

## Form Completion Instructions: IRA Distribution Request (MISC031)

The **IRA Distribution Request** (MISC031) allows you to request a distribution(s) from your IRA (Traditional IRA, SEP-IRA, SARSEP-IRA, SIMPLE IRA) account(s) provided you meet a qualifying reason for the distribution. This form is also used to establish a systematic withdrawal from an IRA account.

These instructions will assist in the proper completion of this form. Snapshots of each section along with instructions on how to properly complete that section are available below.

Please take special care in reviewing the "Points to Remember" referenced within this document. They are to assist you in properly completing the form.

### 1. Owner Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner's First Name (print)	Owner's Last Name (print)	Owner's Last 4-digits of Social Security #	Owner's Date of Birth

Provide the following information:

- **Owner's First Name** and **Owner's Last Name.**
- **Owner's Last 4-digits of Social Security Number.**
- **Owner's Date of Birth.**

### 2. Reason for IRA Distribution *Only one reason may be selected in this section.*

**Check one:**

**Transfer** A transfer to another IRA may be made by the owner, surviving spouse beneficiary, or recipient under a transfer incident due to a divorce. Proof is required for transfers to a surviving spouse beneficiary or incident due to a divorce.

**Disability** Disability must render the owner unable to engage in any substantial gainful activity and it must be medically determined that the condition will last continuously for at least 12 months or lead to death.

**Death** Owner is deceased. Each beneficiary, or if not named, legal representative, must complete a separate IRA Distribution Request and have his/her signature guaranteed. Unless already on file with Foresters Investor Services, Inc., enclose a certified copy of the death certificate, Affidavit of Domicile or Tax Waiver, and if applicable, the currently certified court appointment.

Name of Beneficiary, Trust or Estate (print)

Complete Mailing Address (Street, City, State, Zip Code) of Beneficiary, Trust or Estate

Social Security # of Beneficiary or Employer Identification # for Trust or Estate      Date of Birth of Beneficiary or Date of Trust

**Attained Age 59½** Owner is at least age 59½.

**Direct Rollover** Direct Rollover to a qualified retirement plan.

Purchasing service credit in a governmental defined benefit plan.

\* Are assets being used to purchase service credits comprised solely of "pre-tax contributions"?     Yes     No

In **Section 4** check the box entitled "by check to financial institution" and provide requested information.

**Early Distribution** Owner is under age 59½.

**Early Distribution SIMPLE IRA** Owner is under age 59½ and is taking a distribution within initial 2 years of SIMPLE IRA plan participation.

**Excess Contribution** Remove excess contribution of \$  for tax year . If you are removing an excess contribution by October 15 of the year following the year for which the excess contribution was made, Foresters Investor Services, Inc. will calculate and remove any earnings on that amount according to IRS rules.

*NOTE: If no option is indicated and you have reached age 59½, it shall be deemed that you have selected the "Attained Age 59½" option.*

Check only **one** distribution reason. If necessary, IRS 1099-R tax forms generated due to the distribution will be coded according to the election made in this section, and you must meet a qualifying reason for the distribution of an IRA account, including a rollover to a qualified retirement plan.

### Select one of the following reasons:

- **Transfer:** Select if you are transferring to another IRA. Proof is required for transfers to a surviving spouse beneficiary or incident due to a divorce.
- **Disability:** Select if taking a distribution due to a disability and are unable to engage in any substantial gainful activity and it must be medically determined that the condition will last continuously for at least 12 months or lead to death.
- **Death:** Select if owner is deceased. Provide Beneficiary/ Trust/ Estate Name, complete mailing address, social security #/employer identification #, date of birth of beneficiary or date of trust.
- **Attained Age 59½:** Select if owner is at least age 59½.
- **Direct Rollover:** Select if this will be a direct rollover to a qualified retirement plan. Check box if purchasing service credits in a governmental defined benefit plan. Check yes/no box to indicate if assets are being used to purchase service credits comprised solely of "pre-tax contributions".
- **Early Distribution:** Select if owner is under age 59½.
- **Early Distribution SIMPLE IRA:** Select if owner is under age 59½ and are taking a distribution within the initial 2 years of the SIMPLE IRA plan participation.
- **Excess Contribution:** Select if you are removing an excess contribution. Provide the dollar amount and the tax year of the excess contribution.

