

# 1099-R REQUEST FORM

DISTRIBUTION DATE: \_\_\_\_\_

PAYER'S NAME AND ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_

PAYER'S FEDERAL IDENTIFICATION NUMBER: \_\_\_\_\_

RECIPIENT'S SOCIAL SECURITY # \_\_\_\_\_

RECIPIENT'S NAME \_\_\_\_\_ Date of Birth: \_\_\_\_\_

RECIPIENT'S STREET ADDRESS \_\_\_\_\_

RECIPIENT'S CITY, STATE & ZIP \_\_\_\_\_

GROSS DISTRIBUTION \$ \_\_\_\_\_ TAXABLE AMOUNT \$ \_\_\_\_\_

FEDERAL INCOME TAX WITHHELD \$ \_\_\_\_\_ DATE: \_\_\_\_\_  
(normally 20% of gross)

## TYPE OF DISTRIBUTION :

- | Code    | Type  |
|---------|---|
| (1) ___ | Premature distribution (under 59 1/2)                           |
| (2) ___ | Premature distribution (with exception)                         |
| (3) ___ | Disability  |
| (4) ___ | Death   |
| (5) ___ | Prohibited Transaction  |
| (7) ___ | Normal distribution (after 59 1/2)                              |
| (8) ___ | Excess contributions taxable in _____                           |
| (9) ___ | Cost of current life insurance protection                       |
| (b) ___ | Designated Roth Account Distribution - Roth Basis Amount: _____ |
| (g) ___ | Direct rollover and rollover contribution                       |
| (p) ___ | Excess contributions taxable in _____                           |