



PHAEACIAN PARTNERS FUNDS IRA DISTRIBUTION REQUEST

For assistance in completing this form, please contact us at 800-258-9668. Please mail your completed and signed form to Phaeacian Partners Funds, P.O. Box 4766, Chicago, IL 60680-4766 or fax to 312-557-3079.

Please print all information.

1 PROVIDE YOUR INVESTOR INFORMATION

FIRST NAME

MIDDLE INITIAL

LAST NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

ADDRESS

ADDRESS

CITY/STATE/ZIP

TELEPHONE NUMBER (DAYTIME)

TELEPHONE NUMBER (EVENING)

E-MAIL ADDRESS

2 INDICATE YOUR REASON FOR DISTRIBUTION

TYPE OF IRA (Check only one)

- Traditional Roth SEP

CHOOSE ONE:

- Normal – Age 59½ or older

- Premature Distribution – Under Age 59½

If you are eligible to take a premature distribution without penalty, please indicate the reason below. IRS Publication 590, available at www.irs.gov, provides additional eligibility requirements for premature distributions.

- Disability
 Qualified Education Expense
 First-time Home Buyer Expense
 Other _____

- Required Minimum Distribution – Age 70½ or older

- Check here if spouse if more than 10 years younger
Spouse's Date of Birth _____

- Charitable Contribution – Age 70½ or older

- Excess Contribution Distribution

- Current Year
 Prior Year

- Divorce

Please include:

- A copy of the divorce decree
- Owner's signature, Medallion Guaranteed (see step 7)
- A completed IRA Application (available on www.phaeacianpartners.com)

- Beneficiary

Please include:

- A certified copy of the owner's death certificate
- Beneficiary's signature, Medallion Guaranteed (see step 7)
- A completed IRA Application (available on www.phaeacianpartners.com)

A. ONE-TIME DISTRIBUTION

- Distribute the amount indicated below withdrawn and paid as instructed in Step 4.
- Distribute the Required Minimum Distribution (RMD)
- I have calculated my RMD, which is the amount indicated below.
- Please calculate my RMD for me.

ACCOUNT NUMBER**AMOUNT**

select one:

 dollars shares percentage

_____	_____
_____	_____
_____	_____
_____	_____

Note: If a full distribution is requested, the annual IRA maintenance fee of \$25.00 may be deducted.

B. SYSTEMATIC WITHDRAWAL PLAN FOR SCHEDULED DISTRIBUTIONS

- Establish a Systematic Withdrawal Plan based on the information below.
- Establish a Systematic Withdrawal Plan for a Required Minimum Distribution (RMD)
- I have calculated my RMD, which is the amount indicated below.
- Please calculate my RMD for me.

ACCOUNT NUMBER**AMOUNT**

select one:

 dollars shares percentage**FREQUENCY**

select one:

 monthly quarterly
 semiannually annually**START DATE**

Start date may be the 1st or 15th. If no date is selected, the 1st will be used).

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. DIVIDENDS/CAPITAL GAINS DISTRIBUTIONS

- Distribute dividends and/or capital gains in cash.

Check all that apply: Dividends Short-term Capital Gains Long-term Capital Gains

ACCOUNT NUMBER

D. EXCESS CONTRIBUTION

Please redeem my excess contribution of \$ _____ from account number _____ .

Excess contribution Date _____

Please calculate and withdraw any earnings in addition to the excess contribution amount.

The excess contribution amount indicated above includes earnings that I have calculated.

Note: if neither box is checked, the Custodian will calculate any earnings and withdraw them in addition to the excess contribution amount.

4 SELECT YOUR METHOD OF PAYMENT**A. BY CHECK**

Payable to me and sent to the address of record

Payable to a different name or mailing address (*Medallion Signature Guarantee required. See Step 7*)

If you wish to have your distribution check made payable to someone other than yourself, or mailed somewhere other than the address of record, complete the following. If the recipient is a public charity, check here .

NAME

ADDRESS

CITY/STATE/ZIP

B. BY TRANSFER TO MY BANK AS FOLLOWS: (*Medallion Signature Guarantee Required if banking instructions are not already on file. See Step 7*)

Attach a preprinted, voided check or deposit slip.

NAME ON BANK ACCOUNT

BANK NAME

BANK ADDRESS

ACCOUNT NUMBER

ROUTING NUMBER

Checking Account Savings Account

C. BY TRANSFER TO ANOTHER FUNDS ACCOUNT

You may have distribution proceeds deposited to another Phaeacian Partners Funds account. (*Medallion Signature Guarantee required if you are requesting to transfer to an account for which you are not the sole owner. See Step 7*).

My existing non-IRA Phaeacian Partners Funds account _____

A new Phaeacian Partners Funds account. Please attach a completed new account application (available on **Phaeacian.com**).

5 INDICATE YOUR TAX WITHHOLDING ELECTION

10% Federal Income Tax will be withheld from distributions unless one of the following boxes is checked:

Do not withhold income tax.

Withhold \$ _____ or _____ % income tax.

6 SIGN YOUR NAME

I certify that I am the proper party to receive payments from this IRA and that all information provided by me is true and accurate. No tax advice has been given to me by the Custodian. All decisions regarding this withdrawal are my own. I expressly assume responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Custodian shall in no way be held responsible.

SIGNATURE

PRINTED NAME

DATE

7 MEDALLION SIGNATURE GUARANTEE

You can obtain a Medallion Signature Guarantee from a commercial bank or trust company, a member firm of a national stock exchange, or from an eligible guarantor institution as defined by the Securities Exchange Commission.

Affix Medallion STAMP: