

Simple IRA Distribution Form

Do not use this form for 70½ required distributions.

1. Participant Information

If you are a beneficiary, please complete an application and attach.

Owner _____

Initial Participant Date _____

Please print the name exactly as it appears on the Simple IRA Account. If you are the beneficiary of a decedent's account please see #4 under Reason for Distribution.

Social Security Number _____ Date of Birth _____

Street Address _____

City, State, Zip _____

Fund _____ Account Number _____

2. Reason for Distribution ▪ Check the box that applies

If you have not participated in the SIMPLE 2 years and are under 59½, an IRS Penalty may be imposed.

- 1. Normal Distribution ▪ If you are the participant and age 59½ or older.
- 2. Early (premature) distribution ▪ Participant is under age 59½ or the distribution is due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, or other reason.
- 3. Substantially equal periodic payments within the meaning of section 72(t) of the Internal Revenue Code.
- 4. Death ▪ If you are a beneficiary contact Shareholder Services regarding additional document requirements.
- 5. Permanent Disability ▪ You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.

- 6. Transfer Incident to Divorce or Legal Separation ▪ Contact Shareholder Services regarding additional document requirements.
- 7. Direct Rollover to a qualified plan ▪ A request for a direct rollover to a qualified plan must include certification that the plan will accept the Simple IRA assets and include check delivery instructions.
- 8. Transfers ▪ Please complete the appropriate transfer form.
- 9. Qualified Reservist Distribution.
- 10. Qualified Hurricane Distribution.

All required documentation must be received in good order before the distribution request will be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required for the IRA owner/beneficiary or spouse.

3. Payment Method

All checks will be made payable to the registered account owner.

- Partial Distribution
Amount \$ _____ or Longleaf Shares _____
- Total Distribution of Account Balance
- Fixed Amount \$ _____

Frequency:

- Monthly Quarterly
- Semi-annually Annually

- Mail to my address currently on file.
- Mail to the following alternate payee and address:

Payee _____

Street Address _____

City, State, Zip _____

- Send payments electronically to my existing bank instructions on file.
- Send payments to my new bank instructions below. **Please note a Medallion Signature Guarantee stamp is required.**

Bank Name

City, State

ABA Routing # Account #

Name(s) on Account

Required ▪ Please attach a voided check

- Mail to the following Financial Institution address:
Check will be made payable to the registered account owner (*Medallion Signature Guarantee required.)

Financial Institution

Account Number

Street Address

City, State, Zip

- Purchase funds into my existing non-retirement mutual fund account in the same fund family.

Account Number

Fund Name

- NEW ACCOUNT: Attach a completed application to purchase funds into a new non-retirement mutual fund account.

4. Tax Withholding Election

A. Federal Withholding ▪ Federal income tax will be withheld at the rate of 10% from any distribution, subject to the IRS withholding rules, unless you elect or have previously elected out of withholding. Tax will be withheld on the gross amount of the payment even though you may be receiving amounts that are not subject to withholding because they are excluded from gross income. This withholding procedure may result in excess withholding on the payments. If you elect to have no federal taxes withheld from your distribution, or

if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If you are completing this form, your below election will remain in effect until such time as you make a different election in writing to the Custodian.

Please select one of the following:

- Do not withhold Federal Income Tax
- Withhold 10% Federal Income Tax
- Withhold ____% Federal Income Tax (must be greater than 10%)

B. 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.

- I elect **NOT** to have state income tax withheld from my retirement account distributions (**For Mandatory States Only**).
- I elect **TO** have the following dollar amount or percentage from my retirement account distribution withheld for state income taxes (**For Voluntary States Only**).
\$ _____ or _____ %

5. Signature

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that no tax or legal advice has been given to me by the Custodian, Mutual Fund, or any agent of either of them, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, Mutual Fund, and

their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form. **This form may only be used for one account. If you have another account from which you wish to take distributions, please fill out a separate form.**

Participant's Signature Date
(Or beneficiary's signature if participant is deceased.)

6. Medallion Signature Guarantee

- Redeeming more than \$100,000 per Fund
- Requesting the distribution be made payable or mailed to an alternate payee
- Requesting a distribution within 30 days of an address change

Acceptable medallion guarantees may be obtained from banks, brokerage firms or other institutions. The guarantee must be in original form, as photocopies or fax copies are not accepted. The surety bond coverage of the Medallion Signature Guarantee on your request must be at least equal to the value of your gift and the guarantee must have unlimited effectiveness.

A Notary Public is **NOT** an eligible guarantor.



Name of Institution

Signature of Authorized Officer Date

When completed, please return the signed form to:

By regular mail:
Longleaf Partners Funds
c/o BNY Mellon
P.O. Box 9694
Providence, RI 02940-9694

By express mail or overnight courier:
Longleaf Partners Funds
c/o BNY Mellon
4400 Computer Drive
Westborough, MA 01581
(800) 445-9469