

IRA Distribution Form

for Traditional, Roth, and SIMPLE IRAs

U.S. BANK, N.A.
0929 03439

IR

1 IRA OWNER INFORMATION

NAME AND ADDRESS ELANA LAHAM 7104 LINDSAY AVE SE APT 207 AUBURN WA 98092-8281		IRA ACCOUNT NUMBER 653503785962	TYPE OF IRA (check one): <input checked="" type="checkbox"/> Traditional
OF DEATH	DAYTIME PHONE NUMBER 253-657-4136	E-MAIL (OPTIONAL)	

2 DISTRIBUTION REASON (For further information, see Additional Information included with this form.)

Check One.

<input checked="" type="checkbox"/> Premature, no known exception	<input type="checkbox"/> Correction of Excess Contribution for Tax Year _____
<input type="checkbox"/> Premature, exception applies (includes IRS Levy)	<input type="checkbox"/> in same year as excess contribution
<input type="checkbox"/> Disability	<input type="checkbox"/> in year after excess contribution, but by my tax-filing due date, including extensions
<input type="checkbox"/> Death	<input type="checkbox"/> after my tax-filing due date, including extensions
<input type="checkbox"/> Prohibited Transaction	Amount of excess \$ _____
<input type="checkbox"/> Revocation	Earnings attributable to excess \$ _____
<input type="checkbox"/> Normal	<input type="checkbox"/> Recharacterization:
<input type="checkbox"/> Transfer	<input type="checkbox"/> prior tax year regular contribution/conversion in the current year
<input type="checkbox"/> to my IRA	<input type="checkbox"/> current tax year regular contribution/conversion in the current year
<input type="checkbox"/> to spouse's IRA due to death (if sole beneficiary)	<input type="checkbox"/> Direct Rollover to an Eligible Retirement Plan (not applicable to Roth IRAs)
<input type="checkbox"/> to ex-spouse's IRA due to divorce or legal separation	<input type="checkbox"/> SIMPLE IRA Distribution During Two-Year Period (if younger than age 59½)

Recipient Information (Complete for IRS Levy, Death, Transfer, Recharacterization, and Direct Rollover transactions.)

NAME AND ADDRESS		
<i>Assistant Manager Pratiti M. Vora made this correction</i>		
<i>Assistant Manager Pratiti M. Vora made this mistake</i>		
TAXPAYER IDENTIFICATION NUMBER (TIN)/SSN (IF APPLICABLE)	IRA ACCOUNT NUMBER (IF APPLICABLE)	DAYTIME PHONE NUMBER

3 PAYMENT INSTRUCTIONS

A. PAYMENT ELECTION	B. PAYMENT METHOD	C. PAYMENT DETAIL (completed by financial organization)
I elect distributions to be paid in the following manner (select one): (1) <input checked="" type="checkbox"/> Immediate Distribution of \$ <u>179,711.52</u> (2) <input type="checkbox"/> Periodic Distribution I authorize automatic distributions on a <input type="checkbox"/> monthly <input type="checkbox"/> annual <input type="checkbox"/> quarterly <input type="checkbox"/> other basis, starting on _____ Continue periodic distributions until I notify you in writing otherwise. (3) <input type="checkbox"/> Other _____	(1) <input checked="" type="checkbox"/> Mail check to me. (2) <input type="checkbox"/> Deposited into my account at this financial organization. Account Type _____ Account Number _____ (3) <input checked="" type="checkbox"/> Other official check <i>given to customer</i> <i>Pratiti Vora</i>	Amount Requested \$ <u>179,711.52</u> Penalties Charged (-) Administrative Fees (-) Subtotal (amount subject to withholding) \$ _____ Federal Income Tax Withheld (-) State Income Tax Withheld (-) Local Tax Withheld (-) Net Amount Paid <input checked="" type="checkbox"/> \$ <u>179,711.52</u> Earnings paid to date not already reported to IRA administration provider (optional). \$ _____ Does this distribution close the IRA? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of Distribution <u>10/13/2006</u>

4 WITHHOLDING ELECTION (Not Applicable to ROTH IRAs)

Instructions to Form W-4P (Withholding Certificate) are included in the Additional Information section of this form.

I elect **not** to have Federal income tax withheld from my IRA distribution.
 I elect to have 10 percent Federal income tax withheld from my IRA distribution.
 I want the following **additional** dollar amount (\$ _____), or **additional** percentage (_____ %) withheld from each IRA payment.

Form **W-4P**
Department of the Treasury
Internal Revenue Service
OMB No. 1545-0415

5 SIGNATURES

I certify that I am the IRA owner, the beneficiary, or individual legally authorized to complete this form. I certify the accuracy of the information set forth in this form, and I authorize this transaction. I understand the custodian/trustee may require the completion of additional documents before processing any distributions. I understand that I am responsible for any consequences resulting from this distribution including taxes and penalties owed. I indemnify and hold the custodian/trustee harmless from any resulting liabilities. I acknowledge that the custodian/trustee cannot provide me with legal advice, and I agree to consult with a tax or legal professional for guidance.

Signature of IRA Owner/Beneficiary <i>Elana Laham</i> Date <u>10/13/06</u>	Signature of Custodian/Trustee <i>Pratiti M. Vora</i> Date <u>10/13/2006</u>
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THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK PRINTED ON THE BACK. THE FRONT OF THE DOCUMENT HAS A MICRO-PRINT BORDER. ABSENCE OF THESE FEATURES WILL INDICATE A COPY.



OFFICIAL CHECK

No. 503717674

16-4220
1220

DATE: OCTOBER 13, 2006

PAY ONE HUNDRED SEVENTY NINE THOUSAND SEVEN HUNDRED ELEVEN DOLLARS AND 52 CENTS


\$ 179,711.52

TO THE ORDER OF: ELANA LAHAM

PURPOSE/REMITTER:

Location: 13439

Issued By Travelers Express Company, Inc. P.O. Box 9476, Minneapolis, MN 55480
Drawee: Preferred Bank Los Angeles, CA


AUTHORIZED SIGNATURE

⑈0503717674⑈ ⑆122042205⑆0160010698282⑈

THIS INSTRUMENT IS DESIGNATED ON THE FRONT AS A MONEY ORDER THE FOLLOWING APPLIES:
1. ALL REQUIREMENTS:
The money order is not negotiable and is not cashable at the bank of issue. It is payable only to the order of the payee named on the front of the instrument. It is not valid unless it is signed by the issuer. It is not valid if it is altered, crossed, or otherwise tampered with. It is not valid if it is not presented to the bank of issue within the time specified on the front of the instrument.

FOR DEPOSIT ONLY
INTO ACCOUNT NUMBER 4249993339008
AT STERLING SAVINGS BANK

10/13/06

PURCHASER'S AGREEMENT:
You, the purchaser, agree to immediately complete this Money Order by filling in the front of the Money Order, signing it, and addressing it at the bottom. The terms of this Money Order and your, your heirs, or others who receive this Money Order from you.

SERVICE CHARGE:
If this Money Order is not used or cashed (presented for payment) within one year (three years in CA) of the purchase date, there will be a non-refundable service charge where not prohibited by law. The service charge will be deducted from the amount of payment shown on the Money Order. The service charge is fifty cents (twenty-five cents in CA) per month from the date of purchase, but not more than \$42.00 (\$21 in CA).

RESTRICTIONS ON USE:
The business or person selling this Money Order cannot use it to pay personal or business obligations.