



# IRA DISTRIBUTION REQUEST FORM

To receive a distribution from your IRA account, carefully complete this form, sign it and have your signature guaranteed, if required. For assistance call us at (800) 877-6089. **Regular Mail: Madison Funds, P.O. Box 219083, Kansas City, MO 64121-9083. Express Mail: Madison Funds, 430 W 7<sup>TH</sup> Street STE 219083, Kansas City, MO 64105-1407.**

## 1. ACCOUNT INFORMATION (PLEASE PRINT)

Name (as it appears on account)			Account Number			
Street Address						
			Social Security Number			
City	State	ZIP	Birth Date	Daytime Telephone Number		

## 2. DISTRIBUTION OPTIONS (SELECT ONE) ALSO COMPLETE SECTION 3

- Notes:**
- Do not complete here for Required Minimum Distribution (RMD), complete Section 4.
  - Systematic distributions via check are not available; in Section 5, select one of the three distribution options:
    - deposit into your bank account via Automated Clearing House (ACH),
    - reinvest in a new Madison Funds non-retirement account **or**
    - reinvest in an existing Madison Funds non-retirement account.

- A.**  **Total Distribution.** I request a one-time distribution of all fund portfolios associated with my account.
- B.**  **Partial One-Time Distribution.** I request a one-time distribution out of the funds in my account as indicated below:

Fund name and number	Dollar Amount

- C.**  **Systematic Withdrawal Plan.** I request you establish a Systematic Withdrawal Plan out of the funds in my account as indicated below:

**Identify the frequency and start date:**  Monthly  Quarterly  Semiannual  Annual

Make the first distribution in (month) \_\_\_\_\_ (year) \_\_\_\_\_

Make distribution on (insert a date between the 4<sup>th</sup> and 28<sup>th</sup>) \_\_\_\_\_

**Note:** If a distribution is not specified above, the distributions will begin the next available business day after the automatic distribution is established.

Fund name and number	Dollar Amount

**3. DISTRIBUTION CLASSIFICATION (SELECT ONE)**

**NORMAL DISTRIBUTION**

Choose this option if you are over age 59½.

**PREMATURE DISTRIBUTION**

Choose this option if you are less than age 59½. You have 60 days to roll over the proceeds of premature distribution to another qualified retirement plan. If you do not complete the rollover within the 60 days period, the proceeds may be subject to taxes and early withdrawal penalties.

**PREMATURE DISTRIBUTION UNDER KNOWN EXCEPTION**

**SUBSTANTIALLY EQUAL PERIODIC PAYMENTS:** Choose this option if you are less than 59½ and distributions are to be paid under the equal periodic payment exception to the 10% penalty tax generally imposed on early withdrawals from qualified retirement plans, including IRAs. The additional tax is imposed on that portion of the distribution which must be included in gross income. The tax will not apply to distributions which are part of a series of substantially equal periodic payments (not less frequently than annually) made for life (or life expectancy) of the account owner or the joint lives (or joint life expectancy) of such owner and their beneficiary. There is no guarantee that the remaining account value will provide lifetime income.

**ELIGIBLE HIGHER EDUCATION EXPENSES:** Choose this option if the expenses are for tuition, fees, books and supplies required to attend an institution for post-secondary education. The student may be you, your spouse, or your child or grandchild.

**HOMEBUYER EXPENSES:** Choose this option for a withdrawal used to cover first time homebuyer expenses. (Limit \$10,000)

**MEDICAL EXPENSES:** Choose this option if the withdrawal is for medical expenses paid during the year and generally greater than 7% of your adjusted gross income for that year.

**HEALTH INSURANCE COVERAGE:** Choose this option to withdraw for health insurance coverage for yourself, your spouse and/or dependents. You must have been unemployed and received federal or state unemployment compensation payments for at least 12 weeks.

**RETURN OF EXCESS CONTRIBUTION**

Choose this option if you have made an excess contribution to your IRA. Excess contributions may be returned without incurring the 6% penalty at any time before the tax filing date of the year of which you have made the contribution. If the excess contribution has earned any investment income, this will also be returned in order to avoid the 6% penalty on that amount. However, any investment income returned is subject to the 10% early withdrawal penalty if you are under age 59½. You may choose to have the proceeds issued to you in the form of a check or applied to your IRA as a current year contribution.

Contribution of \$ \_\_\_\_\_ made on \_\_\_\_\_.

Date

Remove earnings

Do not remove earnings

Issue check to participant

Apply as a current year contribution

**DISTRIBUTION DUE TO DISABILITY**

Choose this option if a physician has certified that you are unable to engage in any substantial gainful activity and the duration of your condition meets IRS standards for continued disability.

