

# Janus IRA Distribution Form

PO Box 55932 • Boston, MA 02205-5932 • 800-525-1093

Use this form for a one-time distribution from your Janus IRA.

- Print in capital letters using black ink.
- Questions? Call 800-525-1093.
- IRS Announcements 2014-15 and 2014-32 limit rollovers from an IRA to another (or the same) IRA to *one in any 12-month period*, regardless of the number of IRAs you own. This “One-Rollover-Per-Year” rule does not apply to IRA transfers, conversions, recharacterizations, or direct rollovers to or from a qualified plan. Please seek professional tax advice regarding questions about any IRA distributions.

## 1. What name is on your account?

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Name

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Address

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City

State

Zip Code

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Daytime Phone Number

Evening Phone Number

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Social Security Number (required)

Date of Birth (required)

## 2. What amount would you like distributed?

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Fund Name or Number

Account Number

% or \$ Amount

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Fund Name or Number

Account Number

% or \$ Amount

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Fund Name or Number

Account Number

% or \$ Amount

## 3. What type of distribution is this? (check one)

- Premature distribution** - I am under 59½.
- Disability**
- Normal distribution** - I am 59½ or older.
- Return of excess contribution for 20\_\_\_\_ (year) including applicable earnings, if any.**
- Death** - Please call 800-525-1093 for specific distribution instructions.
- Direct Rollover** - Used only to move an IRA into a Qualified Retirement Plan. Do not select if moving an IRA or Roth IRA into another IRA or Roth IRA. Questions? Please call 800-525-1093.

**4. Do you want federal income tax withheld?** (check one)

- I do not want any federal income tax withheld on my distribution. I understand that I will be responsible for paying the income tax (if any) which may be due as a result of my distribution.
- Please withhold federal income tax on my distribution at the rate of \_\_\_\_\_% (a withholding rate of 10% will be used if you do not specify). I understand that Janus will remit any income tax which has been withheld to the Internal Revenue Service on my behalf. If required by your state, mandatory withholding at the state level will be taken at your state's required minimum rate if federal withholding is taken.

**Notes:**

- If no box is selected, federal income tax will be taken at a default rate of 10% for Traditional, SEP & SAR-SEP IRAs; Roth IRAs will default to no withholding.
- Whether or not you elect to have withholding apply, you are responsible for any federal income taxes, state and local taxes, and any penalties that may apply to your distribution.
- Any amounts withheld cannot be reimbursed by Janus.
- Withholding is not an option on return of excess requests.

**5. Where would you like your distribution sent?** (complete A or B)

**A. If you indicated in Section 3 that this distribution is a direct rollover, please complete the option below.**

- Please make the check payable to the custodian named below. **(Signature guarantee required. See Section 8.)**

\_\_\_\_\_  
Name of Financial Institution or Custodian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Name on Account

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Type of Plan (If assets are going into a qualified retirement plan, excluding an IRA or Roth IRA, then indicate Direct Rollover in Section 3)

**B. The assets should be distributed and paid as instructed below.**

- Please send the distribution to the address of record payable as registered.
- Please send the distribution to the bank provided in Section 6. **(Signature guarantee required. See Section 8.)**
- Please deposit the proceeds into my Janus non-retirement account. **(Signature guarantee may be required. See Section 8.)**

\_\_\_\_\_  
Fund Name or Number

\_\_\_\_\_  
Account Number or "New" (Janus Account Application enclosed.)

\_\_\_\_\_  
% or \$ Amount

- Please send the distribution to the following address. **(Signature guarantee required. See Section 8.)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

## 6. Your bank information

Please attach a voided, unsigned check or savings deposit slip and complete this section to authorize credits to your bank account. By signing in Section 7 and completing the following information, I authorize credits to the bank account referenced in conjunction with the account option(s) selected. I also agree that Janus may make additional attempts to credit my account if the initial attempt fails and I will be liable for any associated costs. All account options elected shall become part of the account application and the terms, representations and conditions thereof.

This is a:  Checking Account  Savings Account



**Please attach a preprinted voided item.**

Need an alternative to a voided item? Please contact a Janus Representative at 800-525-1093.

Signature(s) of bank account owner(s), if different from all Janus account owner(s), are required to add Purchase options. To add Redemption options, if all bank owner(s) are different from the Janus account owner(s), fill out the Bank Options Form.

## 7. Before you send your completed IRA Distribution Form, please read and sign below.

### By signing below, I agree:

That the information provided is accurate. Janus will not be held liable for any failure to distribute. Due to the important tax consequences associated with retirement plan distributions, I have been advised to consult with a tax professional.

**X**

Signature of Account Owner

Date

## 8. Do you need a signature guarantee?

A signature guarantee is required if one or more of the following applies to your distribution.

Your distribution is:

- Over \$250,000.
- Mailed to a name or address other than the name or address of record.
- Deposited into a bank account other than that of record.
- Paid to an account that is different than the name on the Janus IRA. Please call 800-525-1093 for specific instructions.

### SIGNATURE GUARANTEE STAMP (Including Medallion Guarantees)

**PLACE GUARANTEE STAMP AND AUTHORIZED SIGNATURE INSIDE OF THE SPACE PROVIDED ABOVE. DO NOT OVERLAP ANY PART OF THE STAMP AND/OR SIGNATURE WITH OTHER TEXT IN THE APPLICATION.**

A signature guarantee assures a signature is genuine and protects you from unauthorized requests on your account. Financial institutions that may guarantee signatures include banks, savings and loans, trust companies, credit unions, broker/dealers and member firms of a national securities exchange. Contact the financial institution you intend to obtain a signature guarantee from for further information. **A notary public cannot provide a signature guarantee.**