

### General Information

This form should be used to request periodic withdrawals from your IRA or SEP-IRA, including minimum distributions required at age 73 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 OF IRA ACCOUNT HOLDER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DAYTIME TELEPHONE \_\_\_\_\_

TRIBUTARY FUNDS IRA ACCOUNT NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

## 2 Type of Distribution

- Normal Distribution (check one)
  - I am between ages 59½ and 73, or
  - I am 73 or older
- Disability: I am under 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 TIN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Premature distribution. I understand that if I am under age 59 1/2 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.

- Dividend Distributions (choose one):
  - Income Dividends/Short Term Capital Gains
  - Income Dividends and All Capital Gains
  - Long Term Capital Gains Only (available if you are 59½ or older)
- Fixed amount of \$ \_\_\_\_\_
- Systematic Distributions (Liquidations for systematic distribution will be made on the 5<sup>th</sup> 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 requested)
  - Annually \_\_\_\_\_ (month requested)

2. Method of Calculation. If you are age 72 or older, the calculation of minimum distributions will be based on the total value of all your the distributions will only be made from the accounts you have listed in Section 3 above. (Choose one option)

- 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 \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

c.  Fixed period of \_\_\_\_ years (may not exceed life expectancy)

## 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 \_\_\_\_\_

- 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 \_\_\_\_\_

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.**

BANK 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 73, 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.

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.

## 8 Mail the Completed Form To:

Regular Mail:	Overnight Mail:
Tributary Funds	Tributary Funds
P.O. Box 219022	430 West 7th Street
Kansas City, MO 64121-9022	Kansas City, MO 64105

**Questions Call: 1-800-662-4203**