



# IRA/Qualified Plan Distribution Request

Please print

Name (as it appears on your account registration)

Buffalo Funds Account Number

Address

Social Security Number

City

Date of Birth

State ZIP Code

Daytime Phone

I request distribution from my Retirement Account as indicated above. I understand that it is my responsibility to determine that amounts distributed from my account shall be made in compliance with all Internal Revenue Service (IRS) regulations, including required minimum distribution rules and the internal death benefit rule, as applicable.

We suggest that you contact your tax consultant to review which of the following choices would be in your best interest.

## Type of Distribution: Select One

- Early (Premature – subject to penalty tax).** Before age 59 ½. I understand that I may be responsible for paying a 10% premature withdrawal penalty (25% if from a SIMPLE IRA and within 2 years of initial SIMPLE participation) in addition to normal income tax for early withdrawal. Roth or Conversion Roth: Distribution within 5 years may be subject to 10% premature withdrawal penalty.  
**Please complete Sections B, D, and E.**
- Early (Premature – not subject to penalty tax).** Before age 59 ½ section 72(t) on Internal Revenue Code. **Please complete Sections B, C, D, and E.**
- Early (Premature – not subject to penalty tax before age 59 ½).**
  - Where medical expenses are in excess of 7.5% of adjusted gross income.
  - Used for health insurance premiums and you received unemployment compensation for at least 12 weeks.  
**Please complete sections B, D, and E.**
- Disability.** Permanent or long-term disability only. Be sure to attach a current physician's statement of your disability.  
**Please complete Sections B, D, and E. Section C may apply if installment payments are desired.**
- Death.** Please attach a copy of the Participant's death certificate. (Other forms may be required. Please contact a telephone service representative for more information.) **Please complete Sections B, D, and E. Section C may apply if installment payments are desired.**
- Regular Distribution.** I have reached age 59 ½. Roth or Conversion Roth: Distributions within 5 years may be subject to 10% premature withdrawal penalty. **Please complete Sections B, D, and E. Section C may apply if installment payments are desired.**
- Requirement Minimum Distribution.** I have reached age 70 ½ and am required to begin receiving minimum distributions. **Please complete Sections A, B, C, D, and E. Does not apply to Roth and Roth Conversion IRAs.**
- Excess.** I am withdrawing the excess contribution I made in \_\_\_\_\_ in the amount of \$\_\_\_\_\_. I understand that I am responsible for any tax filing requirements because I have over-contributed to my account. **Please complete Sections B, D, and E.**
- Divorce (Qualified Domestic Relations Order).** By checking this box I represent that the distribution is payment to a former spouse incident to a decree of divorce. Be sure to attach certified copy of divorce decree. **Please complete Section B, D, and E.**

**A** To Be Completed Only If The Shareholder Is Age 70 ½ Or Older And Required To Take A Mandatory Distribution From A Retirement Account. **Does not apply to Roth and Roth Conversion IRAs. Please indicate your preference below: Select One.**

- I will be taking the required minimum distribution amount from an IRA/Qualified Plan of my choice and hereby relieve U.S. Bancorp Fund Services, LLC, of this responsibility. **Please complete Section E.**
- I elect to take my first required minimum distribution by December 31, \_\_\_\_\_. **Please complete Sections B, C, D and E.**
- I elect to take my first required minimum distribution by April 1, \_\_\_\_\_, and another distribution before December 31, \_\_\_\_\_.  
**Please complete Sections B, C, D, and E.**

**B** Method of Distribution: **Select One**

- I wish to receive my Required Minimum Distribution payable to the address of record.
  
