Henry Wealth Management, LLC

Distribution Request

Submit

Non-IRA Account IRA Account

Account Owner Name

Joint Owner (*if applicable)*

Account Number (If Available):	
Distribution Amount:	**$**
Federal Taxes to Withhold:	**%**

Most Frequent Providers	Non-IRA	IRA
Symmetry	No signature required to address of record	Signature required
SEI	No signature required to address of record or direct deposit.	Signature required
Pacific Life	Signature dependant on amount requested	Signature dependant on amount requested
American Funds	No Signature required	No Signature required
CollegeBound*fund*	Signature required for 3rd party delivery. (must be mailed, no fax or email accepted) No signature to address of record.	
Other	Please complete the form and we will contact you with specific instructions	

Preferred Method to receive form if signature is required:

Email:	Fax:	Mail:

Preferred Method of Fund Delivery		
US Mail Address of Record	3rd Party Address	City, State, Zip
Direct Deposit	Bank Name Bank Address	Routing # Account#
Over-Night Address of Record Typical Fee by Provider could be $10—$15	3rd Party Address	City, State, Zip

Upon receipt of your request our office will be in contact with you in regards to the form to be signed if required (dependant on custodian being used) and any additional information which may be required. You can print and fax this form to our office at 412.838.0204 or call with any questions at 412.838.0200.