one of the options below. If no option is selected, "Normal Processing" will apply. Processing fees will be paid from the cash available in your account unless you indicate otherwise. See current Fee Schedule for applicable fees.

For "Next-Day" or "Same-Day" Service, all documents must be received, and in good order, by 10 a.m. PST.

- Normal Processing**  
 Processed within three business days.
- Next-Day Service**  
 Processed by 4 p.m. PST next business day.
- Same-Day Service**  
 Processed within the same day.
- I elect to pay the fees related to this transaction with the credit card I have on file. (If you do **NOT** have a credit card on file, please add a credit card to your online profile. If no credit card is on file, fees will be paid from the cash in your account.)

## Section 5

## Distribution Amount

Distribute the requested amount as follows, provided there are no past-due fees on my account. See current Fee Schedule for applicable fees.

**Option A:** Total Distribution of Entire Account and Close Account  
Termination and re-registration fees may apply.

**Option B:** Partial Distribution

All accounts are required to maintain a minimum cash balance of \$250. If your request would drop your cash balance below this amount, your request may not be processed.

Cash (Gross amount) \$

Re-register the following asset

Asset Name  Amount \$

Please complete the mailing information in Section 5 to indicate where to send Change of Ownership documents or, if you want them sent to your address that we have on file.  
Initial here

## Section 6

## Payment Method

See the current Fee Schedule for applicable fees.

**Option 1:** Mail a check to the following payee

Payee Name  Payee Tax ID Number

Address  City  State  Zip

Check Delivery Options:  Regular Mail  Expedited Delivery  I Will Pick Up

**Option 2:** Wire or ACH funds directly to the payee's bank

*If the ABA routing number provided accepts both wire and ACH transactions and the box below is not checked, funds will be sent as a wire. If the ABA routing number provided is not for a wire account, funds will be sent as an ACH.*

I have attached separate wire instructions.   
Initial here

Bank Name

Bank Address  City  State  Zip

Payee Name (On bank account)  Payee Tax ID Number

Payee Address  City  State  Zip

Account Number   Checking  Savings ABA Routing Number   Wire  ACH

**Important: Please read before signing.**

I certify that I am authorized to take distributions 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 this distribution are my own, and I expressly assume responsibility for any consequences that may arise from this distribution. I agree that the custodian is not responsible for any consequences that may arise from processing this distribution request.

**X**

Account Owner Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**X**

Joint Account Owner Signature (if applicable)

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Congratulations! You are now able to submit your completed request.**

Before you submit this form please review all completed information prior to signing. When ready, mail, email, or fax this completed form to:

**Mail to:** Provident Trust Group  
P.O. Box 123  
Fort Washington, PA 19034

**Email to:** [distributions@trustprovident.com](mailto:distributions@trustprovident.com)

**Fax to:** (702) 253-7565