

General Information

This form should be used to request periodic withdrawals from your IRA or SEP-IRA, including minimum distributions required at age 70½ or dividend distributions. Please complete all sections and mail form to:

Tributary Funds
P. O. Box 219022
Kansas City, MO 64121-9022

If you have any questions, please call 1-800-662-4302.
Please print clearly or type all items except signature.

1 IRA Registration

NAME: FIRST	MIDDLE	LAST
STREET ADDRESS		
CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	(DAYTIME)TELEPHONE	
DATE OF BIRTH		

2 Type of Distribution

- Normal distribution (check one):
- I am between ages 59½ and 70½, or
 - I am 70½ or older
- Disability: I am under age 59½ and permanently and totally disabled within the meaning of Section 72 (m) (7).
- Death: Attach a certified copy of the death certificate and complete the following:
- Date of Death: _____
- Beneficiary Information (Each beneficiary must complete a separate form.)
- I am a (check one):
- Beneficiary
 - Legal Representative
(attach court appointment)

BENEFICIARY NAME: FIRST, MIDDLE, LAST OR ESTATE		
STREET ADDRESS		
CITY	STATE	ZIP
SOCIAL SECURITY NUMBER OR TAX IDENTIFICATION NUMBER	DATE OF BIRTH	

- Premature distribution. I understand that if I am under age 59½ and taking a premature distribution, I will generally be subject to an IRS-assessed penalty tax on my distribution in addition to ordinary income taxes.

3 Account Information

List only the account(s) from which you would like the distributions taken. This is to be completed if you are requesting dividend distributions under Section 5.

Fund Name	Account Number

4 Withholding Instructions

- The law requires that federal income tax be withheld from your IRA distributions at a rate of 10% unless you elect not to have withholding apply. If you do not check a box, taxes will be withheld.
- I elect to have taxes withheld from my IRA distribution (10% withholding; not available on dividend distributions.)
 - I elect not to have federal tax withheld from my distributions. I understand that I may be liable for payment of estimated tax. I may incur penalties under the estimated tax rule, if my withholding and tax payments are not sufficient.

5 Method of Distribution

Select only **ONE** method of distribution.

- A. Dividend Distributions (choose one):
- Income Dividends/Short Term Capital Gains
 - Income Dividends and All Capital Gains
 - Long Term Capital Gains Only
- This option is available **only** if you are age 59½ or older.
- B. Fixed amount of \$_____.

(over please)

- C. Systematic Distributions (Liquidations for systematic distribution will be made on the 5th of the month. Allow 30 days to establish.)

Select the frequency and method of calculation for systematic distributions.

1. Frequency of payments (choose one):

- Monthly
 Quarterly _____ (month)
 Annually _____ (month)

2. Method of Calculation. If you are age 70½ or older, the calculation of minimum distributions will be based on the total value of all your Tributary Funds IRA and SEP-IRA accounts. However, the distributions will only be made from the accounts you have listed in Section 3 above. (Choose one of the three options)

- a. Single life expectancy
 Recalculation
 Non-recalculation
- b. Joint life expectancy with Beneficiary
 Recalculation
 Non-recalculation

My Beneficiary is my (check one):
 Spouse Non-spouse
 Beneficiary Information (The beneficiaries listed here must be the primary beneficiary[ies] on your current account registration. To change your current beneficiary designation, a request must be received in writing. If you have more than one primary beneficiary, the birth date of the oldest beneficiary will be used for life expectancy calculations.)

NAME _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

NAME _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

- c. Fixed period of _____ years
 (may not exceed life expectancy)

- Invest my distributions into my existing non-retirement Tributary Funds account(s). (If joint account[s], the joint tenant must be your spouse.)

Fund Name Account Number

_____	_____
_____	_____
_____	_____
_____	_____

- Deposit my distribution checks directly into my checking account via ACH. In order for us to make ACH deposits into your checking account, **you must attach a voided check or pre-encoded deposit slip.**

BANK'S NAME _____ ACCOUNT NUMBER _____

7 Authorization

The Participant/Beneficiary hereby authorizes the distributions from the IRA to the undersigned and certifies that it is in accordance with the provisions of the IRA plan. If I am over 70½, I accept full responsibility for withdrawing from my IRA the minimum amount required. I indemnify the Custodian for the Tributary Funds IRA, its agents, successors and affiliates from any and all claims the undersigned may have or hereafter claim to have with respect to the distributions or in the event I fail to meet the minimum distribution requirements.

PARTICIPANT/BENEFICIARY SIGNATURE _____ DATE _____

Signature Guaranteed By*:

NAME OF BANK OR FIRM _____

SIGNATURE OF OFFICER _____ TITLE _____

(Place Stamp Here)

* A signature guarantee is required if 1) you request a distribution to be sent to an address other than the address of record, 2) the check is not made payable to registered owner, 3) a new checking account is being used for your proceeds.

6 Method of Payment

- Send my distribution checks to my address of record.
 Send my distribution checks to an address other than my address of record*.

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____