

STEP 3. RMD DISTRIBUTION METHOD (choose one)

A. Did you rollover or transfer assets into your Quaker Funds account during the year for which you are requesting your RMD?

No Yes

If Yes, was your RMD for that year taken prior to your asset transfer or rollover? (Choose one)

Yes

No. Value of my IRA as of December 31 of the prior year \$. (If no amount is provided, the amount transferred from your prior institution will be used).

B. Please calculate and distribute.

Please distribute exact amount \$.

I have made my own calculations: Please distribute \$.

STEP 4. PAYMENT TYPE AND FREQUENCY

A. Lump Sum Payment or B. Partial Payment: Amount Requested \$

Frequency: One time Systematic Withdrawal: Monthly Quarterly Semi-Annually Annually

Other (Specify) Commence payment(s) on: / /

STEP 5. DISTRIBUTE FROM (CHOOSE ONE METHOD).

Fund Name \$ or % each period

Fund Name \$ or % each period

Fund Name \$ or % each period

Fund Name \$ or % each period

Fund Name \$ or % each period

Fund Name \$ or % each period

Fund Name \$ or % each period

Fund Name \$ or % each period

Fund Name \$ or % each period

Total Amount Requested \$ (Must equal 100%)

Financial Advisor: Please complete the following		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Registered Rep	Financial Advisor Number	E-Mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment Advisory Firm or Broker/Dealer Firm Name		Dealer Number
<input type="text"/>		<input type="text"/>
Branch Address		Branch Number
<input type="text"/>		<input type="text"/>
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Check here for purchase at NAV.		
Telephone Number		
<input type="text"/>		
Signature of Financial Advisor		
<input type="text"/>		

STEP 6. DELIVERY INSTRUCTIONS

- A. Mail check to name and address of record.
- B. Deposit into existing Quaker Fund non-retirement account number
- C. Electronic Funds Transfer (ACH) (You must attach a voided check).
- D. Wire transfer to my bank checking account. (Signature Guarantee required. Wire transfer fee applies). Please provide:

Financial Institution Name

Address

City

State

Zip

Telephone Number

Bank's Wire Account Number (Obtain this from your financial institution).

Bank ABA Number

For further credit to:

Your Bank Account Number

- Mail check to a third party (Signature Guarantee required)

Name

Address

City

State

Zip

STEP 7. INCOME TAX WITHHOLDING ELECTION

Do not withhold Federal Income Tax effective / / . (US residents only). I understand that I am still liable for the payment of Federal income tax on the taxable amount. I also understand that I may be subject to tax penalties under the estimated tax payment rules, if my payments of estimated tax and withholding, if any, are not adequate.

Withhold % (minimum of 10%) Federal Income Tax.

Note: If no election is made, tax will be withheld pursuant to current Federal requirements.

