

# IRA ACKNOWLEDGEMENT OF DISABILITY

Westcore Account Number \_\_\_\_\_

Owner's Name (First, Middle Initial, Last) \_\_\_\_\_

Account Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

A signed statement from your physician attesting to your disability is required before your distribution request can be processed.

Internal Revenue Code section 72(m)(7) defines disabled as being "...unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration. An individual shall not be considered to be disabled unless he furnished proof of the existence thereof in such form and manner as the Secretary (of the IRS) may require."

I, the undersigned physician, certify that

Name of Westcore Account Owner \_\_\_\_\_

is disabled according to the above description, and has been since \_\_\_\_\_

Signature of Physician \_\_\_\_\_

Date \_\_\_\_\_

Physician's Name (please print) \_\_\_\_\_