

## IRA Distribution Form *(Roth, SEP, SIMPLE, or Traditional)*

### 1. PARTICIPANT/BENEFICIARY INFORMATION

NAME	ACCOUNT #	
ADDRESS		
CITY	STATE	ZIP
TELEPHONE NO.	S.S. #	D.O.B

### 2. TYPE OF DISTRIBUTION

- I am at least 59 1/2 and this is a normal distribution
- I am under the age 59 1/2 and this is a premature distribution; I am aware that the IRS may assess a tax penalty
- Excess contribution - In what year was the contribution made?
  - Current Year       Prior Year      Excess Contribution Amount: \$ \_\_\_\_\_
  - NOTE: Earnings may be negative, reducing the amount withdrawn.
- Death Distribution (if you are the beneficiary of this account)
  - Furnish a copy of the owner's death certificate
  - Letter of instruction (a new IRA account application may be needed — please call our Shareholder Services Dept. for further instructions — 800-932-3271)

DECEDENT'S NAME	DECEDENT'S TAX ID#	DATE OF DEATH
<input type="checkbox"/> SPOUSE / <input type="checkbox"/> NON-SPOUSE <i>(Check One)</i>		

### 3. DISTRIBUTION INSTRUCTIONS

- 1. The Entire Account Balance**
  - Value Fund                       Dividend Focus Fund                       Small Cap Fund
- 2. Partial Amount**
  - Value Fund \$ \_\_\_\_\_       Dividend Focus Fund \$ \_\_\_\_\_       Small Cap Fund \$ \_\_\_\_\_
- 3. Periodic Payments**
  - Value Fund \$ \_\_\_\_\_       Dividend Focus Fund \$ \_\_\_\_\_       Small Cap Fund \$ \_\_\_\_\_
  - Monthly       Quarterly       Semi-annually       Annually

Periodic Payments beginning on this day\* \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*If no date is chosen the default will be the 15th of the month.*

(If this is an RMD and you do not know the amount, please write "RMD" on the line next to the Fund name)

## 4. PAYMENT INSTRUCTIONS

**\*\* Denotes that a *Medallion Signature Guarantee* is required.**

**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)\*\*

MAILING ADDRESS

APT #

CITY

STATE

ZIP

**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 \*\*

**Deposit to FAM Account #** \_\_\_\_\_

Value Fund

Dividend Focus Fund

Small Cap Fund

**Pick check up at the Cobleskill Office**

## PAYMENT METHOD

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

TAPE YOUR VOIDED CHECK

## 5. NOTICE OF WITHHOLDING

### A. Federal Withholding

If no withholding election is indicated below, IRS regulations require **10%** federal income tax withholding taken from your distribution. You can choose to have a different rate by entering a rate between 0% and 100% or a specified dollar amount on the spaces provided below. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions. 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. Your withholding election will generally apply to any future payments from this same IRA unless you change your withholding election. Please consult with a tax advisor for additional information.

Do NOT withhold federal income tax from my distribution.

Withhold as indicated below

\_\_\_\_\_ % or \$ \_\_\_\_\_ amount

### 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 (only for residents of states that do not require mandatory state tax withholding).

I elect TO have the following percentage or dollar amount from my retirement account distribution withheld for state income taxes (for residents of states that allow voluntary state tax withholding).

\_\_\_\_\_ % or \$ \_\_\_\_\_ amount

## 6. PARTICIPANT'S SIGNATURE

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):

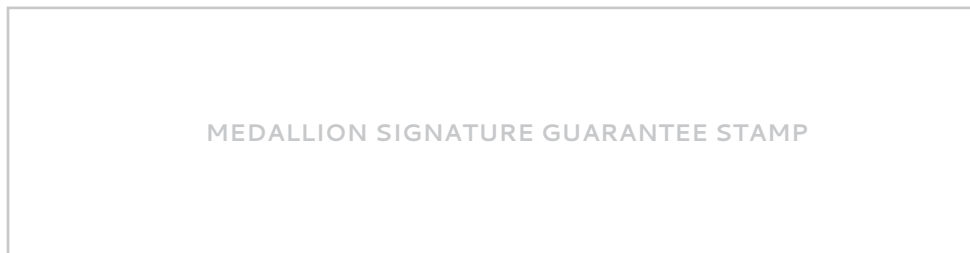
X \_\_\_\_\_ DATE \_\_\_\_\_

**\*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**

FAM Funds  
P.O. Box 46707  
Cincinnati, OH 45246-0707

**Overnight Delivery**

FAM Funds  
225 Pictoria Drive, Suite 450  
Cincinnati, OH 45246