



# IVA Funds IRA Distribution Form

PLEASE PRINT ALL ITEMS CLEARLY

This form may be used to make a distribution from your existing IVA Funds traditional or ROTH IRA Account.

**Mail To:** IVA Funds  
P.O. Box 8077  
Boston, MA 02266-8077

**Overnight Mail To:**

IVA Funds  
c/o Boston Financial Data Services  
30 Dan Road  
Canton, MA 02021

For more information, call 1-866-941-4482 or visit the Funds' website at [www.ivafunds.com](http://www.ivafunds.com).

## 1. SHAREHOLDER INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>		
Social Security Number	Date of Birth (MM/DD/YYYY)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number	Street Name	Apt. # / Suite	P.O. Box
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code	
<input type="text"/>			
Telephone Number			

## 2. ACCOUNT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	Fund Number	Fund Name

## 3. ACCOUNT BALANCE ON DECEMBER 31<sup>ST</sup> OF THE PRIOR YEAR

If you transferred or rolled over your IRA from another retirement plan this year, please provide its account balance as of December 31<sup>st</sup> of the prior year.

\$

IRA balance as of December 31<sup>st</sup> of prior year

## 4. TYPE OF DISTRIBUTION

Choose one of the following options. For Class C Shares, a contingent deferred sales charge may apply.

**A. Normal Distribution:** I am 59 ½ or older and wish to withdraw \$   
NOTE: To establish a systematic withdrawal plan, please complete Section 5.

**B. Pre-59 ½ Distribution (Non-Exempt):** I am under the age of 59 ½ and not making substantially equal payments according to IRC 72(t). I understand that I may be subject to a 10% IRA-assessed penalty tax on my distribution in addition to ordinary income taxes if I am not IRC 72(t) exempt and/or not rolling over my distribution within 60 days upon receipt to another IRA or retirement plan. Withdrawal Amount: \$

**C. Disability Distribution:** I have attached a copy of Schedule R from my tax return or a confirmation letter from my physician and wish to withdraw: \$   
NOTE: To establish a systematic withdrawal plan, please complete Section 5.

**D. Withdrawal of Excess Contribution:**  
Year excess contribution was made:   
Withdrawal amount: \$

**E. Pre-59 1/2 Distribution with Substantially Equal Payments Meeting Guidelines of Internal Revenue Code Section 72:**

NOTE: If you have questions, contact your investment representative or tax advisor, or call IVA Funds at 1-866-941-4482. IVA Funds does not guarantee or give any assurance that the pre-59 1/2 distribution with "substantially equal periodic payments" will qualify for an exemption to the 10% penalty tax.

Complete only one section below to indicate how the payments should be made:

1. Shareholder Calculation: I have made the calculations to determine substantially equal periodic payments from my IRA account. I understand that if I modify the withdrawal plan before the end of five years, or before I reach 59 1/2, whichever occurs later, that the IRS may impose a retroactive 10% penalty on payments includable in income with interest.

Withdrawal amount: \$

Payment Frequency:  Monthly  Quarterly  Semi-Annually  Annually

NOTE: This distribution does not exceed the maximum permitted amount as described in the traditional IRA disclosure statement.

2. IVA Calculation: Make the calculations for me based on my individual life expectancy.

Payment Frequency:  Monthly  Quarterly  Semi-Annually  Annually

**F. Post-70 1/2 Required Minimum Distribution:** Complete only one section below to indicate how the payments should be made:

1. Total Balance: I wish to receive my entire IRA balance.

2. No Action: I am already taking the required minimum distribution from another IRA. Please take no action.

3. Shareholder Calculation: I have calculated the amount of my required distribution. Amount: \$

Payment Frequency:  Monthly  Quarterly  Semi-Annually  Annually

4. IVA Calculation: Make the calculations for me based on:

My individual life expectancy

A fixed number of years:  years

Payment Frequency:  Monthly  Quarterly  Semi-Annually  Annually

Payments to begin on: (MM/YYYY)

Payments to be mailed on: (Please select one)  5<sup>th</sup> or  20<sup>th</sup>

NOTE: In order to begin, this form must be received within at least three weeks prior to the first payment.

**G. Income Distribution:** Complete only one section below to indicate how the payments should be made.

1. Dividends in cash

2. Dividends and capital gains distributions in cash

NOTE: If you choose this option, you may choose the systematic withdrawal plan.

