

## **IRA Distribution Form**

## 1. INVESTOR INFORMATION

our	Name	Your Account Number	Birth Date	Social Security Number		
Your	Mailing Address	City	State	Zip Code		
Felephone (day)		Telephone (evening) E-	-mail Address	nail Address		
2. [	DISTRIBUTION TYPE					
Pleas	e check only one of the following election	s, which will be used for IRS reporting purpo	oses.			
A.	Distribution from my Traditional IR	A or SEP IRA				
	☐ Normal Distribution (taxpayer is age	59 ½ or older)				
	☐ Early Distribution, no known exception penalty)	n applies (taxpayer has not reached the age	of 59 ½ and is subject to	a 10% early withdrawal		
	☐ Early Distribution, exception applies ( based on one of the following reasons)	taxpayer has not reached the age of 59 $\%$ ar	nd is <b>not</b> subject to a 10%	early withdrawal penalty,		
	☐ Substantially Equal Period F	ayments under Internal Revenue Code 72(t	)			
	☐ Disability in compliance wit	h Internal Revenue Code 72(m)(7)				
	☐ Distribution proceeds used	for medical expenses in excess of 7.5% of ac	djusted gross income			
	☐ Distribution proceeds used	to pay medical insurance premiums during a	a period of unemploymer	t		
	☐ Distribution proceeds used	for first time home purchase (\$10,000 lifetii	me limit)			
	☐ Inherited IRA Distribution					
В.	Distribution from my Roth IRA					
	☐ Normal Distribution (taxpayer is age 5	59 ½ or older)				
	☐ Early Distribution, no known exception	in (taxpayer has not reached the age of 59 $\%$	and may be subject to a	10% early withdrawal penalty		
	☐ Early Distribution, exception applies ( based on one of the following reasons)	taxpayer has not reached the age of 59 $\%$ ar	nd is <b>not</b> subject to a 10%	early withdrawal penalty,		
	☐ Substantially Equal Period F	ayments under Internal Revenue Code 72(t	)			
	☐ Disability in compliance wit	h Internal Revenue Code 72(m)(7)				
	☐ Distribution proceeds used	for medical expenses in excess of 7.5% of ac	djusted gross income			
	☐ Distribution proceeds used	to pay medical insurance premiums during	a period of unemploymer	t		
	Distribution proceeds used	for first time home nurchase (\$10,000 lifeti	me limit)			

C.	. Withdrawal of Excess Contribution								
	☐Please withdraw \$	for tax year	and all earnings on this amou	unt. I have not filed my tax retu	urn for the contribution				
	year.								
	☐Please withdraw \$	for tax year	I have already filed my tax re	turn for the contribution year.					
3. D	ISTRIBUTION AMOUNT	& FREQUENCY							
Please	indicate the amount and fre	quency of your distri	bution. Amounts of \$50,000 or great	er require a Medallion Signatu	re Guarantee.				
	☐One-Time Distribution								
	☐ Distribute the entire account; or								
	☐ Distribute \$								
	☐ Systematic Distribution								
	Distribute \$	per m	nonth on the day of e	ach month					
4. D	ISTRIBUTION PAYMENT	METHOD							
Please	indicate how you would like	the proceeds deliver	red to you.						
	☐ Check mailed to my addre	ess of record							
	☐ Check mailed to an altern	ate address (requires	s a Medallion Signature Guarantee)						
 Name	Street A	.ddress	City	State	ZIP Code				
	□Electronic Funds Transfer	to the banking instru	, uctions currently listed on my accour	nt					
			ructions (requires a Medallion Signat						
	Check type of account:	☐ Savings Accoun		,					
Name	of Bank		ABA Routing Number	Account Number	Account Number				
Bank A	Address		City	State	ZIP Code				
Regist	ration on Bank Account								
Ū	are adding new banking inst	ructions, please atta	ch a voided check						
5. TA	X WITHHOLDING ELEC	TION (Substitute	Form W-4P (OMB No. 1545-0	0074))					
			neld from your distribution. The law		ertain states state				
	•		ss you elect that withholding does no	•					
	•		be responsible for the payment of e ur penalties for not paying enough t		y wish to consult your				
	_		ur penaities for not paying enough t	ax during the year.					
A.	Federal Income Tax Withholding Election								
	□ I do not want Federal Income Tax withheld from my distribution proceeds								
□ I would like Federal Income Tax withheld from my distribution proceeds									
	□Withhold 10%	0/ /	la mumaham)						
	□Withhold	$\_\_$ % (must be a who	ie number)						

B.State Income Ta	ax Withho	lding Election (not	available for all st	tates)				
☐I do not want State Income Tax withheld from my distribution proceeds								
☐I would like Sta	te Income T	ax withheld from my	/ distribution procee	eds				
□Withl	☐ Withhold using my state's standard tax rate							
□Withl	□Withhold% (must be a whole number and at least your state's minimum tax rate)  ion is made, federal income tax (10%) and possibly state income tax will be withheld. State income tax withholding may be							
you have elected to have revoke the elections at a	e federal inc any time by	come tax withheld. completing and retu	Your elections will r	emain in effect for	all distributions un	til you revoke them.	-	
6. SHAREHOLDER S	SIGNATUR	(E						
Please distribute the pro	ceeds from	my IRA as instructed	above.					
Signature of Account Hol	lder		Print Name		Date (m	nm/dd/yyyy)		
Medallion Signature Gua A Medallion Signature Gu mailed to an alternate ac most banking institutions	uarantee is didress or ele	required if your requectronically transferre	ed to new banking ir		•			

## 7. MAILING INSTRUCTIONS

Please send the completed form to:

Regular Mail To:

U.S. Global Investors Funds P.O. Box 588 Portland, ME 04112 **Overnight Express Mail To:** 

U.S. Global Investors Funds c/o Apex Fund Services Three Canal Plaza, Ground Floor Portland, ME 04101

If you have any questions, please call 1-800-873-8637 (toll-free)