

IRA/Qualified Plan Distribution Request

Please Print

NAME (AS IT APPEARS ON YOUR ACCOUNT REGISTRATION)

ADDRESS

CITY

STATE

ZIP CODE

MUTUAL FUND NAME AND ACCOUNT NUMBER

SOCIAL SECURITY NUMBER (LAST FOUR DIGITS)

DATE OF BIRTH

DAYTIME PHONE

I request a distribution from my Retirement Account as indicated above. I understand that it is my responsibility to determine that amounts distributed from my account shall be made in compliance with all Internal Revenue Service (IRS) regulations, including required minimum distribution rules and the death benefit rules, as applicable.

We suggest that you contact your tax consultant to review which of the following choices is most appropriate to your situation.

Type of Distribution | Select One

- Normal.** I have reached age 59 ½. Roth IRA distributions within 5 years of conversion or initial contribution may be subject to 10% premature withdrawal penalty. **Please complete Sections B, D, and E. Section C may apply if installment payments are desired.**
- Required Minimum Distribution.** I have reached age 70 ½ and am required to begin receiving minimum distributions. **Please complete Sections A, B, C, D, and E. Does not apply to Roth IRAs.**
- Early – Premature.** Before age 59 ½. I understand that I may be responsible for paying a 10% premature withdrawal penalty (25% if from a SIMPLE IRA and within 2 years of the initial SIMPLE contribution) in addition to normal income tax for early withdrawal. Roth IRA distributions within 5 years may be subject to 10% premature withdrawal penalty. **Please complete Sections B, D, and E.**
- Early - Premature-Exempt.** Substantially equal payments before age 59 ½ under section 72(t) of the Internal Revenue Code. **Please complete Sections B, C, D, and E.**
- Conversion to Roth IRA.** From a Traditional, SEP, or SIMPLE IRA (conversions are not allowed from a SIMPLE IRA within 2 years of the initial SIMPLE contribution). **If over 70 ½ years of age, RMD must be distributed prior to conversion. Please complete Sections B, D, and E and attach a completed Roth IRA application if you do not have a Roth IRA account.**
- Excess.** I am withdrawing the excess contribution I made in _____ in the amount of \$_____. I understand that I am responsible for any tax filing requirements because I have over-contributed to my account. **Please complete Sections B, D, and E.**
- Death (Beneficiary IRA).** Please attach a copy of the Participant's death certificate. (Other forms may be required. Please contact a shareholder services representative for more information.) **Please complete Sections B, D, and E. Section C may apply if installment payments are desired.**
- Divorce.** By checking this box I represent that the transfer is payment to a former spouse pursuant to a decree of divorce or a QDRO. Please attach a certified copy of the final filed divorce decree and/or QDRO. **A completed IRA application for the former spouse will be required if no account currently exists.**
- Disability.** Permanent or long-term disability only. Please attach a current physician's statement of your disability referencing the distribution as eligible under section 72(m)(7) of the Internal Revenue Code. **Please complete Sections B, D, and E. Section C may apply if installment payments are desired.**
- 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). **Please complete Sections B, D (do not withhold taxes), and E.**

A To Be Completed Only If You Are Age 70 ½ Or Older And Required To Take A Mandatory Distribution (RMD) From A Retirement Account. Does not apply to Roth IRAs.
Please indicate your preference below | Select One

- I will be taking the required minimum distribution amount from an IRA/Qualified Plan at another financial institution and hereby relieve U. S. Bancorp Fund Services, LLC, of this responsibility (valid until revoked).
If checking this box, ONLY complete Section E.
- I elect to take my required minimum distribution by December 31, _____.
Please complete Sections B, C, D and E.
- I elect to take my first required minimum distribution by April 1, _____, and another distribution before December 31, _____ (applies only to the year in which you attain the age of 70 ½).
Please complete Sections B, C, D, and E.

B Method of Distribution | Select One

- I wish to receive periodic payments of \$ _____ per draw.
Please complete Sections B-1, C, D, and E
- I wish to make a one-time liquidation of _____ shares or \$ _____ dollars in cash.
Please complete Sections B-1, D and E.
- I wish to liquidate my entire account.
Please complete Sections B-1, D and E.
- I wish to have my Required Minimum Distribution calculated and distributed on a systematic basis.
If this account opened with a transfer of assets / rollover, provide the previous year's 12/31 value here \$ _____.
Please complete sections B-1, C, D, and E.
- I wish to have my current year Required Minimum Distribution paid out immediately upon receipt of this request.
Please complete Sections B-1, C-2, D, and E.
- I wish to convert _____ shares or \$ _____ dollars to my existing Roth IRA account # _____.
 Check this box if a new Roth IRA account needs to be established.
Please complete Sections D and E.
- I wish to have my excess contribution applied to my IRA / Qualified Plan contribution for tax year _____.
Please complete Sections B-1 and E.
- I wish to recharacterize \$ _____ of my contribution for tax year _____.
Please complete Sections D (do not withhold taxes) and E.

