



IRA REQUIRED MINIMUM 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

If you have either reached or passed the age of 70 1/2, you must take a required minimum distribution (RMD) from you IRA, or SEP-IRA. Please complete this form to specify your distribution requirement. Please note:

- You may take a larger distribution than that which will be calculated by Paydenfunds.
- You may take your distribution from another source other than your Paydenfunds IRA(s).
- Failure to take the appropriate minimum amount may result in a tax penalty.
- No distribution is required from a Roth IRA account. (If you are the beneficiary of a Roth IRA, see the Roth IRA Disclosure Statement for distribution rules.)
- Please consult a tax adviser if you have questions regarding your RMD.
- Your distribution will be made upon receipt of this form in good order.

If you have any questions regarding this form, please contact shareholder services at 1.800.5PAYDEN

1. INVESTOR INFORMATION

Name	Social Security Number	Date of Birth
Daytime Phone Number	Evening Phone Number	

2. REQUIRED MINIMUM DISTRIBUTION ELECTION

Would you like Paydenfunds to calculate you Required Minimum Distribution from your IRA or SEP-IRA account(s)?

Yes

If yes, your distribution will be calculated based on one of the following (select only one):

Uniform Lifetime Table: Your recalculated life expectancy and the recalculated life expectancy of your beneficiary assumed to be less than 10 years younger than you.

OR

Joint & Last Survivor Table: You and your spouse's recalculated joint life expectancy.

Note: You can only choose this option if your spouse is more than 10 years younger than you and your spouse is the sole beneficiary of your IRA.

No

If no, please specify the dollar amount from your account(s) under section 4.

If making a one-time complete distribution, indicate "all" for amount (\$) under section 4.

3. RETIREMENT ACCOUNT BALANCE

Did you rollover or transfer your IRA or SEP-IRA to Paydenfunds after December 31?

Yes

No

If yes, please list the account balance as of December 31 of the prior year in order for us to calculate your RMD amount.

\$ _____

4. DISTRIBUTION INSTRUCTIONS

By checking the RMD box Paydenfunds will calculate your RMD per the method chosen in section 2, or specify an amount. If this is a full liquidation, please indicate "ALL" in Amount \$.

A. **Single distribution- This is a one-time only distribution** (if no dollar amount is listed, the calculated RMD amount will be used).

Fund Name/Account Number	Amount \$	or <input type="checkbox"/> Calculate RMD
Fund Name/Account Number	Amount \$	or <input type="checkbox"/> Calculate RMD
Fund Name/Account Number	Amount \$	or <input type="checkbox"/> Calculate RMD
Fund Name/Account Number	Amount \$	or <input type="checkbox"/> Calculate RMD

B. **Periodic payment distribution- Systematic Withdrawal Request**

Please indicate the fund, account number and frequency you would like your systematic withdrawal to be issued:

Fund Name/Account Number	Amount \$	or <input type="checkbox"/> Calculate RMD
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually		
<input type="checkbox"/> 5th or <input type="checkbox"/> 20th of the month, beginning the month of _____, 201____.		
Fund Name/Account Number	Amount \$	or <input type="checkbox"/> Calculate RMD
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually		
<input type="checkbox"/> 5th or <input type="checkbox"/> 20th of the month, beginning the month of _____, 201____.		
Fund Name/Account Number	Amount \$	or <input type="checkbox"/> Calculate RMD
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually		
<input type="checkbox"/> 5th or <input type="checkbox"/> 20th of the month, beginning the month of _____, 201____.		
Fund Name/Account Number	Amount \$	or <input type="checkbox"/> Calculate RMD
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually		
<input type="checkbox"/> 5th or <input type="checkbox"/> 20th of the month, beginning the month of _____, 201____.		

5. METHOD OF PAYMENT

You can have your distribution deposited into a non-IRA Paydenfunds account, sent directly to you by check or have the funds transferred yourbank. Please select your preferred payment method (select only **one**):

A. Please deposit my distribution into my existing non-IRA Paydenfunds account*:

Fund Name Account Number

Fund Name (optional) Account Number

B. Please deposit my distribution into a new non-IRA Paydenfunds account.* If you do not currently have a non-IRA account, please complete a New Account Application and include it with this form.

**If your existing or new non-IRA account is registered to a name other than your name only (e.g., joint account), a Medallion signature guarantee is required (see section 8).*

C. Please send a check to the address on my account.

D. Please send a check to a different address (requires Medallion signature guarantee; see section 8).

Name

Street Address City State Zip

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

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

Wire (1 business day; \$16.00 fee)

Please charge the \$16.00 wire fee to the account.

Please do not charge the \$16.00 wire fee to the account. I have enclosed a check for \$16.00 made payable to Paydenfunds.

F. Please send my distribution to the bank listed below (requires Medallion signature guarantee; see section 8) via:

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

Wire (1 business day; \$16.00 fee)

Please charge the \$16.00 wire fee to the account.

Please do not charge the \$16.00 wire fee to the account. I have enclosed a check for \$16.00 made payable to Paydenfunds.

You must attach a blank, voided check from your bank account to this form.

Bank Name

Street Address City State Zip

Name(s) on Account

ABA Routing Number Account Number

Account Type (select only **one**):

Checking Account

Savings Account (For savings accounts, provide bank's ABA number and savings account number above.)

Would you like this bank information added to your account?

Yes No

6. WITHHOLDING INFORMATION

The distribution(s) you receive from Paydenfunds IRAs 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 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).

7. 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.

Signature

Date

Spouse's Signature (required for community property states)

Date

8. MEDALLION SIGNATURE GUARANTEE

A Medallion signature guarantee is required if proceeds are going to a payee, address or bank account other than those listed on your account, if the redemption 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. **A notary public is not an acceptable guarantor.**

Medallion signature guarantee (if required)

(Stamp Here)