

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

Full Name/Account Title: _____ Social Security Number: _____
 Street Address (no P.O. Box): _____
 City: _____ State: _____ Zip Code: _____
 Daytime Phone: _____ Birthdate: _____ Email: _____
 Fund(s) Name for Withdrawal: _____ Account Number(s): _____

I request distribution from my 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.

TYPE OF DISTRIBUTION (Must Select One)

One Time Distribution Periodic Distribution: (Start Date):
 Monthly Quarterly Semi-Annually Annually

WITHDRAWAL AMOUNT (Must Select One)

Gross Amount \$ _____ Total Distribution _____

METHOD OF DISTRIBUTION

Automated Check Mailed to Address of Record Wire Transfer*
 Credit to Non-IRA Shelton Funds Account ACH Transfer*
 Account #: _____

***Please attach a voided check, medallion signature guarantee required if bank instructions are not currently on file**

REQUIRED SIGNATURES

I certify that all information in this Distribution Request is accurate, and agree to hold Ultimus Fund Solutions 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.

All registered owners must sign and may need to have their signatures guaranteed. **If signature guarantee is required, this form must be signed in the presence of the person guaranteeing your signature.**

Owner Signature

Date

Joint Owner Signature

Date

Medallion Signature Guarantee Stamp

Medallion Signature Guarantee Stamp