



Southwest Securities, Inc. and/or Broker/Dealers for which it clears
Southwest Securities, Inc. Member NYSE/FINRA/SIPC

New Account
 Update

IRA On Demand Distribution Request Form

1. SWST Account Information.

SWST Account Number: _____ Date: _____

Full Name (First, Middle, Last) _____ SSN/Taxpayer ID # _____ Date of Birth _____

Address _____ City _____ State/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 1st Employer Contribution)

3. Type of Distribution. (Check ONE)

1. Normal Distribution (Over age 59½) 3. Early-Under age 59½ (Exceptions to 10% penalty must be filed on Form 5329)
 2. Death (Attach certified copy of the death certificate) 4. Disability(as defined under IRS Code Section 72(m)(7))

4. Distribution Type.

Amount to be determined by account holder for each payment and I authorized Southwest Securities, Inc. to accept verbal requests for these amounts that I may take from time to time.

5. Tax Withholding – Form W-4P/OMP No. 1545-0415. (Check ONE)

The Tax Equity and Fiscal Responsibility Act of 1982 requires withholding of Federal Income Taxes from distributions beginning on January 1, 1983, unless the recipient elects not to have withholding apply. You may elect out of this withholding by checking the appropriate box below. IF NO ELECTION IS MADE, THE CUSTODIAN MUST WITHHOLD TAXES AT THE REQUIRED RATE (10%). Penalties may be incurred under the estimated tax rules if your withholding and/or estimated tax payments are not sufficient.

- I elect to have no federal income tax withheld from my Retirement Account Distribution.
- I want the following federal percentage/\$ withheld _____ (not less than 10%) from each payment.
- I elect to have no state income tax withheld from my Retirement Account Distribution.
- I want the following state percentage/\$ withheld _____.

The tax election requires revocation in writing.

6. Distribution Method. (Check ONE)

- 1. Check
- 2. Transfer to SWST account # : _____
- 3. Stock Certificate
- 4. ACH (Must also complete the ACH Form on the next page.)
- 5. Wire (Fill in the following & note that there is a \$15 wiring fee.)
Bank name: _____
City: _____ State: _____ Country: _____
Routing #: _____ Account #: _____

7. For Participants Over 70 ½ Years Old.

I understand there is a minimum annual distribution requirement based on life expectancy and there is a penalty for not complying.

8. Acknowledgement

"I certify that this distribution request is in accordance with the provisions of Southwest Securities, Inc. Individual Retirement Plan and satisfies applicable laws. The custodian may rely on my certification without further investigation or inquiry and shall not be liable for any misrepresentation of fact. I hereby ratify any telephone instructions given pursuant to this authorization and agree Southwest Securities, Inc will not be liable for any losses resulting from authorized transactions if it follows reasonable procedures designed to verify the caller. I understand that I am responsible for any consequences resulting from this distribution including taxes and penalties owed. I indemnify and hold Southwest Securities, Inc. harmless from any resulting liabilities.

9. Please Sign and Date.

X _____
Signature Date



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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 Request Change to Existing ACH Request Add Additional Bank

2. Bank Account Information. (Refer to your bank statement for the following information.)

Name as it appears on your Bank Account: _____
 Bank Name: _____ Bank Account Type (Check ONE): Checking **OR** Savings
 Bank Routing Number: _____ 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 additional 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.

I/we authorize SWST to transfer funds between my/our securities account and my/our bank account via automated funds transfer. In the event an entry is incorrect, SWST reserves the right to submit correcting entries. Attached is a voided check so that you have my/our necessary bank routing information. I/we understand that it takes approximately 14 days from receipt of this form for this feature to be activated. This authorization remains in full force and effect until SWST receives written notification of its termination or alteration. I/we acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

X _____ **X** _____
 Applicant's Signature Date Co-Applicant's Signature Date

6. Attach Voided Check.

