



# IRA DISTRIBUTION FORM

**Overnight Delivery:**  
Paydenfunds  
803 W. Michigan St., Suite A  
Milwaukee, WI 53233-2301

**Regular Mail:**  
Paydenfunds  
P.O. Box 1611  
Milwaukee, WI 53201-1611

**Instructions:** Use this form to request a distribution from your Paydenfunds IRA account. If you have questions about completing this form, please contact our Shareholder Services Department at 800-572-9336. If you wish to take a distribution from more than one of your Paydenfunds IRA fund accounts, please complete a separate distribution form for each Paydenfunds IRA account. Once completed please mail the form to Paydenfunds, P.O. Box 1611, Milwaukee, WI 53201-1611.

## 1. ACCOUNT INFORMATION

Account Number		Fund Name
First Name	MI	Last Name
Street Address		
City	State	Zip
Social Security	Date of Birth	

## 2. DISTRIBUTION REASON

- Premature Distribution. Participant is under the age 59 1/2. Distribution reason may be due to medical expenses, health insurance premiums, higher education expenses, or first time home buyer expenses.
- Distributions under section 72(t) of the Internal Revenue Code (Substantially Equal Periodic Payments).
- Permanent Disability (if you are disabled within the meaning of section 72(m) (7) of the Internal Revenue Code. Remit medical disability designation.
- Death Distribution from a Beneficiary IRA. Please complete a Death Distribution Election Form if one is not on file with the Custodian.
- Normal Distribution: you are at least age 59 1/2 or older.
- Conversion to a Roth IRA: If you do not currently have a Roth account with the Paydenfunds, please complete and enclose an IRA application.
- Rollover IRA paid directly to Trustee of Employer's Plan. Acceptance from receiving Employer Plan must be attached. *A Medallion Signature Guarantee is required, see section 7.*
- Removal of Excess Contribution  
\_\_\_\_\_ Tax year Contribution was made.
- Recharacterization (Please attach a recharacterization form)  
\_\_\_\_\_ Tax year Contribution was made

## 3. FREQUENCY OF DISTRIBUTION

Please indicate if this is a single one-time only distribution or a systematic withdrawal request. The amount indicated will apply to each distribution.

- Single distribution Amount \$\_\_\_\_\_.
- Periodic Payment (please choose frequency):
- Monthly     Quarterly     Semi-annually     Annually

Amount \$\_\_\_\_\_ or \_\_\_\_\_ shares

If you choose a periodic payment, please indicate on which of the following days you would like it to be issued.

- 5th or  20th of the month

Beginning the month of \_\_\_\_\_, 20\_\_\_\_\_

## 4. METHOD OF PAYMENT

You can have your distribution deposited into a Paydenfunds account, sent directly to your bank or sent by check to you. Please select the payment method you prefer.

- Check to address of record.
- Check to different address (Requires a Medallion Signature Guarantee; See Section 7).

Name

Street Address

City

State

Zip

- Please deposit in my existing non-IRA Paydenfunds account\*:

Account Number

Fund Name

- Please deposit into a new non-IRA Paydenfunds account\*. I have attached a completed new account application.

*\* If your existing or new non-IRA account is registered to a name other than your name only (i.e., joint account), a Medallion Signature Guarantee is required (See Section 7)*

- Please send my distribution to the bank listed on my account via:

Electronic Funds Transfer (2-3 business days; no fee).

Wire (A \$13.00 fee will be charged).

Please charge the \$13.00 fee to the account.

Please do not charge the \$13.00 wire fee to the account. I have enclosed a check for the \$13.00 made payable to Paydenfunds.

- Please send my distribution to the bank listed below (Requires Medallion Signature Guarantee; See Section 7) via:

Electronic Funds Transfer (2-3 business days; no fee)

Wire (A \$13.00 fee will be charged.)

Please charge the \$13.00 fee to the account.

Please do not charge the \$13.00 wire fee to the account. I have enclosed a check for the \$13.00 made payable to Paydenfunds.

**Please attach a voided, unsigned check or saving account deposit slip for the bank account listed below.**

Bank Name

Address

City

State

Zip

Name(s) on Account

ABA Routing Number

Account Number

This is a

checking account

savings account

## 5. WITHHOLDING INFORMATION

**Do not complete for a distribution from a Roth IRA unless the distribution is due to an excess contribution.**

The distribution(s) you receive from Paydenfunds IRA in your name are subject to Federal income tax withholding at a rate of 10 % unless you elect not to have withholding apply. Withholding will only apply to the total amount of the distribution, whether taxable or not. If Paydenfunds does not receive notification from you, Paydenfunds will maintain your current account election. If no account election exists and you do not make an election by the date of your distributions, Federal income tax will be withheld from the distribution. If you elect not to have withholding apply to your distribution payments, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payments of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

- Please withhold 10% federal income tax from my distribution.
- Please withhold \_\_\_\_\_% (greater than 10%) federal income tax from my distribution.
- Please do not withhold any federal income tax from my distribution. (You must have a U.S. Residence on File).

Please note your distribution may be subject to penalty taxes. If you have questions regarding tax consequences, you should consult a tax advisor.

## 6. SIGNATURES

I certify that I am the Participant authorized to make these elections and that all information provided by me is true and accurate, and I further certify that no tax advice has been given to me by the Custodian and that all decisions regarding my distribution are my own. I expressly assume the responsibility for any adverse consequences which may arise from the above selections and I agree that the Custodian shall in no way be responsible for those consequences.

Participant

Date

\* If the owner of the IRA account is a minor, the responsible person designated on the current IRA account needs to sign this form.

## 7. MEDALLION SIGNATURE GUARANTEE

**Required if proceeds are going to a payee, address, or bank account other than those listed on your account, if the redemption amount is over \$100,000, or if you are depositing your distribution into an existing or new non-IRA account which is registered to a name other than your name only.**

A medallion signature guarantee may be obtained from a member of a national securities exchange, a U.S. commercial bank, trust company or federally chartered savings and loan or other eligible guarantor institution that participates in the Securities Transfer Association Medallion Program. **A notary public is not an acceptable guarantor.**

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