

403(B) DISTRIBUTION FORM



ACCOUNT HOLDER INFORMATION

(Form must be completely filled out to avoid delay in processing)

P.O. Box 87
Denver, CO 80201-0087

MAIN (800) 955-9988

FAX (303) 534-5627

info@sheltoncap.com

Full Name		Social Security Number	
Street Address (no P.O. Box)			
City		State	Zip Code
()			
Daytime Phone		Birthdate	Email
Fund Name		Account Number	

I request distribution from my Retirement Account as indicated above. I understand that it is my responsibility to determine that amounts distributed from my account shall be made in compliance with all Internal Revenue Service (IRS) regulations, including required minimum distribution rules and the internal death benefit rule, as applicable.

TYPE OF DISTRIBUTION

- ☐ One Time Distribution
- ☐ Periodic Distribution: Start Date: / / ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual
- mm/dd/yy

WITHDRAWAL AMOUNT

- ☐ Gross Amount \$ _____
- ☐ Total Distribution
- ☐ Required Minimum Distribution (Based on the uniform lifetime table in IRS regulations. Custodian will automatically distribute RMD until instructed to stop.)

REASON FOR WITHDRAWAL (See back page for more information)

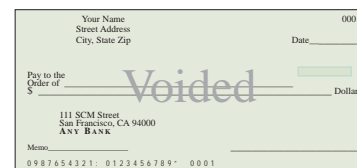
- | | | |
|---|--|--|
| <input type="checkbox"/> Normal (over 59 1/2) | <input type="checkbox"/> Divorce | <input type="checkbox"/> Refund of Excess Contribution |
| <input type="checkbox"/> Premature | <input type="checkbox"/> Medical Expenses | Tax Year _____ |
| <input type="checkbox"/> Death Benefit | <input type="checkbox"/> Higher Education Expenses | Amount \$ _____ |
| <input type="checkbox"/> Disability | <input type="checkbox"/> First Time Home Purchase (not exceeding lifetime of \$10,000) | |

METHOD OF DISTRIBUTION

- | | |
|--|---|
| <input type="checkbox"/> Automated Check mailed to Address of Record | <input type="checkbox"/> Fed Fund Wire Transfer** |
| <input type="checkbox"/> Credit to Non-IRA Shelton Funds Account | <input type="checkbox"/> Mail to Secondary Address:** |
| Account No: _____ | _____ |
| <input type="checkbox"/> ACH Transfer* | _____ |

* Please attach a voided check, **medallion signature guarantee required**

** **medallion signature guarantee required**



FEDERAL INCOME TAX WITHHOLDING (20% will be automatically withheld)

I certify that all information in this Distribution Request is accurate, and agree to hold Gemini Fund Services, LLC harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result from the election I have made. I have been advised to consult my tax advisor regarding any questions about this Distribution Request.

Signature _____

Date _____

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TYPE OF DISTRIBUTION

Early (Premature - subject to penalty tax)

Before the age of 59 1/2. Account holder understands that they may be responsible for paying a 10% premature withdrawal penalty (25% from a SIMPLE IRA if within 2 years of initial SIMPLE participation) in addition to normal income tax for early withdrawal. Converted Roth: Distribution within 5 years from conversion date may be subject to 10% premature withdrawal penalty.

Early (Premature - not subject to penalty tax before age 59 1/2)

- Where medical expenses are in excess of 7.5% of adjusted gross income.
- Used for health insurance premiums and you received unemployment compensation for at least 12 weeks.

Disability*

Permanent or long-term disability only. Be sure to attach a current physician's statement of your disability.

Death*

Please attach a copy of the Participant's death certificate. Other forms may be required. Please contact a customer service representative for more information.

Excess*

Withdrawing excess contributions made during a specific calendar year. Account holder understands that they are responsible for any tax filing requirements because they have over contributed to their account.

Divorce*

When selecting this option Account holder represents that the distribution is payment to a former spouse incident to a decree of divorce. Be sure to attach a certified copy of divorce decree.

Regular Distribution

Account holder has reached age 59 1/2. Roth or Conversion Roth: Distributions within 5 years may be subject to 10% premature withdrawal penalty.

Required Minimum Distribution

Account holder has reached age 70 1/2 and is required to begin receiving minimum distributions. Does not apply to Roth and Roth Conversion IRA's.

* IRS may require additional documentation.