



# Required Minimum Distribution Form

## INSTRUCTIONS

The Internal Revenue Service (IRS) requires that you begin receiving distributions from your Individual Retirement Account (IRA) by your required beginning date (April 1, following the year in which you become age 70 ½) and December 31 each year thereafter. The amount of the distribution is based on calculated life expectancies determined from predefined tables. Please note that the IRS may apply substantial penalty taxes should your minimum distribution not be made in time to comply with governmental regulations. Consult your tax advisor for assistance.

Please complete the information below if you have reached age 70 ½ and must request a distribution from your IRA. Complete one form for each IRA in the U.S. Global Investors Funds (The Funds). Please print clearly or type all items except the signature.

**Regular Mail**

U.S. Global Investors Funds  
P.O. Box 588  
Portland, ME 04112

Contact us toll-free at: 1-800-873-8637

**Overnight Mail**

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

## 1. YOUR U.S. GLOBAL INVESTORS FUNDS IRA

_____ Your Name	_____ Your Account Number (unless new account)	_____ Social Security Number	
_____ Birth Date	_____ Telephone (day)	_____ Telephone (evening)	
_____ Street Address			
_____ City	_____ State	_____ Zip Code	_____ E-mail

## 2. DETERMINING YOUR REQUIRED MINIMUM DISTRIBUTION (RMD)

We must have the following information in order to determine your RMD.

Please calculate my RMD based upon the following table in IRS Publication 590 Appendix C (Check only one. If no box is checked Table III will be used to calculate your RMD):

- Uniform Lifetime Table III:** For use by single and married owners whose spouses are not more than 10 years younger.
- Single Life Expectancy Table I:** For use by beneficiaries.
- Joint Life Expectancy and Last Survivor Expectancy Table II:** For use by owners whose spouses are more than 10 years younger and are the sole beneficiaries of their IRAs.

**Please provide spousal beneficiary information\***

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number (SSN)

\_\_\_\_\_  
Date of Birth

\* By providing spousal beneficiary information above and signing on the reverse, I hereby revoke any prior designation of beneficiary to my IRA in the Fund that I may have made.

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

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.**

If no box is checked, federal (10%) and possibly state income tax will be withheld.

#### Federal Income Tax Withholding Election

- Do not withhold federal income tax
- I would like Federal Income Tax withheld
  - Withhold 10%
  - Withhold \_\_\_\_\_% (must be a whole number)

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

- I do not want State Income Tax
- I would like State Income Tax withheld
  - Withhold using my state's standard tax rate
  - Withhold \_\_\_\_\_% (must be a whole number)

If no election is made, federal (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.

### 4. RECALCULATION

- Do not recalculate my RMD each year. Distribute the proceeds of my redemption according to my instructions in Section 5.
- Please recalculate my RMD each year. Distribute the proceeds of my redemption according to my instructions in Section 5.

### 5. METHOD OF DISTRIBUTION

Select the method of distribution and frequency, where applicable. If establishing a Systematic Withdrawal Plan, please allow 30 days to activate. Choose only one of the following options:

- Distribute nothing, but calculate my RMD based upon the information provided and send the calculation to my address of record. (Proceed to Section 7)
- Distribute the lump sum of my current year RMD upon receipt of my properly completed form.
- Redeem a different amount. Amount: \$ \_\_\_\_\_. I understand that if this amount is less than my calculated RMD amount I may need an additional redemption to satisfy my distribution requirement.
- Establish a Monthly Systematic Withdrawal Plan, to be paid on the \_\_\_\_\_ day of each month.
- Establish a Quarterly Systematic Withdrawal Plan, beginning on the \_\_\_\_\_ day in the month of \_\_\_\_\_.
- Establish an Annual Systematic Withdrawal Plan, beginning on the \_\_\_\_\_ day in the month of \_\_\_\_\_.

### 6. METHOD OF PAYMENT

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)

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Name	Street Address	City	State	ZIP Code
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- 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

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Name of Bank	ABA Routing Number	Account Number
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Bank Address	City	State	ZIP Code
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Registration on Bank Account

## 7. AUTHORIZATION

I hereby authorize the distribution(s) from the IRA to me and certify that the distributions are in accordance with the provisions of the IRA plan. I accept full responsibility for withdrawing from my IRA the minimum amount required. I indemnify the IRA Custodian and The Fund, their agents, successors and affiliates from any and all claims that I or my heirs, executors, agents, successors or assigns may have or hereafter claim to have with respect to the distributions or in the event I fail to meet the minimum distribution requirements.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature Guarantee

**\*A Medallion Signature Guarantee is required if:**

- (1) You request that a distribution be sent to an address other than the address of record,
- (2) The check is not made payable to registered owner,
- (3) A new bank account is being used for your proceeds, and/or
- (4) A single RMD payment is \$50,000 or greater

**A Medallion Signature Guarantee may be obtained from a bank, credit union, or financial broker. A Notary Public's stamp cannot be accepted.**