



## IRA DISTRIBUTION REQUEST FORM

### I. PARTICIPANT INFORMATION.

Participant's Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
First MI. Last

Mailing Address: \_\_\_\_\_  
Street City State Postal Code

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_

### II. TYPE/AMOUNT OF DISTRIBUTION.

Total Distribution

Partial Distribution

Fund Name: \_\_\_\_\_ Specify Dollar Amount: \$ \_\_\_\_\_

Fund Name: \_\_\_\_\_ Specify Dollar Amount: \$ \_\_\_\_\_

Fund Name: \_\_\_\_\_ Specify Dollar Amount: \$ \_\_\_\_\_

Fund Name: \_\_\_\_\_ Specify Dollar Amount: \$ \_\_\_\_\_

Systematic Distribution (complete the information below)

Frequency of Systematic Distributions: (select one option below)

Monthly  Quarterly  Annually

Start Date: Month \_\_\_\_\_ Day \_\_\_\_\_ (if no day is chosen, distributions will be made on the 25th day of the month or the following business day if the 25<sup>th</sup> falls on a weekend or holiday). We must receive this form at least 1 week prior to the day when distributions are to begin. If you already have instructions on file, this will replace your existing instructions.

Method of Systematic Distribution: (select one option below)

I have calculated the amount of my required distribution from all of my traditional IRA's and request a distribution of \$ \_\_\_\_\_ or \_\_\_\_\_% of my balance per year.

I wish to take systematic distributions **based on my age**, account balance, and the applicable life expectancy divisor based upon my life expectancy from the IRS Uniform Lifetime Table.

- I wish to take systematic distributions based on my age, account balance, and the applicable life expectancy divisor **based upon the joint life expectancy** for me and my spouse beneficiary who is more than 10 years younger than I am. (Please complete the spousal beneficiary information below).
- I am taking the required minimum distribution from another IRA. Please do not distribute this IRA.

**III. SPOUSAL BENEFICIARY INFORMATION. (Complete only if you chose joint life expectancy in Section II above)**

Please complete this section only if your spouse is your sole beneficiary and also is more than 10 years younger than you.

Spouse Full Name: \_\_\_\_\_  

First
Middle
Last

Street Address: \_\_\_\_\_  

Street
City
State
Postal Code

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_  

Month
Day
Year

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_

**IV. REASON FOR DISTRIBUTION. (check only one)**

- 1. Normal (participant is over age 59 ½)
- 2. Series of substantially equal payments qualifying for penalty exemption (Internal Revenue Code 72(t) Please complete the "Systematic Distribution" portion above)
- 3. Disability (must be able to furnish proof of disability to the IRS as defined under Section 72(m)(7) of the Internal Revenue Code)
- 4. Death (please contact us for required information)
- 5. Premature Distribution (participant is under age 59 ½, is not taking substantially equal payments and acknowledges tax consequences and possible penalties)
- 6. First time homebuyer (penalty free but not tax free; \$10,000 lifetime limit)
- 7. Higher education expenses (as defined under Section 529(e)(3) of the Internal Revenue Code)
- 8. Timely refund of excess or nondeductible contribution for \_\_\_\_ (year)  
 Please indicate here if earnings on this contribution should also be refunded:  Yes  No
- 9. Divorce (please contact us for required information)
- 10. Revocation (must be within 7 days of establishment of account)
- 11. Minimum Distribution (participant is over age 70 ½ and required to take minimum distributions annually)
- 12. Rollover (participant will be rolling the proceeds into another IRA or qualified plan within 60 days)
- 13. Medical Expenses (proceeds must be used to pay medical expenses exceeding 7.5% of Adjusted Gross Income)



**VII. CERTIFICATION AND SIGNATURE: (please read and sign below)**

I hereby authorize and direct the withdrawal and withholding specified herein. I acknowledge that the information provided on this form is true and correct. I hereby certify that this distribution is being requested for the reason described above and acknowledge that neither the Custodian, the Funds and/or their agents and service providers, including Gemini Fund Services, LLC can provide me with legal or tax advice. I agree to consult with my own tax professional when I need tax advice. I accept full responsibility for withdrawing the minimum amount required from my IRA and acknowledge it is my responsibility to properly calculate, report, and pay all taxes due with respect to the distribution specified above. I agree to indemnify the Custodian, the Funds, and/or Gemini Fund Services, LLC from any and all claims I 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: \_\_\_\_\_

Medallion Signature Guarantee (if required)

A Medallion Signature Guarantee can be obtained from a bank, broker-dealer, a credit union, a national securities exchange, savings association or other financial intermediaries that are members of an Approved Medallion Guarantee Program. A signature by a Notary Public is not acceptable as a Medallion Signature Guarantee.

***Please return this form to:***

*(Fund Name)*

c/o Gemini Fund Services, LLC  
4020 South 147<sup>th</sup> Street, Suite 2  
Omaha, NE 68137-5401  
Telephone: (402) 493-4603  
Facsimile: (402) 963-9094

Gemini Fund Services, LLC serves as transfer agent for the Fund identified above.

**Important Note:** For tax year 2003, new IRS tables apply to all required distributions. These tables are available from the IRS in the 2002 Supplement to Publication 590, available from the IRS website at [www.irs.gov](http://www.irs.gov), or by calling their forms and publications number (800) 829-3676. Please consult your attorney, accountant, or other tax advisor for additional information. Please note that you are required to take a minimum distribution from your IRA by April 1 of the year following the year you attain age 70 ½ and the end of that year and of each year thereafter based on your single or joint life expectancy, as elected, determined by the appropriate IRS life expectancy tables. Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see IRS Publication 505 and review the tax requirements and penalties in detail. A 50% penalty applies for failure to take your required minimum distribution on time. Please review your IRA Disclosure Statement for complete details and rules pertaining to your IRA account.