

IRA Distribution, Rollover, Transfer or Withdrawal Form

Insured's	s name	Social Security Num	Policy Num
		1 1	
Ι,		quest the withdrawal of the	Gross
of \$	from my Individual Retirement Account (IRA) with Triple-S Vida, Inc. I certify that		
	☐ I am 60 years of age or older	or	age.
	Distribution, Rollover, Trans	fer or Withdrawal Types	
	1- Returning of the policy during the first	6- Purchase or construction	
	seven (7) days	residence	□
	2- Disability – Sworn Statement and	7- Rollover from Institution	n to Institution
	Disability proof	8- Excess contribution	□
	3- Death – Death Certificate □	9- Distribution for being 60	years or older
	4- Unemployment – Sworn Statement and	(Complete Applicable Opti	ons forms)
	Labor Department proof	10- Transfer due to divorce	
	5- University studies expenses of direct		
	dependents (file proof)		
	1- Cancelation or Partial withdrawal □ 2- Excess contribution after dateline □	3- Transfer made personal another Institution	
pcion	ptions mentioned above are subject to the 10% penal les arriba mencionadas están sujetas a la Penalidad distrative charge described in the Individual Retireme	el 10% impuesto por Haciend	
I certi	fy that the above is true and correct.		
Signe	ed today 20_ Month Date	Year	
Email			
	Insured Signature	Date	
	Official Signature	Date	,
		3.4 111.0	