

Systematic Withdrawal

I wish to set up Automatic withdrawals in the amount of \$ _____ on a

Monthly Quarterly Semi-Annual Annual basis.

Start Month Start Date

*If no day is chosen, distributions will be made on the 25th day of the next upcoming month or the prior business day if the 25th falls on a weekend or holiday.

*If your request is received or processed after your requested start date, the first distribution will occur on the selected day of the next upcoming month.

I wish to withdraw the requested amount based on my pre-selected asset allocation model.

I wish to withdraw the requested amount proportionately across all investments.

I wish to withdraw the requested amount from my investments as indicated in the chart below.

*If no election is made we will withdraw the requested amount proportionately across all your investments.

Name of Investment	Share Class	Total Investment Amount (\$)
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Total:

Required Minimum Distribution

I wish to make a one-time withdrawal of my required minimum distribution for

I wish to make a one-time withdrawal of my required minimum distribution calculated by the Trustee/Custodian and distributed to me.

I wish to have my required minimum distribution calculated by the Trustee/Custodian and distributed to me in equal installments on:

Monthly Quarterly Semi-Annual Annual basis.

Start Month Start Date

*If no day is chosen, distributions will be made on the 25th day of the next upcoming month or the prior business day if the 25th falls on a weekend or holiday.

*If your request is received or processed after your requested start date, the first distribution will occur on the selected day of the next upcoming month.

I wish to withdraw the requested amount based on my pre-selected asset allocation model.

I wish to withdraw the requested amount proportionately across all investments.

I wish to withdraw the requested amount from my investments as indicated in the chart below.

*If no election is made we will withdraw the requested amount proportionately across all your investments.

Name of Investment	Share Class	Total Investment Amount (\$)
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Total:

4. CONVERSIONS/RECHARACTERIZATIONS/EXCESS REMOVAL

Funds from a conversion, recharacterization or excess removal will be transferred in to the same fund(s) that they are converted, recharacterized or removed from.

Convert my Traditional IRA to a Roth IRA

Convert: All Shares

Dollar Amount: \$

Percentage: %

To: A new Roth IRA (*Complete and enclose an IRA New Account Form*)

My existing Roth IRA, account number:

Important: Withholding income taxes from the amount converted (instead of paying applicable income taxes from another source) may adversely impact the expected financial benefits of converting from an IRA to a Roth IRA (consult your financial advisor if you have a question). If you wish to convert a Traditional IRA to a Roth IRA with no federal taxes withheld, you must elect to have 0% withholding below in Part 5. In so doing, by signing this form, you acknowledge that you may be required to pay estimated tax and that insufficient payments of estimated tax may result in penalties.

Recharacterize My Contribution

Recharacterize my contribution of \$ for tax year

To: A new Traditional or Roth IRA (*Complete and enclose an IRA or Roth IRA New Account Form*)

My existing Traditional or Roth IRA, account number:

NOTE: Earnings may be negative, reducing the amount withdrawn.

Important: Federal and State taxes will not be withheld when recharacterizing contributions.

Removal of Excess Contributions Plus Earnings

In what year was the contribution made?

Current Year Prior Year

Excess Contribution Amount: \$

NOTE: Earnings may be negative, reducing the amount withdrawn.

6. PAYMENT INSTRUCTIONS **Denotes that a Medallion Signature Guarantee is required

Qualified Charitable Distribution (QCD)**

Mail check(s) to the address of record (The information below must still be completed)**

Mail check(s) directly to the qualified charity**

Make check payable to _____ EIN _____

Street Address (Physical Address)* _____ City* _____ State* _____ Zip Code* _____

By Mail

Mail check(s) to the address of record

Make check(s) payable to someone other than the account owner (Indicate payee below)**

Make check payable to:

Mail check to an address other than the one on the account (Provide address below)**

Street Address (Physical Address)* _____ City* _____ State* _____ Zip Code* _____

Send to My Bank

Send distributions to my bank by Automated Clearing House (ACH) based on the:

ACH instructions already established for my IRA _____ Bank Account Information below **

Wire transfer my One Time Distribution (not available for Automatic Distributions) to my bank based on the:

NOTE: Wire transfers are not available for Systematic Withdrawals.

Wire instructions already established for my IRA _____ Bank Account Information below **

I authorize the Custodian to withdraw money from my mutual fund account and deposit to my bank account. I understand this privilege will be effective after the verification process.

Please attach a voided check for your bank account. We are unable to update or add a new bank account unless we receive a voided check for bank verification.

Account Type: Checking Savings

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Attach your voided or preprinted check	_____
BANK NAME BANK ADDRESS		_____ DOLLARS
MEMO _____	_____	_____

Enter your checking or savings account information:

Bank Name

Bank's Phone Number

Bank Address

ABA Routing Number

City

State

Zip Code

Name(s) on Bank Account

Bank Account Number

7. ACKNOWLEDGEMENT AND MEDALLION SIGNATURE GUARANTEE

By signing this *IRA Distribution Request Form*, I certify that the information I have provided is true and correct, and I authorize the Trustee/Custodian to distribute my IRA as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this distribution and I assume all responsibility for any consequences as a result of my actions. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my instructions, including payments made in error. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Trustee/Custodian. I also understand that if this distribution involves a SIMPLE IRA, special rules apply, and I assume responsibility for my actions regarding those issues.

Signature of IRA Owner (or other authorized person):

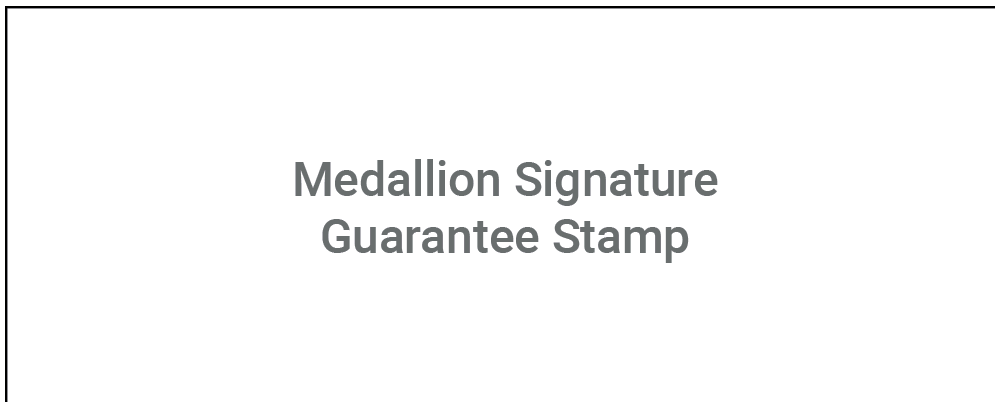
Account Owner Signature

Date

Note: Please sign your name exactly how it appears in the registration.

A Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

A Medallion Signature Guarantee can be obtained from a bank, broker-dealer, credit union, national securities exchange, savings association or other financial intermediaries that are members of an Approved Medallion Guarantee Program. The stamp must also contain the letter prefix (A, B, C, D, E, F, X, Y or Z) that identifies the grantor's maximum surety amount, and that bond must cover the amount of the requested transaction. Please note that a Notary Public stamp is not acceptable.



8. MAILING INSTRUCTIONS

Please send completed form to:

Regular Delivery
Ultimus Fund Solutions, LLC
P.O Box 46707
Cincinnati, OH 45246

Overnight Delivery
Ultimus Fund Solutions, LLC
225 Pictoria Dr, Suite 450
Cincinnati, OH 45246

Fax
1-877-513-0756