



# IRA DISTRIBUTION FORM

This IRA form is used for Traditional IRA, Employee Qualified/Profit Sharing/401k Plan, Rollover IRA, Roth IRA and SEP IRA.

## SECTION 1: Existing IRA Registration

Account Number \_\_\_\_\_

Owner's Name (Last, First, Middle Initial) \_\_\_\_\_

Owner's Social Security Number \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_

Address of Residence (Required) - P.O. Box not accepted \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

Mailing Address - If different from above (P.O. Boxes accepted) \_\_\_\_\_

( ) ( )  
Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

If your address is different from what is currently shown on your account, your signature must be guaranteed in Section 11.

## SECTION 2: Account Type

- Traditional IRA  Employee Qualified/Profit Sharing/401k Plan  
 Rollover IRA  Roth IRA  SEP IRA

## SECTION 3: Distribution Amount

If choosing a fixed dollar amount or percentage, enter the amount of each payment below; otherwise leave the amount blank. For systematic payments, please complete Section 8.

- I am withdrawing the total value of this account from all Funds  
 I am making a partial withdrawal from this account and the following Fund(s):

Fund Name	Amount
White Oak Select Growth Fund (WOGSX)	\$ _____ or _____ %
Pin Oak Equity Fund (POGSX)	\$ _____ or _____ %
Rock Oak Core Growth Fund (RCKSX)	\$ _____ or _____ %
River Oak Discovery Fund (RIVSX)	\$ _____ or _____ %
Red Oak Technology Select Fund (ROGSX)	\$ _____ or _____ %
Black Oak Emerging Technology Fund (BOGSX)	\$ _____ or _____ %
Live Oak Health Sciences Fund (LOGSX)	\$ _____ or _____ %
<b>Total Amount</b>	\$ _____ or _____ %

## SECTION 4: Reason for Distribution

### Check one:

- Normal Distribution - I am over the age 59½.  
 Continue to Section 5.  
 Early Distribution - I am under age 59½. I understand the IRS 10% premature distribution penalty tax may be imposed on this payment.

## SECTION 4: Reason for Distribution (continued)

- Required Minimum Distribution (for Traditional IRA owners age 70½ and over and death beneficiaries):
- Please calculate my minimum distribution based on my age, account balance, and the applicable life expectancy divisor using the IRS Uniform Table.
  - I have calculated the amount of my required distributions from all of my traditional IRAs and request a distribution of the amount listed in section 3.
  - My beneficiary is my spouse who is more than ten (10) years younger than I am. Please use the Joint Life Expectancy Table to calculate my minimum distribution using our joint ages.
  - This is a minimum distribution due to the death of the IRA owner. I am the beneficiary and would like to take the minimum distribution amount based on the IRS Single Life Expectancy Table. My date of birth is \_\_\_\_/\_\_\_\_/\_\_\_\_\_.
- Removal of excess contribution plus earnings BEFORE my tax filing deadline.  
 On what date was the contribution made? \_\_\_\_\_
- Removal of excess contribution plus earnings AFTER my tax filing deadline.  
 Which tax year was the contribution made? \_\_\_\_\_
- This distribution is intended to qualify as a "substantially equal payment" under Section 72(t) of the Internal Revenue Code.

**The proper documentation must be received or attached for the following distribution types before the request will be processed. All legal documents must be certified copies.**

- Divorce or Legal Separation (a divorce certificate or qualified domestic relations order must be provided)
- Disability
- Death (for 1st time distributions a certified copy of the death certificate must be provided along with a new application or W-9)
- I am requesting a direct rollover to an eligible employer-sponsored retirement plan. I have verified with the plan administrator of the receiving plan that this rollover will be accepted. (a letter of acceptance must be provided)

## SECTION 5: Tax Withholding Election

Please read the WITHHOLDING NOTICE INFORMATION in Section 12 before making your selection below.

- I do **NOT** want Federal Income Tax withheld from my distribution(s).
- I DO** want Federal Income Tax withheld from my distribution(s). Ten percent (10%) of the distribution will be withheld. If you want a percentage other than 10% withheld, please indicate percentage \_\_\_\_\_% or actual \$ \_\_\_\_\_.

## SECTION 6: Payee

- Account Owner  
 Beneficiary

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

- 3rd Party or New Custodian\*

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

\* A Medallion Signature Guarantee is required to send assets to an address or bank other than the one listed on record.

**SECTION 7: Payment Instructions**

- Mail a check to my address of record.
- Mail a check to an alternate address.\*
- Mail check to new IRA Custodian or Plan Trustee per instructions on the attached letter of acceptance.

