



IRA Distribution Form

1. INVESTOR INFORMATION

Your Name	Your Account Number	Birth Date	Social Security Number	
Your Mailing Address		City	State	Zip Code
Telephone (day)	Telephone (evening)	E-mail Address		

2. DISTRIBUTION TYPE

Please check only one of the following elections, which will be used for IRS reporting purposes.

A. Distribution from my Traditional IRA or SEP IRA

- Normal Distribution (taxpayer is age 59 ½ or older)
- Early Distribution, no known exception applies (taxpayer has not reached the age of 59 ½ and is subject to a 10% early withdrawal penalty)
- Early Distribution, exception applies (taxpayer has not reached the age of 59 ½ and is **not** subject to a 10% early withdrawal penalty, based on one of the following reasons)
 - Substantially Equal Period Payments under Internal Revenue Code 72(t)
 - Disability in compliance with Internal Revenue Code 72(m)(7)
 - Distribution proceeds used for medical expenses in excess of 7.5% of adjusted gross income
 - Distribution proceeds used to pay medical insurance premiums during a period of unemployment
 - Distribution proceeds used for first time home purchase (\$10,000 lifetime limit)
- Inherited IRA Distribution

B. Distribution from my Roth IRA

- Normal Distribution (taxpayer is age 59 ½ or older)
- Early Distribution, no known exception (taxpayer has not reached the age of 59 ½ and may be subject to a 10% early withdrawal penalty)
- Early Distribution, exception applies (taxpayer has not reached the age of 59 ½ and is **not** subject to a 10% early withdrawal penalty, based on one of the following reasons)
 - Substantially Equal Period Payments under Internal Revenue Code 72(t)
 - Disability in compliance with Internal Revenue Code 72(m)(7)
 - Distribution proceeds used for medical expenses in excess of 7.5% of adjusted gross income
 - Distribution proceeds used to pay medical insurance premiums during a period of unemployment
 - Distribution proceeds used for first time home purchase (\$10,000 lifetime limit)

C. Withdrawal of Excess Contribution

- Please withdraw \$_____ for tax year _____ and all earnings on this amount. I have not filed my tax return for the contribution year.
- Please withdraw \$_____ for tax year _____ I have already filed my tax return for the contribution year.

3. DISTRIBUTION AMOUNT & FREQUENCY

Please indicate the amount and frequency of your distribution. Amounts of \$50,000 or greater require a Medallion Signature Guarantee.

- One-Time Distribution
 - Distribute the entire account; or
 - Distribute \$_____
- Systematic Distribution

Distribute \$_____ per month on the _____ day of each month

4. DISTRIBUTION PAYMENT METHOD

Please indicate how you would like the proceeds delivered to you.

- Check mailed to my address of record
- Check mailed to an alternate address (requires a Medallion Signature Guarantee)

Name	Street Address	City	State	ZIP Code
------	----------------	------	-------	----------

- Electronic Funds Transfer to the banking instructions currently listed on my account
- Electronic Funds Transfer to new banking instructions (requires a Medallion Signature Guarantee)

Check type of account: Savings Account Checking Account

Name of Bank	ABA Routing Number	Account Number
--------------	--------------------	----------------

Bank Address	City	State	ZIP Code
--------------	------	-------	----------

Registration on Bank Account

If you are adding new banking instructions, please attach a voided check

5. TAX WITHHOLDING ELECTION (Substitute Form W-4P (OMB No. 1545-0074))

Please indicate the amount you would like to have withheld from your distribution. The law requires that federal and, in certain states, state income tax be withheld from your IRA distribution, unless you elect that withholding does not apply by checking the boxes below. If you elect not to have withholding apply to your distribution, you may be responsible for the payment of estimated taxes. **Note: You may wish to consult your tax advisor before waiving withholding as you may incur penalties for not paying enough tax 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%
 - Withhold _____% (must be a whole number)

B. State Income Tax Withholding Election (not available for all states)

- I do not want State Income Tax withheld from my distribution proceeds
- I would like State Income Tax withheld from my distribution proceeds
 - Withhold using my state’s standard tax rate
 - Withhold _____% (must be a whole number and at least your state’s minimum tax rate)

If no election is made, federal income tax (10%) and possibly state income tax will be withheld. State income tax withholding may be required if you have elected to have federal income tax withheld. Your elections will remain in effect for all distributions until you revoke them. You may revoke the elections at any time by completing and returning a new Federal W-4P and/or state equivalent election form.

6. SHAREHOLDER SIGNATURE

Please distribute the proceeds from my IRA as instructed above.

Signature of Account Holder	Print Name	Date (mm/dd/yyyy)
-----------------------------	------------	-------------------

Medallion Signature Guarantee (if applicable)

A Medallion Signature Guarantee is required if your requested amount is \$50,000 or greater, or you elected to have your distribution proceeds mailed to an alternate address or electronically transferred to new banking instructions. You can obtain a Medallion Signature Guarantee from most banking institutions or securities brokers, but not from a notary public.

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 Atlantic Fund Services
 Three Canal Plaza, Ground Floor
 Portland, ME 04101

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