

IRA Distribution Request Form

Please mail completed form to:
State Street Global Advisors
c/o U.S. Bank Global Fund Services
PO Box 219238
Kansas City, MO 64121-9238

Do not complete this form if request is for a Required Minimum Distribution (RMD). If request is for a RMD, please complete the Required Minimum Distribution Form. If you have any questions, please call 800-242-0134.

1. Account Information

Note: If the address listed below is different than the address currently listed in our records, we will change all accounts under your Social Security number to reflect your new address. All future correspondence will be sent to the new address until you advise us otherwise. Distributions to a new address will require a signature guarantee in Section 7 of this form.

Name (As it appears in the Registration Of Your Account)

Social Security Number

Address

Date of Birth

City / State / Zip Code

Daytime Telephone Number

Account Number

Account Number

Account Number

2. Type of Distribution (Select one)

I request a distribution from my Retirement Account. I understand that it is my responsibility to determine that amounts distributed from my account are made in compliance with all Internal Revenue Service (IRS) regulations. I understand that a distribution fee may apply per the Fund's prospectus. **We recommend that you consult with your professional tax advisor prior to request the distribution.**

☐ **Normal Distribution.** I have reached age 59 ½.

☐ **Premature Distribution.** I am under age 59 ½. I understand that I may be responsible for paying a 10% premature withdrawal penalty in addition to normal income tax for an early withdrawal.

* To claim an exception from the premature distribution penalty, you should file IRS Form 5329.

☐ **72(t) Substantially Equal Periodic Payments.** (under IRS Code Section 72(t)(2)(A)(iv)). Please see your professional tax advisor for guidance.

☐ **Death Distribution.** Death Distribution for Inherited IRA Accounts and Death Distribution for Roth IRA Accounts.

☐ **Excess Contribution Removal.** I am withdrawing the excess contribution I made and any earnings attributable to such contribution. Earnings will be removed with the excess contribution if corrected before the Federal income tax-filing deadline, pursuant to Internal Revenue Code Section 408(d)(4) and IRS Publication 590. The IRS may impose a 10% premature withdrawal penalty on the earnings if you are under age 59 ½.

☐ **Conversion to Roth IRA.** Conversion from a Traditional, SEP IRA. The deadline for a conversion is December 31st. If you are Required Minimum Distribution age or older, your RMD must be distributed prior to the conversion.

☐ Please distribute my current year RMD before the conversion.

☐ I will satisfy my current year RMD from an IRA at another financial institution.

☐ **Recharacterization.** This is a recharacterization of a current or prior year Traditional or Roth IRA contribution. The deadline for a prior year recharacterization is the due date of your federal tax return, including extensions (generally October 15th).

☐ **Divorce.** By checking this box, I represent that the transfer is payment to a former spouse pursuant to a decree of divorce or Qualified Domestic Relations Order (QDRO). Please contact a shareholder services representative to determine what additional documents are required.

☐ **Coverdell ESA Distribution.** Distributions not used for qualified education expenses may be subject to a penalty. No tax withholding is permitted.

3. Distribution Instructions

A. One-Time Distribution

- ☐ I wish to liquidate my entire account.
- ☐ I wish to make a one-time distribution of \$_____ or _____ shares, and the distribution should be paid out immediately.
- ☐ I wish to convert \$_____ or _____ shares to my existing or new Roth IRA # _____.
☐ Check this box if a new Roth IRA needs to be established.
- ☐ I wish to recharacterize \$_____ of my contribution for tax-year _____.
- ☐ I wish to withdraw the excess contribution of \$_____ made for tax year _____ and any earnings attributable to such contribution (select one box below).*
- ☐ I wish to have my excess contribution and my earnings distributed to my address of record.
- ☐ I wish to have my excess contribution and any earnings applied to my IRA/Qualified Plan contribution for tax-year _____.
- ☐ I wish to have my excess contribution applied to my IRA/Qualified Plan contribution for tax-year _____, and my earnings distributed to my address of record.
- ☐ I wish to have my excess contribution and any earnings applied to my Non-IRA # _____ OR open a new Non-IRA for distributions (an Elfund Funds New Account Application must be attached).
- *Earnings must remain in the account if the excess contribution is removed after October 15th following the year in which the contribution was made.*

B. Periodic Distributions

- ☐ I wish to take periodic distribution in the amount of \$_____.
Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Start Date (Month, Year)

(Day(s) of the Month)

*If you do not indicate a month and day for your periodic distribution(s), they will begin on or about the 5th day of the current month. If you do not indicate a frequency, your distribution(s) will be made annually on December 5th.

