

INDIVIDUAL RETIREMENT ACCOUNT (IRA) REQUEST FOR DISTRIBUTIONS

- Use this form to request a one-time distribution, establish a Systematic Withdrawal Plan (SWP) on your account or request a Conversion/Recharacterization
- Your bank must be a member of the Automated Clearing House (ACH) to establish a SWP
- The immediate use of new or updated banking instruction (within 30 days of account update) requires a Medallion Signature Guarantee
- Requests that require a Medallion Signature Guarantee must be submitted by mail

PART I: INVESTOR INFORMATION (*Required Information)

Owner's Name* (First, M.I., Last)	Date of Birth*	Social Security Number*
Street Address (Physical Address)*	Apt #	City* State* Zip Code*
Account Number*	Daytime Phone*	

PART II: REASON FOR DISTRIBUTION

- I am at least age 59½ and this is a normal distribution.
- I am under age 59½ and this is a premature distribution; I am aware that the IRS may assess a 10% penalty.

PART III: DISTRIBUTION INSTRUCTIONS

Select either a **One Time** or **Systematic Distribution**. Provide details about the distribution(s) you are requesting to assist us in meeting federal regulations for tax reporting.

One Time Distribution

- I wish to withdraw my entire account balance.
- I wish to make a one-time, partial withdrawal of \$ _____.
- I wish to withdraw the requested amount proportionately across all investments.
- I wish to withdraw the requested amount based on my pre-selected asset allocation model.
- I wish to withdraw the requested amount from my investments as indicated in the chart below.

NOTE: If no election is made and/or your account does not have an existing asset allocation model on your account, we will withdraw the requested amount proportionately across all your investments.

Name of Investment	Share Class	Total Investment Amount
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		TOTAL: \$ _____

PART III: DISTRIBUTION INSTRUCTIONS CONT.

Systematic Withdrawal

I wish to set up Automatic withdrawals in the amount of \$ _____ on a Monthly Quarterly Semi-Annual Annual basis.

Start Month: _____ Start Date: _____

(if no day is chosen, distributions will be made on the 25th day of the month or the prior business day if the 25th falls on a weekend or holiday).

- I wish to withdraw the requested amount based on my pre-selected asset allocation model.
- I wish to withdraw the requested amount proportionately across all investments.
- I wish to withdraw the requested amount from my investments as indicated in the chart below.

Name of Investment	Share Class	Total Investment Amount
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		TOTAL: \$ _____

Required Minimum Distribution

- I wish to make a one-time withdrawal of my required minimum distribution for _____.
- I wish to make a one-time withdrawal of my required minimum distribution calculated by the Trustee/Custodian and distributed to me.
- I wish to have my required minimum distribution calculated by the Trustee/Custodian and distributed to me in equal installments on:
 - Monthly Quarterly Semi-Annual Annual basis.

Start Month: _____ Start Date: _____ (if no day is chosen, distributions will be made on the 25th day of the month or the prior business day if the 25th falls on a weekend or holiday).

- I wish to withdraw the requested amount based on my pre-selected asset allocation model.
- I wish to withdraw the requested amount proportionately across all investments.
- I wish to withdraw the requested amount from my investments as indicated in the chart below.

Name of Investment	Share Class	Total Investment Amount
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		TOTAL: \$ _____

PART IV: CONVERSIONS/RECHARACTERIZATIONS

Convert my Traditional IRA to a Roth IRA

Convert: All Shares Dollar Amount: \$ _____ Percentage: _____ %

- To: A new Roth IRA (*Complete and enclose an IRA New Account Form*)
 My existing Roth IRA, account number _____

Important: Withholding income taxes from the amount converted (instead of paying applicable income taxes from another source) may adversely impact the expected financial benefits of converting from an IRA to a Roth IRA (consult your financial advisor if you have a question). If you wish to convert a Traditional IRA to a Roth IRA with no federal taxes withheld, you must elect to have 0% withholding below in Part V. In so doing, by signing this form, you acknowledge that you may be required to pay estimated tax and that insufficient payments of estimated tax may result in penalties.

Recharacterize My Contribution

Recharacterize my contribution of \$ _____ for tax year _____.

- To: A new Traditional or Roth IRA (*Complete and enclose an IRA or Roth IRA New Account Form*)
 My existing Traditional or Roth IRA, account number _____

NOTE: Earnings may be negative, reducing the amount withdrawn.

Important: Federal and State taxes will not be withheld when recharacterizing contributions.

Removal of Excess Contributions Plus Earnings

In what year was the contribution made?

- Current Year Prior Year

Excess Contribution Amount: \$ _____

NOTE: Earnings may be negative, reducing the amount withdrawn.

Reallocation of Excess Contribution

- Apply excess contribution towards tax year 20__ and refund earnings (if applicable).
 Apply both excess contribution and earnings (if applicable) towards tax year 20___. Cannot exceed contribution limits.

NOTE: We are unable to apply excess contribution towards prior year contribution after tax filing deadline has passed.

Important: Please complete Part V for withholding instructions on the earnings portion of your excess removal.

PART V: WITHHOLDING NOTICE AND ELECTION

Federal Withholding

Completion and execution of this form, including any federal withholding election made herein, obviates the need to complete a separate Internal Revenue Service Form W-4R. However, a copy of IRS Form W-4R with instructions is attached for your reference.

Your withholding rate is determined by the type of payment you will receive.

For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% below. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions. (See the attached Form W-4R for more information.)

Complete this section if you would like a rate of withholding that is different from the default withholding rate. See the instructions and the Marginal Rate Tables that follow for additional information. Enter the rate as a whole number (no decimals).