**3. Distribution Options** (SG) required if more than \$100,000.  
 Complete **Part A** for a one-time distribution or complete **Part B** to select periodic distributions from one or multiple fund account(s).  
 Parts A and B should not be completed for the same request.

**A. One-Time Distribution**

*Note: If the stated dollar amount is greater than the current value of the fund account, the fund account will be liquidated in full.*

I request that my distribution, net any required income tax withholding as described in **Section 5**, be paid as follows:  
**Select either A1 or A2 below:**

A1)  100% of ALL IRA Accounts under my Master Account # \_\_\_\_\_  
example: 0000123456-001

A2)  **Specified Dollar Amount or Percentage indicated below.**

_____ %	OR	\$ _____	from fund account # _____
_____ %	OR	\$ _____	from fund account # _____
_____ %	OR	\$ _____	from fund account # _____
_____ %	OR	\$ _____	from fund account # _____
_____ %	OR	\$ _____	from fund account # _____

This section is to be completed for a **One-Time Distribution** from a single or multiple fund account(s). You must check **one** box for the following options:

- A1) 100% of ALL IRA Accounts: select if you are requesting a full distribution from ALL of your IRA Accounts and provide the **13-digit Master Account Number**, OR
- A2) **Specified Dollar Amount or Percentage indicated below.** Indicate the specific dollar amount or percentage and the fund account number(s). Multiple spaces are provided to allow multiple liquidations to be processed on one form.

**Point to Remember:** A specific dollar amount or percentage must be provided. Do not indicate "balance" to reach a specific total dollar amount.

**3. Distribution Options (continued)** (SG) required if more than \$100,000.

**B. Periodic Distribution**

If (i) dividends and/or capital gains are currently being distributed from the fund account(s) indicated, and if (ii) an election is being made to receive periodic distributions from that (those) fund account(s), then the prior election to receive dividends and/or capital gains will be deemed to be terminated and all future dividends and/or capital gains will be reinvested into that (those) fund account(s).

**Method - Select either B1 or B2 below:**

B1)  **Specified Dollar Amount or Percentage indicated below.**

_____ %	OR	\$ _____	from fund account # _____
_____ %	OR	\$ _____	from fund account # _____
_____ %	OR	\$ _____	from fund account # _____
_____ %	OR	\$ _____	from fund account # _____
_____ %	OR	\$ _____	from fund account # _____

B2)  **Life Expectancy Option.**

Check one:

based on my life expectancy.  
 based on the life expectancy of me and my designated beneficiary, who is my spouse.  
 Spouse's date of birth \_\_\_\_\_

based on the life expectancy of me and my oldest designated beneficiary, who is not my spouse.  
 Beneficiary's date of birth \_\_\_\_\_

Frequency - Check one:  Monthly  Quarterly  Semi-Annually  Annually

If a frequency is not indicated, distributions will be made annually on the anniversary of the initial distribution (or the following business day).  
 Start Date: \_\_\_\_\_  
 If a start date is not indicated, initial distribution will be made on the day a completed request is received in good order.

This section is to be completed to select a **Periodic Distribution** from one or multiple fund account(s).

- **Method:**
  - You must check **one** box for the following options:
    - **B1) Specified Dollar Amount or Percentage indicated below.** Indicate the specific dollar amount or percentage and the fund account number(s). Multiple spaces are provided to allow multiple liquidations to be processed on one form.
    - **B2) Life Expectancy Option.**
      - Indicate type of life expectancy.
- **Frequency.** Check the appropriate box to indicate the frequency of the distributions. If a frequency is not indicated, the distributions will be made annually on the anniversary of the initial distribution (or the following business day).
- **Start Date.** Provide the start date for the distributions to begin. If a start date is not indicated, initial distribution will be made on the day a completed request is received in good order.

**4. Payment Directions**

\* MAIL DELIVERY: Payment made by check will be sent via regular mail unless the expedited delivery option is selected below.