4. Delivery Instructions

- ☐ Please send a check to the address of record currently on my account.
☐ Regular Mail ☐ Overnight Mail: A \$15 fee will apply.
- ☐ Deposit distribution proceeds directly into my existing Non-IRA # _____ OR open a new Non-IRA for distributions (a New Account Application must be attached).
- ☐ ACH (Automated Clearing house): Electronic Funds Transfer to the bank instructions currently on my account. No fee applies. If you are establishing or changing your bank instructions, please attach a voided check in Section 5. You must obtain a signature guarantee if establishing or changing your bank instructions.
- ☐ Wire Redemption: Wire distribution proceeds to the bank instructions currently on my account. A \$15 wire fee applies. If you are establishing or changing your bank instructions, please attach a voided check in Section 5. You must obtain a signature guarantee if establishing or changing your bank instructions.
- ☐ Alternate payee and/or address other than the address of record. You must obtain a signature guarantee if having the redemption proceeds payable to a third party or sent to an address that is currently not listed on the account.

Please complete the spaces below with the payee information.

Alternate Payee Name

Alternate Payee Address

City / State / Zip Code

5. Bank Information*

- ☐ Add Bank Information (attach pre-printed, voided check, or pre-printed deposit slip)
☐ My existing bank information is no longer valid.

Type of Account: ☐ Checking ☐ Savings

John Doe
Jane Doe
123 Main St.
Anytown, USA 12345

53289

Pay to the order of _____ \$ _____

_____ DOLLARS

Memo _____ Signed _____

⑆ 1 2 3 4 5 6 7 8 ⑆ ⑆ 1 2 3 4 5 6 7 8 5 6 7 8 ⑆

VOID

*A signature guarantee is required in order to add or update bank instructions for your account(s).

We are unable to draft or credit your account via ACH if it is a mutual fund or pass-through ("further credit to") account.

6. Tax Withholding Election

Please consult IRS Form W-4R available from www.irs.gov/pub/irs-pdf/fw4r.pdf. You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. Review the "Suggestion for determining withholding" section of the instructions to help determine the rate of withholding appropriate to your tax situation.

Federal withholding will automatically be deducted from distributions at the rate of 10% for IRAs (20% for Qualified Plans), unless you check one of the boxes below. Certain Roth IRA distributions may not be subject to withholding. Withholding from a Qualified Plan generally must be at least 20% unless the distribution is to satisfy a Required Minimum Distribution (RMD).

You may elect a withholding rate from 0 to 100%. If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. Please be advised that withholding will be taken from the proceeds of your distribution. Should you wish to receive a specific net amount, you may want to consider increasing the amount of your distribution in the Distribution Instructions section. For systematic distributions, your withholding election will remain in effect until you revoke or change it, which you may do at any time.

Some states require withholding regardless of your federal withholding election. Furthermore, state withholding is not available for certain states.

Specifying a rate other than the default, 10% for IRAs or 20% for Qualified Plans, affirms that you have consulted IRS Form W-4R, and the Marginal Rate Tables within, to determine your withholding percentage.

- ☐ Do not take federal withholding. I understand that I am responsible for payment of any federal or state taxes on my distribution(s).
- ☐ Please take federal withholding at a rate of _____% from my distribution(s). State withholding may also apply (refer to your state's guidelines for further information).
- ☐ Do not take state withholding.

7. Signature

I, the undersigned, authorize and request that U.S. Bank Global Fund Services, make the above distribution(s) from the account(s) listed in Section One. I certify that all information in this distribution request is accurate, and I agree to hold the Fund, its advisors, and U.S. Bank Global Fund Services, any affiliate, and/or directors, trustees, employees, and agents harmless for any actions taken as a result of the information that I have provided. The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the distribution(s) herein specified. I have been advised to consult my tax advisor regarding any questions about this distribution request. I authorize U.S. Bank Global Fund Services to obtain a third party report for the purposes of authenticating the bank information that I provided.

Signature

Date Signed

Signature Guarantee

Note to Financial Institution: Please verify that the surety limit of your Signature Guarantee is equal to or greater than the value of this transaction request.

Your signature must be guaranteed if you are requesting any of the following:

- Adding or changing banking instructions.
 - A distribution to an address other than the address of record.
 - A distribution to any address of record changed within the last 30 days per the Fund’s prospectus.
 - A distribution made payable to a third party.
 - A distribution to an account registered other than, or in addition to, the IRA holder (i.e. RMD being distributed to a Joint Tenant account).
- If required, the signatures must be guaranteed by a bank, savings association, credit union, a member firm of a domestic stock exchange, or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. A notary public is NOT an acceptable guarantor.