B-1 Payee options are as follows | Select One

(If you fail to designate a frequency, distributions will be made annually on December 1st)

- Please send a check to the address of record on my account.
- Deposit directly to my existing NON-IRA account # _____
OR open a new NON-IRA account for distributions. (A new account application must be attached.)
- Wire Redemption. **A signature guarantee may be required** if banking instructions have not previously been established. A wire fee may apply. **Please attach a voided check and complete Sections D and E.**
- Electronic Funds Transfer. (No fee applies) **A signature guarantee is required** if banking instructions have not previously been established. No fee applies. **Please attach a voided check, if establishing new bank instructions, and complete Sections C, D, and E.**
- Alternative payee and/or address other than address of record. **A signature guarantee is required.**
Please use the space below for necessary information and complete Sections D and E.

Make check payable to:

NAME

ADDRESS

CITY / STATE / ZIP

C To be Completed By Shareholders Requesting Installment Distributions.

Sections C-1 & C-2 must be completed before any distribution may be made.

C-1 Frequency | Select One

(If you fail to designate a frequency, distributions will be made annually on December 1st)

- Annually (Specify month and day) _____
- Semi – Annually (Specify month and day distribution should begin) _____
- Quarterly (Specify month and day distributions should begin) _____
- Monthly (Specify month and day distribution should begin) _____

(Future distributions will be made in the same manner)

C-2 Period | Select One

(Failure to designate a periodic payment period will result in distributions made annually using the Uniform Lifetime Table)

- Uniform Lifetime Table (Standard IRS Method)
- Installment payments, payable over the joint life expectancy of myself and my spouse, who is 10 or more years younger than myself, recalculated annually (spouse must be named as your sole primary beneficiary).

(Spouse's Birth Date ____ / ____ / ____)

(Future distributions will be made in the same manner)

D Notice Of Withholding On Retirement Plan Distributions.

(To Be Completed by All Shareholders)

The distribution you receive from this retirement plan is subject to federal income tax withholding unless you elect not to have withholding apply. Please indicate your withholding election and return this form to U. S. Bancorp Fund Services, LLC. Your election will remain in effect until you revoke it by signing and dating a revocation and sending it to the address listed below. Any election or revocation will be effective 30 days after its receipt. You may change this election as often as you wish.

- Yes, I would like to have federal income tax withheld from my distribution at a rate of 10%. (State withholding may also apply.)**
- Yes, please withhold at a rate greater than 10%. The total withholding percentage should be ____%. (Must be greater than 10%.) (State withholding may also apply)**
- No, do not withhold taxes.**

*If the distribution is from a Qualified Employer retirement plan, other than a SEP or SIMPLE IRA, and is not your required minimum distribution, the distribution you receive from this Qualified Employer retirement plan is subject to a **mandatory** federal income tax withholding of 20%.*

E Signature

I have thoroughly reviewed and completed Sections A, B, C, and D as they apply to my distribution.

I understand that my account will be closed if I have chosen to distribute the entire account, and I hereby make the income tax withholding election as designated in Section D.

I certify that all information in this Distribution Request is accurate, and agree to hold U. S. Bancorp Fund Services, LLC harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result from the election I have made. I have been advised to consult my tax advisor regarding any questions about this Distribution Request.

SIGNATURE OF RETIREMENT PLAN SHAREHOLDER

DATE SIGNED

AUTHORIZED SIGNATURE GUARANTEE

(The transfer agent will accept signature guarantees from all institutions which are eligible to provide signature guarantees under federal or state law, provided that the individual giving the signature guarantee is authorized to do so. Institutions which usually are eligible to provide signature guarantees include commercial banks, trust companies, brokers, national securities exchanges, saving and loan associations, and credit unions. Please note that the institution will require you to provide them with a current account statement.)

**A notary public cannot provide a signature guarantee*

Return this form to:

Mail to: EIP Growth & Income Fund
c/o U. S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: EIP Growth & Income Fund
c/o U. S. Bancorp Fund Services, LLC
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

For additional information please call toll-free 844-766-8694 or visit us on the web at www.eipfunds.com.