- I wish to liquidate my entire account, payable to me and sent to the address of record listed on my Mutual Fund Account or as specified below.  
**Please complete Sections D and E.**
  
- I wish to liquidate \_\_\_\_\_ shares or \$ \_\_\_\_\_ dollars in cash, payable to me and sent to the address of record listed on my Mutual Fund Account or as specified below.  
**Please complete Sections D and E.**
  
- I wish to have my excess contribution applied to my IRA / Qualified Plan contribution for tax year \_\_\_\_\_.  
**Please complete Section E.**

Special Payee options are as follows (Choose One Only):

- Wiring Redemption. *Signature guarantee is required and a \$15.00 wire fee applies.*  
**Please attach a voided check and complete Sections D and E.**
  
- Electronic Funds Transfer. *For use with systematic withdrawals only.*  
**Please attach a voided check and complete Sections C, D, and E.**
  
- Alternative payee and/or address other than address of record. *Signature guarantee is required.*  
**Please complete Sections D and E.**

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*Attach voided check here.*



**C**

To be Completed By Shareholders Requesting Installment Distributions.  
**Sections C-1 & C-2 must be completed before any distribution may be made.**

**(C-1)**

Frequency: **Select one**

- Annually (Specify month) \_\_\_\_\_
- Semi – Annually (Specific month distribution should begin) \_\_\_\_\_
- Quarterly (Specific month distributions should begin) \_\_\_\_\_
- Monthly (Specify month distribution should begin) \_\_\_\_\_

(Future distributions will be made in the same manner.)

*NOTE:* If you fail to designate a periodic payment frequency, distributions will be made annually in December.

**(C-2)**

Period: **Select One**

- Uniform Lifetime Table (Standard IRS Method)
- Installment payments payable over the joint life expectancy of myself and my spouse who is 11 years younger than myself calculated annually.  
 (Spouse's Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_)

(Future distributions will be made in the same manner.)

*NOTE:* If you fail to designate a periodic payment period, distributions will be made payable over Uniform Table calculated annually.

**D**

To Be Completed by All Shareholders

### **Notice Of Withholding On Retirement Plan Distributions**

The distribution you receive from this retirement plan is subject to federal income tax withholding, unless you elect not to have withholding apply. Withholding will only apply to the portion of your distribution that is to be reported as income subject to federal income tax.

Please indicate your withholding election and return this form to U.S. Bancorp Fund Services, LLC. Your election will remain in effect until you revoke it by signing and dating a revocation and sending it to the address listed below. Any election or revocation will be effective 30 days after its receipt. You may change this election as often as you wish.

- Yes, I would like to have federal income tax withheld from my distribution at a rate of 10%.**
- Yes, please withhold at a rate greater than 10%. The total withholding percentage should be \_\_\_\_\_%. (Must be greater than 10%).**
- No, do not withhold taxes.**

\*\*\* If the disbursement is from an Employer sponsored retirement plan other than an IRA or SEP-IRA and is not your required minimum distribution, the distribution you receive from this retirement plan is subject to a mandatory federal income tax withholding of 20%.

**E****Signature**

I have thoroughly reviewed and completed Sections A, B, C, and D as they apply to my distribution.

I understand that my Account will be closed upon distribution of my entire account, and I hereby make the income tax withholding election as designated above.

I certify that all information in this Distribution Request is accurate, and agree to hold U. S. Bancorp Fund Services, LLC harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result from the election I have made. I have been advised to consult my tax advisor regarding any questions about this Distribution Request.

\_\_\_\_\_  
Signature of Retirement Plan Shareholder

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Authorized Signature Guarantee

(The transfer agent will accept signature guarantees from all institutions with are eligible to provide signature guarantees under federal or state law, provided that the individual giving the signature guarantee is authorized to do so. Institutions which usually are eligible to provide signature guarantees include commercial banks, trust companies, brokers, national securities exchanges, saving and loan associations, and credit unions. Please note that a signature guarantee is not the same as a notarized signature.)

**Return this election form to:**

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

**Overnight street address:**

**Buffalo Funds**  
c/o U.S. Bancorp Fund Services, LLC  
615 E. Michigan St. 3<sup>rd</sup> Fl.  
Milwaukee, WI 53202

*QUESTIONS? Please call us at 1-800-49-BUFFALO (1-800-492-8332)*