Withhold _____%

If no withholding information is included, we will automatically withhold the default withholding percentage elected on your account. If you do not have a default withholding election on your account and the above information is left blank, we will automatically apply 10% default withholding to your requested distribution (Federal and State taxes will not be withheld when recharacterizing contributions).

State Withholding

Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal income taxes are withheld or may mandate a fixed amount regardless of your federal tax election. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. Please consult with a tax advisor or your state's tax authority for additional information on your state requirements.

Name of Withholding State _____

Withhold _____%

Do Not Withhold State Income Tax

NOTE: State income tax withholding may not be available for all states. If applicable, mandatory state income tax will be withheld from the distribution in accordance with state tax guidelines.

PART VI: PAYMENT INSTRUCTIONS ****Denotes that a Medallion Signature Guarantee is required**

Qualified Charitable Distribution (QCD)**

- Mail check(s) to the address of record (The information below must still be completed)**
- Mail check(s) directly to the qualified charity**

Make check payable to: _____ **

Street Address (Physical Address)* EIN* City* State* Zip Code*

By Mail

- Mail check(s) to the address of record
- Make check(s) payable to someone other than the account owner (Indicate payee below)**

Make check payable to: _____

- Mail check to an address other than the one on the account (Provide address below)**

Street Address (Physical Address)* Apt # City* State* Zip Code*

Send to My Bank

Send distributions to my bank by Automated Clearing House (ACH) based on the:

- ACH instructions already established for my IRA
- Bank Account Information below **

Wire transfer my One Time Distribution (not available for Automatic Distributions) to my bank based on the:
NOTE: Wire transfers are not available for Systematic Withdrawals.

- ACH instructions already established for my IRA
- Bank Account Information below **

I authorize the Custodian to withdraw money from my mutual fund IRA and deposit to my bank account. I understand this privilege will be effective after the verification process.

Attach a voided check for your bank account.

Account Type: Checking Savings

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____ 1003
PAY TO THE ORDER OF _____	<div style="border: 1px solid black; text-align: center; padding: 5px;"> Tape your voided check or preprinted </div> \$ _____ DOLLARS
BANK NAME _____ BANK ADDRESS _____	
MEMO _____	

Enter your checking or savings account information:

Bank Name

Bank's Phone Number

Bank Address

ABA Routing Number

City

State

Zip

Name(s) on Bank Account

Bank Account Number

PART VII: ACKNOWLEDGEMENT AND MEDALLION SIGNATURE GUARANTEE

By signing this *IRA Distribution Request Form*, I certify that the information I have provided is true and correct, and I authorize the Trustee/Custodian to distribute my IRA as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this distribution and I assume all responsibility for any consequences as a result of my actions. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my instructions, including payments made in error. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Trustee/Custodian. I also understand that if this distribution involves a SIMPLE IRA, special rules apply, and I assume responsibility for my actions regarding those issues.

Signature of IRA Owner (or other authorized person):

X _____ Date: _____

***Note:** Please sign your name exactly how it appears in the registration.

A Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

A Medallion Signature Guarantee can be obtained from a bank, broker-dealer, credit union, national securities exchange, savings association or other financial intermediaries that are members of an Approved Medallion Guarantee Program. The stamp must also contain the letter prefix (A, B, C, D, E, F, X, Y or Z) that identifies the grantor’s maximum surety amount, and that bond must cover the amount of the requested transaction. Please note that a Notary Public stamp is not acceptable.



MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery
Ultimus Fund Solutions, LLC
P.O. Box 46707
Cincinnati, OH 45246-0707

Overnight Delivery
Ultimus Fund Solutions, LLC
225 Pictoria Drive, Suite 450
Cincinnati, OH 45246

State Income Tax Withholding for Individual Retirement Accounts

This general information is provided to help you understand state income tax withholding requirements for Individual Retirement Account distributions. While we make every effort to obtain information about state laws from sources believed to be reliable, we cannot guarantee the accuracy or timeliness of state withholding information because state laws are subject to constant change and interpretation. This information is not to be considered tax advice and we recommend that you contact your tax advisor regarding your tax withholding elections and to answer any questions you may have regarding your state's withholding laws.

State of Residence	State Income tax withholding information
AK, FL, HI NV, NH, SD, TN, TX, WA, WY	No state income tax will be withheld for residents of these states.
AL, AR, AZ, CO, D.C., GA, ID, IL, IN, KY, LA, MD, MS, MO, MT, ND, NE, NJ, NM, NY, OH, PA, RI, SC, UT, VA, WV, WI,	State income tax will be withheld only if you instruct us to withhold it. See below for state-specific minimums. <ul style="list-style-type: none"> • AR: 3% of the distribution amount • D.C.: 8.95% of the distribution amount • KY: 6% of the distribution amount • NE: 5% of the distribution amount • UT: 5% of the distribution amount • VA: 4% of the distribution amount
CA, DE, IA, KS, ME, MA, NC, OK, OR, VT	State income tax is required when federal withholding applies. See below for state specific minimums. <ul style="list-style-type: none"> • CA: 10% of the <i>federal withholding</i> amount • DE: 5% of the distribution amount • IA: 5% of the distribution amount • KS: 5% of the distribution amount • ME: 5% of the distribution amount • MA: 5% of the distribution amount • NC: 4% of the distribution amount • OK: 5% of the distribution amount • OR: 8% of the distribution amount • VT: 30% of the <i>federal withholding</i> amount
CT, MI, MN	State income tax withholding is required whether or not federal withholding applies. See below for state-specific minimum. <ul style="list-style-type: none"> • CT: 6.99% of the distribution amount • MI: 4.25% of the distribution amount • MN: 6.25% of the distribution amount

We may be required to withhold state tax from your distribution based upon the laws of your state of residency. Your state of residency is determined by the legal address of record on your account, which may or may not be your state of residency for tax purposes.