

REQUEST FOR REDEMPTION

- Use this form to request a one-time distribution or establish a Systematic Withdrawal Plan (SWP) on your account or request
- 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* _____

Mailing Address* _____

Apt # _____

City* _____

State* _____

Zip Code* _____

Account Number* _____

Daytime Phone* _____

PART II: 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.

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
		\$ _____ or Shares _____
		\$ _____ or Shares _____
		\$ _____ or Shares _____
		\$ _____ or Shares _____
		\$ _____ or Shares _____
		\$ _____ or Shares _____
		TOTAL: \$ _____ or Shares _____

PART VI: 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)**

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 **

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

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Tape your voided check or preprinted	\$ _____ 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
P.O. Box 46707
Cincinnati, OH 45246-0707

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