Also, this may not be enough to satisfy the minimum distribution rules if you are over 70 1/2.

**5. SYSTEMATIC WITHDRAWAL PLAN (OPTIONAL)**

Choose one option below. For Class C Shares, a contingent deferred sales charge may apply.

Please base my systematic withdrawal plan payments on the following election:

- A. **My individual life expectancy**: Would you like IVA to recalculate this each year?  Yes or  No

- B. **A fixed dollar amount**: Amount: \$

Payment Frequency:  Monthly  Quarterly  Semi-Annually  Annually

Payments to begin on: (MM/YYYY)

Payments to be mailed on: (Please select one)  5<sup>th</sup> or  20<sup>th</sup>

NOTE: In order to begin, this form must be received within at least three weeks prior to the first payment.

**6. WHERE TO DISTRIBUTE**

Choose one option below. Select how you would like the distribution processed.

**A. Mail to IRA Owner at address of record.**

**B. Deposit to my existing (non-retirement) IVA Funds account:**

Account #:   
Fund #:   
Fund Name:

**C. Open a new (non-retirement) IVA Funds account.** Please complete and attach a new account application.

**D. Other payee.** A Medallion Signature Guarantee is required.

Bank Name Branch Office (If Applicable)  
    
Street Number Street Name (Do not use P.O. Box) Apt. # / Suite  
    
City State Zip Code

Name(s) on your Bank Account

Bank Account Number Bank ABA Number

Account Type (check one):  Checking  Savings

**E. Special payee address.** A Medallion Signature Guarantee is required.

First Name MI Last Name Suffix  
     
Street Number Street Name Apt. # / Suite P.O. Box  
    
City State Zip Code

**7. SUBSTITUTE FORM W-4P WITHHOLDING**

Check the first box if you do not want federal tax withheld from each IRA distribution. If you elect no withholding, your election will remain in effect until revoked. You may change your election by writing to IVA Funds.

Check the second box to have withholding applied. Even if you elect not to have federal tax withheld, you are liable for payment of federal tax on the taxable portion of your IRA distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of the estimated tax and withholding are not adequate. Some states may also require us to withhold state income tax from these withdrawals.

We encourage you to consult with your tax advisor regarding your IRA distributions. If no options are checked, 10% is automatically withheld.

I elect NOT to have tax withheld from each distribution.

I elect to have 10% tax withheld from each distribution.

Also, please withhold an additional  % or \$  from each distribution.

Signature of Depositor

Date

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**8. SHAREHOLDER AGREEMENT**

I authorize the transfer agent to act upon my instructions for both the options I have checked on this form and for the withholding elections I have indicated.

Depositor has received and read the applicable sections of the "State Street Bank and Trust Company Universal Individual Retirement Account Disclosure Statement" relating to this Account (including the Custodian's Fee schedule), the Custodial Account document and the "Instructions" pertaining to this Distribution Form. Depositor acknowledges receipt of the Universal Individual Retirement Custodial Account document and the Universal IRA Disclosure Statement at least SEVEN days before the dates inscribed below and acknowledges that Depositor has no further right of revocation.

Signature of Depositor

Date

If the Depositor is a minor under the laws of the Depositor's state of residence, a parent or guardian must also sign here. Until the Depositor reaches the age of majority, the parent or guardian will exercise the powers and duties of the Depositor.

Signature of Parent or Guardian

Date

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**9. MEDALLION SIGNATURE GUARANTEE**

A Medallion Signature Guarantee is required for your protection if you are making changes in Section 6D or 6E.

A signature guarantee is required if the address of record has changed in the last 30 calendar days; or if your redemption request meets one of the following criteria: (1) is greater than \$50,000, (2) is made payable to someone other than the IRA owner, (3) is directly deposited to a bank account that is not titled identically to the name of the IRA account owner, or (4) is being mailed to an address other than the address of record.

A MEDALLION SIGNATURE GUARANTEE IS NOT A NOTARY

NOTE: A medallion signature guarantee or signature verification program stamp may be obtained from a domestic bank or trust company, broker, dealer, clearing agency, savings association, or other financial institution which participates in a Medallion program recognized by the Securities Transfer Association.