



## Individual Retirement Account (IRA) Request for Distributions

**IMPORTANT:** In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account.

**WHAT THIS MEANS FOR YOU:** When you open an account, we will ask for your name, Social Security Number (SSN) or Tax Identification Number (TIN), a physical address (a Post Office box is not acceptable), date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. If any of this information is missing we will not be able to process your investment request. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs.

The **IRA Request for Distributions form** is used to request a one time or systematic distribution from your IRA Refer to the Questions and Answers about IRA Distributions section for more information.

**If you have any questions regarding this application, please call Shareholder Services at 1-888-933-8274.**

\*DENOTES REQUIRED INFORMATION       DENOTES CHECK IF APPLICABLE

### PART 1. INVESTOR INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Owner Name* (First M.I. Last)	Date of Birth*	Social Security Number*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address* (Physical Address)      Apt. #	City*	State*	Zip Code*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if different from above)	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	
	Daytime Phone*	Evening Phone*	

### PART 2. ACCOUNT INFORMATION

Only for *Existing Accounts*. Ignore if accompanied by an *Individual Retirement Account (IRA) New Account Agreement Application*.

Fund Name	Share Class	Account Number (if known)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**PART 3. DISTRIBUTION METHOD AND TYPE**

Select either a **One Time** or **Automatic Distribution**. Provide details about the distribution(s) you are requesting to assist us in meeting federal regulations for tax reporting.

**ONE TIME DISTRIBUTION**

**Traditional - SEP-IRA Distribution - Educational**

Please redeem the entire account **OR**  Please redeem \$

I am:  at least age 59½ and this is a normal distribution.

under age 59½ and this is a premature distribution; I am aware of the IRS 10% penalty.

Please redeem. \$

I am under age 59½; this premature distribution is exempt from the IRS 10% penalty because:

it will be used to pay medical expenses in excess of 7.5% of my adjusted gross income.

it will be used to pay medical insurance premiums during a period of unemployment.

it will be used for qualified higher education expenses.

it will be used for qualified first time home purchase expenses (\$10,000 lifetime limit).

it is part of a Substantially Equal Period Payment under Internal Revenue Code 72(t).

it is a qualified distribution due to disability.

**Required Minimum Distribution**

Please redeem \$  for my Required Minimum Distribution. I am at least 70½ years old.

Please calculate my Required Minimum Distribution according to the new IRS distribution regulations and redeem that amount

One Time **OR**  Annually on  of each year\* **OR**  Monthly\* **OR**  Quarterly\*

*\*(Systematic Distributions are processed on the 25th of each month).*

Spousal. Beneficiary is 10 years or younger. (provide information).

Name\* (First M.I. Last)

Date of Birth\*

Social Security Number\*

**Excess Contribution**

Please remove for tax \$  year \_\_\_\_\_. I have already filed my tax return for the contribution year.

Please remove for tax \$  year \_\_\_\_ and all earnings on this amount. I have not yet filed I have not yet filed my tax return for the contribution year.

**SIMPLE IRA Distribution**

Please redeem the entire account **OR** Please redeem \$

I am:  at least age 59½ and this is a normal distribution.

under age 59½ and this is a premature distribution; I am aware of the IRS 10% penalty.

Please redeem. \$

I am under age 59½; this premature distribution is exempt from the IRS 10% penalty because:

it will be used to pay medical expenses in excess of 7.5% of my adjusted gross income.

it will be used to pay medical insurance premiums during a period of unemployment.

it will be used for qualified higher education expenses.

it will be used for qualified first time home purchase expenses (\$10,000 lifetime limit).

it is part of a Substantially Equal Period Payment under Internal Revenue Code 72(t).

it is a qualified distribution due to disability.

**PART 3. DISTRIBUTION METHOD AND TYPE (continued)**

**Roth IRA Distribution** – If this is not a qualified distribution, an IRS penalty applies to the earnings portion of your distribution.

- Please redeem the entire account OR Please redeem \$   
I am:  at least age 59½ and this is a normal distribution.  
 under age 59½ and this is a premature distribution; I am aware of the IRS 10% penalty.
- Please redeem. \$   
I am under age 59½; this premature distribution is exempt from the IRS 10% penalty because:
- it will be used to pay medical expenses in excess of 7.5% of my adjusted gross income.
  - it will be used to pay medical insurance premiums during a period of unemployment.
  - it will be used for qualified higher education expenses.
  - it will be used for qualified first time home purchase expenses (\$10,000 lifetime limit).
  - it is part of a Substantially Equal Period Payment under Internal Revenue Code 72(t).
  - it is a qualified distribution due to disability.

