# **IRA Distribution Form**

ACCOUNT INFORMATION			
Full Name/Account Title:		Social Security Number:	
Street Address:			
City:		State:	Zip Code:
Daytime Phone:	Birthdate:	Email:	
Fund(s) Name for Withdrawl:		Account Number(s):	
TYPE OF DISTRIBUTION (Select all that apply)		WITHDRAWAL AMOUNT (N	Must Select One)
One Time Distribution		Required Minimum Distribution (Based on the uniform lifetime table in IRS regulations. Custodian will automatically distribute RMD until instructed to stop.)	
Periodic Distribution: Start Date:			
Monthly	Quarterly	Gross Amount \$	
Semi-Annually	Annually	Total Distribution	
REASON FOR WITHDRAWAL (Select One) (See back page for more information)		FEDERAL INCOME TAX WI' (Applies to all future periodic distril Distribution")	THHOLDING (Must Select One) butions if selected under "Type of
Normal (over 59 1/2)	Medical Expenses	Do Not Withhold Federa	I Income Tax
Premature	Higher Education Expenses	10% Withholding (consiste	nt with standard IRS requirements)
Death Benefit	First Time Home Purchase (not exceeding lifetime of \$10,000)	\$ To Be	Withheld
Disability	Refund of Excess Contribution	% To Be	Withheld
Divorce Ta	x Year:		
METHOD OF DISTRIBUTION (S	elect One)		
Check mailed to Address of Record		Wire Transfer*	
Deposit into 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.			
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. 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. The distributions you receive from the Shelton Funds are subject to Federal income tax withholding unless you elect not to have withholding apply. You may elect to have any amount or percentage withheld, up to the full amount of each distribution. If you select "Periodic Distributions" your withholding selection will apply to all future distributions until you provide us with alternative withholding instructions. Withholding will only apply to the portion of your distribution that is included in your income subject to Federal income tax. Thus, for example, there will be no withholding on the return of your own nondeductible contributions to the IRA. By executing this form, you are providing us with specific withholding instructions as marked in the section "Federal Income Tax Withholding" and acknowledge having received this required notice. If you elect not to have withholding apply to your distribution payments, or if you do not have enough Federal income tax withholding and estimated tax payments are not sufficient. If signature guarantee is required, this form must be signed in the presence of the person guaranteeing your signature.			
Owner Signature	Date	Modallian Signativ	ro Guarantoo Stamp
		Medalilon Signatul	re Guarantee Stamp

# **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.