



Pyramid
The Pyramid Companies

**IRA DISTRIBUTION REQUEST
PRIOR TO AGE 59 1/2**

Date: _____

To: _____

RE: Account Number _____

Mutual Fund Name _____

Client's Name _____

Dear Representative:

I request that all funds available or \$ _____ or _____ % of the funds be liquidated and forward to the address of record. I realize that I am subject to a 10% early withdrawal penalty and this money will be added to my income for this year if I do not reinvest this money into an IRA within 60 days.

There is to be _____% tax withheld from this liquidation and I will net the difference.

If there are any questions with this request, please contact Pyramid Funds Corporation, my broker/dealer, at 518-459-1671. Thank you.

By x _____

Owner's Signature