**Convert My Traditional IRA to a Roth IRA**

- Convert:  Percentage:  %  
 All Shares:  
 Dollar Amount: \$
- To:  A new Roth IRA (Complete and enclose an IRA New Account Form)  
 My existing Roth IRA

Fund Name

Account Number

**Recharacterize My Contribution**

- Recharacterize my contribution of \$  for tax year  from my Roth account.
- To:  A new Traditional IRA (Complete and enclose an IRA New Account Form)  
 My existing Traditional IRA

Fund Name

Account Number

**Recharacterize My Conversion**

- Recharacterize my Conversion for tax year
- To:  A new Traditional IRA (Complete and enclose an IRA New Account Form)  
 My existing Traditional IRA

Fund Name

Account Number

All shares will be recharacterized unless you enter a specific dollar amount \$

**PART 3. DISTRIBUTION METHOD AND TYPE (continued)**

**Automatic Distribution/Withdrawal Options**

The completion of this section is optional.

- AUTOMATIC DISTRIBUTION/WITHDRAWAL OPTIONS PROGRAM** - This option provides an automatic withdrawal of money from your portfolio. Money can be sent to your address of record or transferred to your bank account via ACH (Automated Clearing House). For transfers sent to your bank account please provide all or your bank account information AND attach a voided check or deposit slip where Part 5.

Whether you provide the amount of your distributions or choose to have the amount calculated, please complete the Frequency of Distributions section. Automatic Distributions / Withdrawals continue *indefinitely* unless you request cancellation.

**Set Up Automatic Withdrawal for the Amount I Have Determined:**

Amount \$

**OR**

Using the Information listed below, please withdraw the following **AMOUNT(S)** from my Yorktown Funds account(s)

Using the Information listed below, please withdraw the following **PERCENTAGE(S)** from my Yorktown Funds account(s)

	<b>AMOUNT</b>	<b>OR</b>		<b>PERCENT</b>
<input type="checkbox"/> Yorktown Short Term Bond Fund	<input style="width: 80px;" type="text"/>		<input type="checkbox"/> Yorktown Short Term Bond Fund	<input style="width: 80px;" type="text"/>
<input type="checkbox"/> Yorktown Multi-Sector Bond Fund	<input style="width: 80px;" type="text"/>		<input type="checkbox"/> Yorktown Multi-Sector Bond Fund	<input style="width: 80px;" type="text"/>
<input type="checkbox"/> Yorktown Capital Appreciation Fund	<input style="width: 80px;" type="text"/>		<input type="checkbox"/> Yorktown Capital Income Fund	<input style="width: 80px;" type="text"/>
<input type="checkbox"/> Yorktown Growth Fund	<input style="width: 80px;" type="text"/>		<input type="checkbox"/> Yorktown Growth Fund	<input style="width: 80px;" type="text"/>
<input type="checkbox"/> Yorktown Master Allocation Fund	<input style="width: 80px;" type="text"/>		<input type="checkbox"/> Yorktown Master Allocation Fund	<input style="width: 80px;" type="text"/>
<input type="checkbox"/> Yorktown Small Cap Fund	<input style="width: 80px;" type="text"/>		<input type="checkbox"/> Yorktown Small Cap Fund	<input style="width: 80px;" type="text"/>
<input type="checkbox"/> Money Market Account	<input style="width: 80px;" type="text"/>		<input type="checkbox"/> Money Market Account	<input style="width: 80px;" type="text"/>

I understand that the value of my account(s) must exceed \$10,000 and the total minimum withdrawal amount is \$100

- These are:
- Normal Distributions (I am 59 ½ or older)
  - Distributions Due to Disability
  - Substantially Equal Periodic Payments that are exempt from the IRS 10% penalty under IRS Code 72(t).

- Systematic Distributions / Withdrawal Program - Mail Check to Address of Record*
- Systematic Distributions / Withdrawal Program via ACH (complete below and continue part 5)*

**Frequency of Distribution**

I authorize the Yorktown Funds to initiate withdrawals from my mutual fund account according to the following frequency:

- MONTHLY       QUARTERLY      DAY OF MONTH:  15th     Last Business Day
- SPECIFIC MONTHS (specify below)
  - January     March     May     July     September     November
  - February     April     June     August     October     December

**PART 3. DISTRIBUTION METHOD AND TYPE (continued)**

**Dividend Payout**

The completion of this section is optional. If distributions or dividends are taken before 59 1/2 they are subject to the maximum taxation of IRA distributions/dividends (10%).

