IRA/Qualified Plan Distribution Request FormDo not complete this form if request is for a Required Minimum Distribution (RMD). If request is for a RMD, please complete the Required Minimum Distribution Form.

Regular Mail:

c/o U.S. Bancorp Fund Services, LLC PO Box 701 Milwaukee, WI 53201-0701

Overnight Delivery:

c/o U.S. Bancorp Fund Services, LLC 615 E. Michigan St., FL3 Milwaukee, WI 53202-5207

1 Account Information					
	MUTUAL FUND NAME AND ACCOUNT NUMBER XXX - XX - SOCIAL SECURITY NUMBER DATE OF BIRTH DAYTIME PHONE tly listed in our records, we will change all accounts under your Social ence will be sent to the new address until you advise us otherwise. tee in Section 7 of this form.				
2 Type of Distribution Select One					
I request a distribution from my Retirement Account. I understand from my account are made in compliance with all Internal Revenue apply per the Fund's prospectus. We recommend that you consult wi ■ Normal Distribution. I have reached age 59 ½. □ Premature Distribution. I am under age 59 ½. I understand that I may be responsible for paying a 10% premature withdrawal penalty in addition to normal income tax for an early withdrawal. *To claim an exception from the premature distribution penalty, you should file IRS Form 5329. □ 72(t) Substantially Equal Periodic Payments. (under IRS Code Section 72(t)(2)(A)(iv)). Please see your professional tax advisor for guidance. □ Death Distribution. Death Distribution for Inherited IRA Accounts and Death Distribution for Roth IRA Accounts. □ Excess Contribution Removal. I am withdrawing the excess contribution I made and any earnings attributable to such contribution. Earnings will be removed with the excess contribution if corrected before the Federal income tax-filing deadline, pursuant to Internal Revenue Code Section 408(d)(4) and IRS Publication 590. The IRS may impose a 10% premature withdrawal penalty on the earnings if you are under age 59 ½.	th your professional tax advisor prior to requesting the distribution. Conversion to Roth IRA. Conversion from a Traditional, SEP, or SIMPLE IRA. The deadline for a conversion is December 31st. Conversions are not allowed from a SIMPLE IRA within two years of the initial SIMPLE contribution. If you are 70 ½ years of age or older, your Required Minimum Distribution (RMD) must be distributed prior to the conversion. □ Please distribute my current year RMD before the conversion. □ I will satisfy my current year RMD from an IRA at another financial institution. □ Recharacterization. This is a recharacterization of a current or prior year Traditional or Roth IRA contribution, or a recharacterization of a conversion to a Roth IRA. The deadline for a prior year recharacterization is the due date of your federal tax return, including extensions (generally October 15th). □ Divorce. By checking this box, I represent that the transfer is payment to a former spouse pursuant to a decree of divorce or Qualified Domestic Relations Order (QDRO). Please contact a shareholder services representative to determine what additional documents are required. □ Coverdell ESA Distribution. Distributions not used for qualified				
contribution I made and any earnings attributable to such contribution. Earnings will be removed with the excess contribution if corrected before the Federal income tax-filing deadline, pursuant to Internal Revenue Code Section 408(d)(4) and IRS Publication 590. The IRS may impose a 10% premature withdrawal penalty on the earnings if	☐ Divorce. By checking this box, I represent that the transfer is payment to a former spouse pursuant to a decree of divorce or Qualified Domestic Relations Order (QDRO). Please contact a shareholder services representative to determine what additional documents are required.				

3 Distribution Instructions

A One-Time Distribution					
☐ I wish to liquidate my entire account.					
☐ I wish to make a one-time distribution of \$ or shares, and the distribution should be paid out immediately.					
□ I wish to convert \$ or shares to my existing or new Roth IRA account #					
☐ Check this box if a new Roth IRA account needs to be established.					
□ I wish to recharacterize \$of my conversion dated or my contribution for tax-year					
□ I wish to withdraw the excess contribution of \$ made for the tax year and any earnings attributable to such contribution					
(select one box below).*					
☐ I wish to have my excess contribution and my earnings distributed to my address of record.					
☐ I wish to have my excess contribution and any earnings applied to my IRA/Qualified Plan contribution for tax-year					
☐ I wish to have my excess contribution applied to my IRA/Qualified Plan contribution for tax-year, and my earnings distributed to my address of record.					
☐ I wish to have my excess contribution and any earnings applied to my Non-IRA account, Fund Number, Account Number, Account Number, Account Number, Account Number, OR open a new Non-IRA account for distributions (a New Account Application must be attached).					
*Earnings must remain in the account if the excess contribution is removed after October 15th following the year in which the contribution					
was made.					
B Periodic Distributions*					
☐ I wish to take periodic distributions in the amount of \$					
Frequency: Monthly Quarterly Semi-Annually Annually					
START DATE (MONTH, YEAR) DAY(S) OF THE MONTH					
*If you do not indicate a month and day for your periodic distribution(s), they will begin on or about the 5th day of the current month. If you					
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5 Bank Information			
	,)
John Doe Jane Doe 123 Main St. Anytown, USA 12345		Adding or changing	ng bank information nature guarantee per
Pay to the order of	\$	DOLLARS	
Memo	Signed		
6 Tax Withholding Elec	tion		
☐ Please withhold% (minimur For systematic distributions, your withhold you may do at any time.	am responsible for payment of any federal or son 10%) from my distribution(s). State withholding along the first in the first state of the first s	ng may also apply. effect until you revoke or cha	
7 Signature			
that all information in this distribution request directors, trustees, employees, and agents ha	t U.S. Bancorp Fund Services, LLC, make the a is accurate, and I agree to hold the Fund, its actrology and I agree to hold the Fund, its actrology and pay actions taken as a result of the ite, report, and pay all taxes due with respect to the distribution request.	Ivisors, and U.S. Bancorp Fund nformation that I have provided	Services, LLC, any affiliate, and/or d. The undersigned acknowledges that
SIGNATURE OF IRA OWNER	CAPACITY, IF	F APPLICABLE*	
DATE SIGNED			
	L SIGNATURE GUARANTEE	DAT	
*If someone other than the registered account ow following as the signer's capacity: Administrator, C Your signature must be guaranteed if you are req • A distribution greater than the signature guara • Adding or changing banking instructions. • A distribution to an address other than the ad	antee threshold per the Fund's prospectus.	ity of the signer to process the trai tive, Appropriate Person by Small	nsaction. Please provide one of the

A distribution made payable to a third party.
A distribution to an account registered other than, or in addition to, the IRA holder (i.e. RMD being distributed to a Joint Tenant account).
If required, the signatures must be guaranteed by a bank, savings association, credit union, a member firm of a domestic stock exchange, or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. A notary public is NOT an acceptable guarantor.

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