**DISTRIBUTION DUE TO DEATH**

Choose this option if you are the designated spousal beneficiary of the IRA shareholder. You must attach a new account application, a certified copy of the Shareholder's death certificate, a tax waiver (if required by your state of residence) and a medallion signature guarantee (see Section 8). If the shareholder has not designated a beneficiary or if you are not the spousal beneficiary, you may be asked to provide additional documents. Please contact a shareholder service representative for more information by calling (800) 877-6089.

Issue check to the beneficiary. (SSN: \_ \_ \_ - \_ \_ - \_ \_ \_ \_ \_)

Spousal Beneficiary

Transfer to a new IRA.

Transfer to my existing IRA. Account # \_\_\_\_\_ Fund #/dollars \_\_\_\_\_

Non-Spousal Beneficiary

Transfer to a new beneficiary IRA.

**Required Minimum Distribution (RMD) – Complete Section 4 (next page).**

**4. REQUIRED MINIMUM DISTRIBUTION (SELECT ONE)**

Check either **A** or **B** and complete as necessary. If **B** is selected, Madison Funds requires that a new request be submitted each year.

- Notes:**
- Distributions will be taken proportionately from each fund in your account.
  - Systematic distributions via check are not available; in Section 5, select one of the three distribution options:
    - deposit into your bank account via Automated Clearing House (ACH),
    - reinvest in a new Madison Funds non-retirement account or
    - reinvest in an existing Madison Funds non-retirement account.

**A.  RMD Calculation by Madison Funds**

Calculate my RMD as indicated below:

- Based upon my single life expectancy from IRS Uniform Lifetime Table.
- Based upon joint life expectancy for me and my spousal beneficiary who is more than 10 years younger than I am.  
 Name of spousal beneficiary \_\_\_\_\_  
 Birth date of beneficiary \_\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_\_
- I elect to have my payment based on the following number of years: \_\_\_\_\_, which is less than my life expectancy (or joint life expectancy).

**Prior year-end Value:** (Select one of the two options below)

- Assets were held with Madison Funds.
- Assets were NOT held with Madison Funds. Provide the value of the assets as of December 31 of the prior calendar year  
\$ \_\_\_\_\_.

**Identify the frequency and start date:**

All distributions will occur annually unless otherwise indicated:  Monthly  Quarterly  Semiannual

Make the first distribution in (month) \_\_\_\_\_ (year) \_\_\_\_\_

Make distribution on (insert a date between the 4<sup>th</sup> and 28<sup>th</sup>) \_\_\_\_\_

**NOTE:** If a distribution is not specified above, the distributions will begin the next available business day after the automatic distribution is established.

**B.  RMD One-time Calculation by Participant/Owner**

I will calculate my RMD amount each year and notify Madison Funds in writing of how much I would like to take from my account. This year only, I would like to withdraw the following amount(s) from the fund(s) indicated below:

Fund name of number	Dollar Amount
_____	_____
_____	_____
_____	_____
_____	_____

**5. PAYMENT OPTIONS (SELECT ONE)**

Check one of the following four boxes:

- Reinvest in my existing Madison Funds non-retirement account. Account Number \_\_\_\_\_
- | Fund | Dollars or Percent | Fund | Dollars or Percent |
|------|--------------------|------|--------------------|
|      |                    |      |                    |
- Reinvest in a new Madison Funds non-retirement account (Attached a completed new account application).
- Electronically deposit the distribution(s) into my financial institution account. **Provide bank information in Section 6.** Payments will be delivered to your bank within three business days following each distribution.
- Send check to Address of Record. **This option is available ONLY for a one-time distribution request in Section 2-A, 2-B or 4-B.**  Overnight mail delivery requested (fee will be assessed).

**Payee Information** – Only complete if the check is to be made payable to someone other than the participant/owner or will be mailed to an address other than the address of record. **If completed, a signature guarantee is required in Section 8.**

Payee name \_\_\_\_\_

Alternative address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**6. FINANCIAL INSTITUTION ACCOUNT INFORMATION**

You must complete this section when signing up for a systematic withdrawal plan or for the RMD proceeds to be electronically deposited to your bank account. NOTE: Only one voided check or deposit slip need accompany this application.

Type of Account:  Checking  Savings Account Number: \_\_\_\_\_

Name(s) Print as Shown on Bank Account Registration: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_

**A Medallion Signature Guarantee or a Signature Validation Program Stamp is required as described in Section 8 if the mutual fund account owner(s) as identified in Section 1 and the bank account owner(s) identified above DO NOT include at least one common owner. If this is the case, the mutual fund account owner(s) AND the bank account owner(s) must sign in section 8 and have their signatures guaranteed.**

*If adding banking and redeeming within 30 days, you must include a Signature Guarantee Stamp in Section 8.*

