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 going to your bank.
- The immediate use of new or updated banking instructions (within 30 days of account update) requires a Medallion Signature Guarantee.
- Requests that require a Medallion Signature Guarantee must be submitted by mail.
- A distribution fee may be applied at the time of your request. Contact Shareholder Services for applicable fee charges.

1. INVESTOR INFORMATION (*Required Information)

Owner's Name* (First, M.I., Last)   Date of Birth*   Social Security Number*

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

Account Number*   Daytime Phone*

2. 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.

3. 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. **Please note that a Medallion Signature Guarantee may be required based on the amount requested.**

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.

*If no election is made we will withdraw the requested amount proportionately across all your investments.

Name of Investment	Share Class	Total Investment Amount ($)
	Total:	

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 next upcoming month or the prior business day if the 25th falls on a weekend or holiday.

*If your request is received or processed after your requested start date, the first distribution will occur on the selected day of the next upcoming month.

_____ 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.

*If no election is made we will withdraw the requested amount proportionately across all your investments.

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 next upcoming month or the prior business day if the 25th falls on a weekend or holiday.

*If your request is received or processed after your requested start date, the first distribution will occur on the selected day of the next upcoming month.

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.

*If no election is made we will withdraw the requested amount proportionately across all your investments.

Name of Investment	Share Class	Total Investment Amount ($)
	Total:	

4. CONVERSIONS/RECHARACTERIZATIONS/EXCESS REMOVAL

Funds from a conversion, recharacterization or excess removal will be transferred in to the same fund(s) that they are converted, recharacterized or removed from.

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 5. 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 _____ and refund earnings (if applicable).

Apply both excess contribution and earnings (if applicable) towards tax year _____ . Cannot exceed

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

    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.

*If no election is made we will withdraw the requested amount proportionately across all your investments.

Name of Investment	Share Class	Total Investment Amount ($)
	Total:	

Important: Please complete Part 5 for withholding instructions on the earnings portion of your excess removal.

5. 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 territories. (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). Federal taxes will not be withheld from ROTH IRA Distributions unless requested above.

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.

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   EIN

Street Address (Physical Address)*   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)*   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.

Wire instructions already established for my IRA   Bank Account Information below **

I authorize the Custodian to withdraw money from my mutual fund account and deposit to my bank account. I understand this privilege will be effective after the verification process.
Please attach a voided check for your bank account. We are unable to update or add a new bank account unless we receive a voided check for bank verification.

Account Type: Checking   Savings

John and Jane Doe   123
Any Street Anytown, USA
12345   1003

Date _____

PAY TO THE
ORDER OF _____

Attach your voided or preprinted check

_____ DOLLARS

BANK NAME
BANK ADDRESS

MEMO _____   _____

4/25/2024

Enter your checking or savings account information:

Bank Name   Bank's Phone Number

Bank Address   ABA Routing Number

City   State   Zip Code

Name(s) on Bank Account   Bank Account Number

7. 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):

Account Owner Signature   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.

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Medallion Signature
Guarantee Stamp
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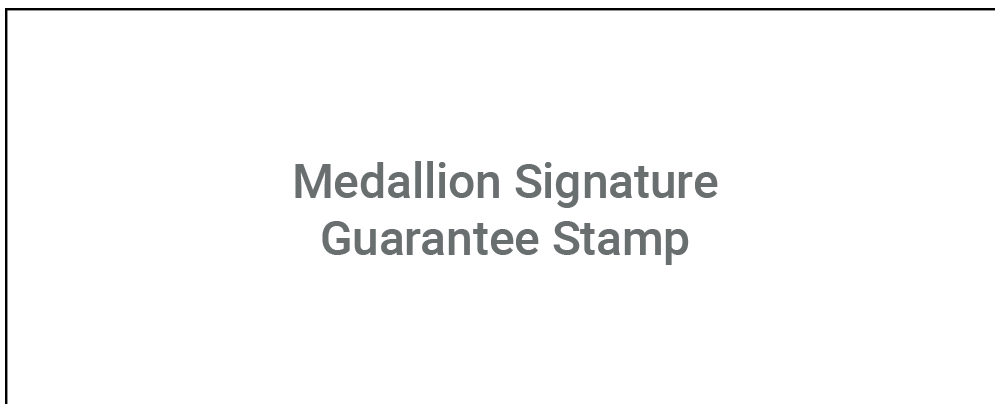
8. MAILING INSTRUCTIONS

Please send completed form to:	*Regular Delivery*	*Overnight Delivery*	*Fax*
	Ultimus Fund Solutions, LLC	Ultimus Fund Solutions, LLC	1-402-963-9094
	P.O Box 541150	4221 N 203rd Street, Suite 100	
	Omaha, NE 68154	Elkhorn, NE 68022	

4/25/2024