All dividends and capital gains will be *reinvested* in the same fund that paid them, unless you signify otherwise below:

**Dividends**

- Pay in CASH to my address of record
- Automatically deposit into my bank account (complete bank account Part 5)

**Short-Term Capital Gains**

- Pay in CASH to my address of record
- Automatically deposit into my bank account (complete bank account Part 5)

**Long-Term Capital Gains**

- Pay in CASH to my address of record
- Automatically deposit into my bank account (complete bank account Part 5)

**PART 4. FEDERAL INCOME TAX WITHHOLDING**

**IMPORTANT:** We do not withhold for any applicable penalties. Please review the IRS notifications on withholding requirements for your distribution. See insert for details.

If no election is made, we are **REQUIRED** to withhold 10% Federal Income Tax.

- I do not want Federal Income Tax withheld from my lump sum or periodic payment.
- Automatic rate: I want Federal Income Tax at the rate of 10% withheld from my lump sum distribution, or at the married rate claiming 3 exemptions from my periodic payment distribution.
- I want Federal Income Tax at the rate of  % withheld from my lump sum distribution (Percentage must be at least 10% or greater).
- I want Federal Income Tax at the rate specified on the attached IRS Form W-4P withheld from my periodic payments.

**IMPORTANT:** If your address on record is a P.O. Box, we are required by law to withhold Federal Income Tax at the automatic rate unless we are provided with a residence address below:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip Code

**PART 5. PAYMENT INSTRUCTIONS**

\*\* Denotes that a **signature guarantee** is required

**By Mail**

- Make check payable to:
- Mail check(s) to the address of record
- Make check(s) payable to someone other than the account owner (Indicate payee below)\*\*
- Mail check to an address other than the one on the account (Provide address below)\*\*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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    **OR**     Bank Account Information below \*\*

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

- Bank instructions already established for my IRA    **OR**     Bank Account Information on the below \*\*

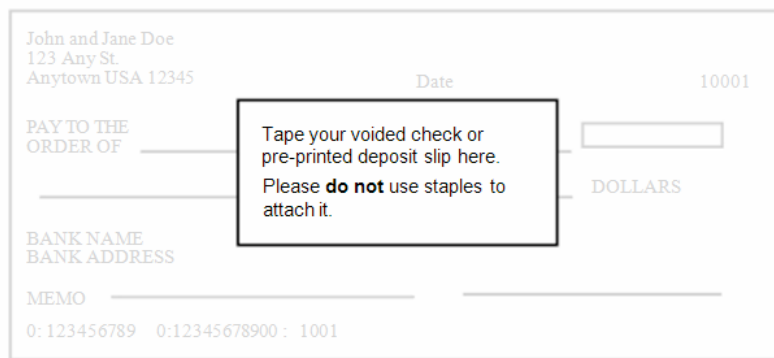
**Payment Method**

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

**Enter your checking or savings account information below.**

<input type="text"/>			
Bank Name			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State	Zip Code
<input type="text"/>			
Name(s) on Bank Account			
<input type="text"/>	<input type="text"/>		
ABA Number (if known)	Bank Account Number		

**Please attach one voided check or deposit ticket:**  Checking     Savings



\*\* Shareholder Services transfers your assets two business days before the date on which you want them credited to your bank account. On the first day, we initiate a withdrawal from your IRA account. On the second day, we instruct the Custodian to transfer the appropriate assets to the Automated Clearing House (ACH). The ACH then transfers the assets to your bank. On the third day, the assets are credited to your bank account.

Investor's Signature

Date

## PART 6. INVESTOR SIGNATURE

By signing this *IRA Distribution Form*, I certify that the information I have provided is true and correct. I authorize the current IRA Trustee/Custodian to transfer the IRA assets as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this transfer and I assume all responsibilities for any consequences that arise as a result of my actions. I agree to indemnify and hold the IRA Trustee/Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the IRA Trustee/Custodian. I also understand that if this transfer involves a SIMPLE IRA, or if I am subject to the required minimum distribution requirements, special rules apply; and I assume responsibility for my actions regarding those issues.

X

Investor's Signature

X

Date

## PART 7. SIGNATURE GUARANTEE

A signature guarantee may be required by your current financial institution to complete this transaction; it is designed to protect your account from fraud.

If needed you may obtain a signature guarantee from:

- Bank or trust company
- Savings association
- Credit union
- Broker, dealer, or securities exchange member

Note: Notarization by a notary public is not a signature guarantee and is not an acceptable substitute.

Signature Guarantee

## MAILING INSTRUCTIONS

Please mail completed application to:

### Regular Mail Delivery

Yorktown Funds  
c/o Ultimus Fund Solutions, LLC  
P.O. Box 46707  
Cincinnati, OH 45246-0707

### Overnight Courier

Yorktown Funds  
c/o Ultimus Fund Solutions, LLC  
225 Pictoria Drive, Suite 450  
Cincinnati, OH 45246