## Reissue IRA to Individual Distribution Form Substitute IRS W-4P & W-9

This form is being provided to formally complete your request to change the distribution payee information. Please review the information on this form, complete section A and sign your request below under section B.

Please mail this form, with your check marked VOID, to the address located on the face of the check.

A. Account Holder Information:			
Account Holder Name (First, M.I., Last)	Date of Birth	Check Reference #	
Street Address (Physical Address)	APT # City	State ZI	P
Check # received	Social Security Number	State of Residence	
receive IRS Form 1099-R. If I have any q tax professional prior to cashing this chec affirm that the information given is true at the instructions on this form.	k to determine the appropri	ate tax treatment for my particula	r situation. I hereby
Under penalties of perjury, I certify that:			
1. The number shown on this form is my correct social security number (or I am waiting for a number to be issued to me), and			
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. person (including a U.S. resident alien).			
You must cross out item 2 above if you have failed to report all interest	ave been notified by the IR		backup withholding
Signature of Account Holder	Printed Name	Date	