Deliver distribution proceeds via overnight mail and deduct the cost of the overnight delivery from the amount of the distribution from my IRA account # \_\_\_\_\_

Note: If no account is specified above, the cost of the overnight delivery will be deducted from the amount of the distribution from the account with the highest market value.

NOTE: If selected, overnight delivery will be to address of record unless indicated otherwise below.

**Check one:**

by check to address of record.\* (SG) # address has been changed within 30 days.

by Electronic Funds Transfer to my pre-designated Bank Account ending with the last 5 digits of \_\_\_\_\_. A check will be issued to the address of record if this distribution request is received before the Electronic Funds Transfer privilege is established.

by check to Foresters Financial Services, Inc.: Note: account must be registered to the same owner.

Existing Account Number or Name of New Fund (Attach Mutual Fund Account Instructions form) \_\_\_\_\_

by check to financial institution listed below: \* (SG)

Financial Institution's Name (print) \_\_\_\_\_ Financial Institution's Telephone # \_\_\_\_\_

Financial Institution's Address (Street Address, City, State, Zip Code) \_\_\_\_\_

Financial Institution's Account Registration \_\_\_\_\_ Financial Institution's Name of Fund or Existing Account # \_\_\_\_\_

by check to an alternate payee: \* (SG)

Alternate Payee's Name (print) \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

Alternate Payee's Street Address, City, State, Zip Code \_\_\_\_\_

Payments by check will be sent via regular mail unless the expedited delivery option is selected.

- To deliver distribution proceeds via overnight mail, check the delivery box and provide the IRA account number. The expedited delivery fee will be deducted from the distribution.
- Note: If no account is specified, the cost of the overnight delivery will be deducted from the amount of the distribution from the account with the highest market value.
- Note: If this option is selected, overnight delivery will be to the address of record unless indicated otherwise below.

Check only **one** box to indicate who the proceeds are being made payable to.

- **By check to address of record**
  - A signature guarantee is required if the address has been changed within the previous 30 days.
- **By Electronic Funds Transfer (EFT) to pre-designated bank account**
  - Provide the last 5-digits of the bank account number.
  - The bank account must already be on file and the EFT privilege already established.
- **By check to Foresters Financial Services, Inc.**
  - Indicate existing account #.
  - If purchasing a new fund, indicate the name of new fund and attach Mutual Fund Account Instructions (FIMFA) form.
- **By check to financial institution**
  - Provide the name, telephone number and complete mailing address of the financial institution.
  - Provide the account registration at the financial institution.
  - Signature guarantee is required.
- **By check to an alternate payee**
  - Provide the alternate payee's name, relationship to the account owner and their complete mailing address.
  - Signature guarantee is required.

**5. Federal Tax Withholding** (Form W-4P/OMB No. 1545-0074) Note: See Page 5 of this form for "Withholding Notice Information."

**Check one:**

do not withhold federal income tax from the distribution(s).

withhold 10% federal income tax from the distribution(s).

withhold \_\_\_\_\_ % federal income tax from the distribution(s). (Enter a full percentage between 11% and 100%.)

Indicate one of the following federal tax withholding elections:

- Do not withhold federal income tax from the distribution(s).
- Withhold 10% federal income tax from the distribution(s).
- Withhold a specific percentage amount of federal income tax from the distribution(s). The percentage must be a full percentage between 11% and 100%.

**Point to Remember:** If no withholding is indicated, 10% federal income tax will automatically be withheld. For additional information, please read page 5/Section 7 "Withholding Notice Information."

**6. Signature**

I understand that (a) account share redemptions may be subject to a contingent deferred sales charge as detailed in the Fund prospectus; (b) it is my responsibility to satisfy the Required Minimum Distribution requirement from my Foresters Financial Services, Inc. ("FFS") IRA account; (c) dividends and capital gains must be reinvested for purposes of calculating my Required Minimum Distribution; and (d) if I am electing periodic payments, it is my responsibility to ensure that the beneficiary information on this form reflects my valid beneficiary designation which is on file with FFS. I further understand that Foresters Investor Services, Inc. may delay processing my Distribution Request if such request is not received in good order, for example, if the request is not properly completed, signed and dated, Foresters Investor Services, Inc. will not be held responsible for such delay. I have received, read and understand the applicable Fund prospectus(es).


