



**IVA FUNDS
DISTRIBUTION FORM**

- Complete Sections 1-3 & 5-7
- If you choose to have a systematic withdrawal, please complete Section 4 & include a deposit slip or voided check.
- Mail to: IVA Fiduciary Trust
P.O. Box 8077
Boston, MA 02266-8077

PLEASE PRINT ALL ITEMS CLEARLY

Please call us at 1-866-941-4482 with any questions.

1. ACCOUNT REGISTRATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	
FIRST NAME	MI	LAST NAME	
<input type="text"/>		<input type="text"/>	
SOCIAL SECURITY NUMBER		DATE OF BIRTH	
<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"/>		<input type="text"/>	
TELEPHONE NUMBER		EMAIL ADDRESS	

If mailing address above is a post office, a street address is also required by the USA Patriot Act:

STREET ADDRESS:

<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET NUMBER	STREET NAME	APT. # / SUITE
<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP CODE
<input type="text"/>		
TELEPHONE NUMBER		
<input type="text"/>	<input type="text"/>	
DISTRIBUTE FUND FROM ACCOUNT #	FUND NAME	
<input type="text"/>		
FUND NUMBER		

2. ACCOUNT BALANCE ON DECEMBER 31ST 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 31ST OF THE PRIOR YEAR.)

\$ IRA balance of December 31st of prior year.

3. TYPE OF DISTRIBUTION

(CHOOSE ONE OF THE FOLLOWING OPTIONS. FOR RETAIL 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, COMPLETE SECTION 4.

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 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.

1. Shareholder Calculations:
I have calculated the amount of my required distribution.
Payment 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, COMPLETE SECTION 4.

D. WITHDRAWAL OF EXCESS CONTRIBUTION:
Year excess contribution was made:
Withdrawal amount: \$

E. PRE-59 ½ DISTRIBUTION WITH SUBSTANTIALLY EQUAL PAYMENTS MEETING GUIDELINES OF INTERNAL REVENUE CODE SECTION 72:
NOTE: IF YOU HAVE ANY 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 ½ 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 Calculations:
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 ½, whichever occurs later, 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 Calculations:
Make the calculations for me based on my individual life expectancy.

PAYMENT FREQUENCY:
 Monthly Quarterly Semi- Annually Annually

F. POST-70 ½ 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 Calculations:
I have calculated the amount of my required distribution.
Payment Amount: \$

PAYMENT FREQUENCY:

- Monthly Quarterly Semi- Annually Annually

4. IVA Calculations:

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 (ENTER MONTH/YEAR)

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.

NOTE: THIS MAY NOT BE ENOUGH TO SATISFY THE MINIMUM DISTRIBUTION RULES IF YOU ARE OVER AGE 70 ½.

4. SYSTEMATIC WITHDRAWAL PLAN (OPTIONAL)

(CHOOSE ONE, FOR RETAIL 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
Do you wish us to recalculate this each year? Yes No

- B. A Fixed Dollar Amount: \$

PAYMENT FREQUENCY:

- Monthly Quarterly Semi-Annually Annually

PAYMENTS TO BEGIN ON (ENTER MONTH/YEAR)

PAYMENTS TO BE MAILED ON (PLEASE SELECT ONE)

- 5TH 20TH

NOTE: IN ORDER TO BEGIN, THIS FORM MUST BE RECEIVED WITHIN AT LEAST THREE WEEKS PRIOR TO THE FIRST PAYMENT.

5. WHERE TO DISTRIBUTE

(SELECT HOW YOU WOULD LIKE THE DISTRIBUTION PROCESSED. CHECK ONLY ONE.)

- A. Mail to IRA Owner at Address of Record
 B. Deposit to my existing (non-retirement) IVA Funds Mutual Fund(s) Account:

ACCOUNT NUMBER

FUND NAME

- C. To open a New (non-retirement) Account, properly complete and attach the Adoption Agreement.
 D. Other Payee (Medallion Guarantee Required)

<input type="text"/>		<input type="text"/>	
BANK NAME		BRANCH OFFICE (IF APPLICABLE)	
<input type="text"/>	<input type="text"/>		<input type="text"/>
STREET NUMBER	STREET NAME (DO NOT USE P.O. BOX)		APT. # / SUITE
<input type="text"/>	<input type="text"/>	<input type="text"/>	
CITY	STATE	ZIP CODE	
<input type="text"/>			
NAME(S) ON YOUR BANK ACCOUNT			
<input type="text"/>		<input type="text"/>	
BANK ACCOUNT NUMBER		BANK ABA NUMBER	

Account Type (check one): Checking Savings

E. Special Payee Address (Medallion Guarantee Required)

<input type="text"/>		<input type="text"/>	<input type="text"/>	
PAYEE FIRST NAME		MI	PAYEE LAST NAME	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
STREET NUMBER	STREET NAME		APT. # / SUITE	
<input type="text"/>	<input type="text"/>	<input type="text"/>		
CITY	STATE	ZIP CODE		

6. SUBSTITUTE FORM W-4P WITHHOLDING

NOTE: 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 THE IVA FUNDS.

NOTE: 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.

X – SIGNATURE OF DEPOSITOR

DATE

7. 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.

X – 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.

X – SIGNATURE OF PARENT OR GUARDIAN

DATE

8. MEDALLION GUARANTEE

(A MEDALLION GUARANTEE IS REQUIRED FOR YOUR PROTECTION IF YOU ARE MAKING CHANGES IN SECTIONS 5D OR 5E.)

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 GUARANTEE IS NOT A NOTARY.

9. MAIL COMPLETED FORM TO:

(Please retain a photocopy of the completed application for your records.)

Regular Mail

IVA Fiduciary Trust
P.O. Box 8077
Boston, MA 02266-8077

Overnight Mail:

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

Make checks payable to "IVA Funds."

Third-party checks, starter checks and cash equivalents (such as travelers' checks, cashier checks and money orders) cannot be accepted to purchase shares.