**TAPE PREPRINTED  
VOIDED CHECK  
OR PREPRINTED  
SAVINGS ACCOUNT  
DEPOSIT SLIP HERE.  
PLEASE DO NOT  
STAPLE.**

**IF A SAVINGS  
ACCOUNT DEPOSIT  
SLIP IS NOT AVAILABLE  
SUBMIT INFORMATION  
ON OFFICIAL  
LETTERHEAD FROM  
YOUR FINANCIAL  
INSTITUTION.**

XXXXX XXXXXXXXXXXX XXXXX

XXXX XXXXXXXXXXXX XX

XXXXXXXXXXXX XX XXXXX

DATE: \_\_\_\_\_

PAY TO THE ORDER OF: \_\_\_\_\_

\_\_\_\_\_ DOLLARS

FOR \_\_\_\_\_

!\$XXXXXXXXX!#      XXXXXXXXXXXX!#      XXXXX

## 7. WITHHOLDING ELECTIONS

*This section does not apply to nonresident aliens or to non-taxable distributions from Roth IRAs.*

### **FEDERAL WITHHOLDING ELECTION**

Federal income tax withholding may be applied to your distribution from your IRA account in the amount of 10%. However, you have the option to elect not to have federal withholding at the time of distribution. If you do not make a withholding election, 10% will be withheld and forwarded to the IRS. Please note that you may not change a voluntary withholding election or make a different voluntary withholding election after a check has been drawn. You may change your withholding election on future payments. This is a federal law and not a company regulation.

- Withhold 10% of the value of my distribution and forward to the IRS.
- Withhold \_\_\_\_\_% (more than 10%).
- DO NOT withhold federal income tax from my distribution. I understand that if I do not have federal income tax withheld from my distribution, I may be responsible for payment of estimated tax, and penalties may apply if I fail to make such payments.

You will be subject to a mandatory withholding if: (1) you fail to provide your social security number by the date of any distribution; (2) for distributions after the date the IRS properly notifies us that your social security number is incorrect; or (3) we do not have your U.S. residence address on file at the time of a distribution. Withholding is also mandatory for most payments made outside of the U.S. or its possessions or to nonresident aliens.

**NOTE: This distribution is subject to 10% withholding if no election is made.**

### **STATE WITHHOLDING ELECTION**

*If you are a resident of AR, CA, DC, DE, IA, KS, ME, MA, MI, MS, NE, NC, OK, OR or VT you need to complete the state withholding election below.*

For residents of the states listed above we are required to withhold state taxes from your IRA distribution(s) when you have federal taxes withheld, unless otherwise elected. In addition, residents may voluntarily elect to have state taxes withheld, but opt out of federal withholding.

**If you do not make an election, we will withhold state taxes from your distribution(s).**

Please select one of the following options:

- No, do not withhold** state income taxes from my IRA distribution(s). I understand that I will be responsible for the state tax due on the taxable portion of my distribution (if any) and that I may incur penalties under the estimated tax payment rules.
- Yes, withhold** state income taxes on my distribution(s).  
In addition to the standard state tax withholding amount, I would like an additional \$\_\_\_\_\_ withheld.

*Note: State tax withholding is only available to residents of the states listed above. State income tax withholding will be calculated in accordance with the regulations of your state of residence. Some states have additional provisions in order to opt out of automatic state tax withholding, (e.g., Michigan). Consult with your tax advisor or refer to your state's tax laws for more information.*

**8. SIGNATURE/SIGNATURE GUARANTEE**

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that no tax or legal advice has been given to me by the Custodian, Madison Funds, DST or any agents of them, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. I acknowledge that it is my responsibility to properly calculate, report, and pay all taxes due with respect to the elections made on this form. Furthermore, it is my responsibility to determine correctly the amount of tax that may be due based on all IRA accounts that I own (including those unknown by or not under the control of the Custodian). The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the Election(s) and agree that the Custodian, the Madison Funds, DST and their agents shall in no way be responsible, and shall be indemnified and held harmless for any tax, legal or other consequences of the election(s) made on this form.

Signature of Depositor/Applicant \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE GUARANTEE STAMP** (if required)\*

**\*A Medallion Signature Guarantee or a Signature Validation Program Stamp is required if you:**

- 1) **completed the Payee Information in Section 5** to request the check be made payable to someone other than the participant/owner or will be mailed to an address other than the address of record; or
- 2) **the mutual fund account owner(s) as identified in Section 1 and the bank account owner(s) identified in Section 6 DO NOT include at least one common owner.** If this is the case, the mutual fund account owner must have their signature guaranteed above AND the bank account owner(s) must sign below and have their signatures guaranteed.

**If required**, please have each signature separately guaranteed by a bank, savings and loan association, trust company, credit union, broker-dealer, or any other "eligible guarantor institution". These institutions often participate in signature guarantee medallion programs. **A notary public is NOT an acceptable guarantor.**

Bank Account Owner's Signature (if required)\* \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE GUARANTEE STAMP**

Bank Account Co-owner's Signature (if required)\* \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE GUARANTEE STAMP**