I certify that all statements made by me on this Distribution Request are true and correct. I hereby authorize and direct FFS and its affiliates to act in accordance with the distribution instructions contained herein.

**TAXPAYER CERTIFICATION.** Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number (or I am awaiting a number to be issued to me); and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person (defined in the Form W-9 instructions); and (4) I am exempt from Foreign Account Tax Compliance Act reporting.

Check this box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

Non-Resident Alien: Check this box if you are claiming an exemption as a non-resident alien and attach an IRS Form W-8BEN to this form.

**The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

 denotes a signature guarantee is required.

**Affix Medallion Signature Guarantee Here, If Required:**  
Stamps qualified for a specific date and/or individual or altered in any manner, may not be accepted.

\_\_\_\_\_  
First and Last Name of Person Requesting Distribution (print)

\_\_\_\_\_  
Signature of Person Requesting Distribution

\_\_\_\_\_  
Date

- Provide name and signature of person requesting distribution.
- In addition, if a Medallion Signature Guarantee is required, it can be provided in this section.
  - A Medallion Signature Guarantee cannot be qualified or altered in any manner (i.e. arrows, dates, etc).

**Point to Remember:** If the signature does not match how the account is registered, further documentation may be required.

**I CERTIFY THAT ALL SIGNATURES THAT REQUIRE A SIGNATURE GUARANTEE ON THIS FORM ARE GENUINE.**

Reg. Rep # _____	Office # _____	Registered Representative's Name (print) _____	Registered Representative's Signature _____	Date _____
Principal # _____	Principal's Name (print) _____	Principal's Signature _____	Date _____	

In lieu of a Medallion Signature Guarantee, a Foresters Financial representative may provide a Signature Guarantee.

**7. Withholding Notice Information**

**Rules and Conditions Applicable to Distributions:**

**SIMPLE IRA Information**

If an amount is paid from a SIMPLE IRA during the two year period beginning when you first participated in a SIMPLE plan, the amount is subject to an additional tax on early distributions of 25%, unless an exception under Section 72(c) applies. If, during this 2-year period, an amount is paid from a SIMPLE IRA directly to the trustee of an IRA that is not a SIMPLE IRA, the payment is neither a tax-free trustee-to-trustee transfer nor a rollover contribution; the payment is a distribution from the SIMPLE IRA and a contribution to the other IRA that does not qualify as a rollover contribution.

**Withholding Notice Information (Form W-4P/OMB. No. 1545-0074)**

**Basic Information About Withholding From Pensions and Annuities**

Generally, Federal income tax withholding applies to payments made from pension, profit sharing, stock bonus, annuity and certain deferred compensation plans, IRAs, and commercial annuities.

**Purpose of Form W-4P**

Unless you elect otherwise, Federal income tax will be withheld from payments from IRAs. You can use Form W-4P or a substitute form, such as that contained on this form, furnished by the Custodian, to instruct your Custodian not to withhold any tax from your IRA payments (or to revoke this election). This substitute form should be used only for distributions from IRAs.

**Nonperiodic Payments**

Payments from IRAs that are payable upon demand are treated as nonperiodic payments for Federal income tax purposes. Generally, nonperiodic payments must have income tax withheld at a rate not less than 10 percent.

You can elect to have no income tax withheld from a nonperiodic payment (IRA payment) by filing Form W-4P or a substitute form with the Custodian and checking the appropriate box in **Section 5**. Your election will remain in effect for any subsequent distribution unless you change or revoke it.

For more information, please see Publication 505, Tax Withholding and Estimated Tax, available from most IRS offices.

Caution: Remember that there are penalties for not paying enough tax during the year, through either withholding or estimated tax payments. See Publication 505. It explains the estimated tax requirements and penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your IRA using Form W-4P or a substitute form.

**Revoking the Exemption from Withholding**

If you want to revoke your previously filed exemption from withholding, file another Form W-4P with the Custodian and check the appropriate box on that form.

**Statement of Income Tax Withheld from your IRA**

You will receive a tax form 1099-R from your Custodian showing the total amount of your IRA distributions and the total Federal income tax withheld during the year.

Withholding Notice Information for:

- Distributions
- Federal income tax withholding