\_\_\_\_\_  
\*Address (Required)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
Purchase into an existing non-retirement mutual fund account #

Fund Name	Amount
White Oak Select Growth Fund (WOGSX)	\$ _____
Pin Oak Equity Fund (POGSX)	\$ _____
Rock Oak Core Growth Fund (RCKSX)	\$ _____
River Oak Discovery Fund (RIVSX)	\$ _____
Red Oak Technology Select Fund (ROGSX)	\$ _____
Black Oak Emerging Technology Fund (BOGSX)	\$ _____
Live Oak Health Sciences Fund (LOGSX)	\$ _____
<b>Total Amount</b>	\$ _____

- Purchase into a new non-retirement mutual fund account (include a completed new account application)

Send by  ACH Transfer or  wire transfer to my existing bank instructions on file.

Send by  ACH Transfer or  wire transfer to my new bank instructions listed in Section 9.\*

\* A Medallion Signature Guarantee is required to send assets to an address or bank other than the one listed on record.

**SECTION 8: Systematic Withdrawal Plan**

- I wish to receive regular cash payments from my IRA.
- I wish to receive regular cash payments from my IRA for only Required Minimum Distribution.

A Systematic Withdrawal Plan automatically withdraws money from this account on a monthly, quarterly, or annually basis. Please complete this section if you would like to establish a Systematic Withdrawal Plan. There is a \$25 minimum periodic payment per fund except for required distribution amounts. To establish systematic withdrawals, you need a minimum of \$25,000 in your account.

Fund Name	Amount
White Oak Select Growth Fund (WOGSX)	\$ _____
Pin Oak Equity Fund (POGSX)	\$ _____
Rock Oak Core Growth Fund (RCKSX)	\$ _____
River Oak Discovery Fund (RIVSX)	\$ _____
Red Oak Technology Select Fund (ROGSX)	\$ _____
Black Oak Emerging Technology Fund (BOGSX)	\$ _____
Live Oak Health Sciences Fund (LOGSX)	\$ _____
<b>Total Amount</b>	\$ _____

How often would you like automatic withdrawals?

- Monthly
- Quarterly
- Annually

On or about which date? (e.g., 2nd, 15th) \_\_\_\_\_

If no date is specified, withdrawals will be made on or about the 25th of each month.

**SECTION 8: Systematic Withdrawal Plan (continued)**

Money is to be sent by:  ACH  Check or  Cross-Invest

\_\_\_\_\_  
Fund

\_\_\_\_\_  
Account Number

Please provide bank information in Section 9, if applicable.

**SECTION 9: Bank Information**

Please provide bank information if you are establishing a systematic withdrawal plan or if you are sending money by ACH or wire to bank instructions not on file.

**Account type:**  Checking  Savings

\_\_\_\_\_  
Name on Bank Account

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
ABA Routing Number (First 9 digits at the bottom of the check or deposit slip)

\_\_\_\_\_  
Bank Account Number (Second set of numbers at the bottom of check or deposit slip)

**Please attach a voided check or savings deposit slip from the specified bank account.**

I authorize the Oak Associates Funds to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that the Oak Associates Funds will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to the Oak Associates Funds. The termination request will be effective as soon as the Oak Associates Funds has had reasonable time to act upon it.

**SECTION 10: Signature**

I certify that I am the proper party to receive payment(s) from this IRA and that all information provided by me is true and accurate. I have read and understand the Rules and Conditions Applicable to Withdrawals listed in Section 12 of this form and agree to abide by those rules and conditions. No tax advice has been given to me by the Trustee or Custodian. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for and adverse consequences which may arise from this withdrawal and I agree that the Trustee or Custodian shall in no way be held responsible.

\_\_\_\_\_  
IRA Owner, Beneficiary or Former Spouse

\_\_\_\_\_  
Date (MM/DD/YY)

## SECTION 11: Signature Guarantee (if required)

A signature guarantee is required if redeeming within 30 days of changing bank information or address, in addition to sending wires, ACHs and checks to instructions other than that on record for this account.

To protect yourself against fraud, your signature(s) must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

Eligible guarantor's: Commercial Banks  
Credit Unions  
Member Firms of a domestic stock exchange  
Savings Associations  
Trust Companies

Bank or Dealer Firm

Officer's Title

Officer's Signature

Date (MM/DD/YY)

[STAMP]

## SECTION 12: Rules and Conditions Applicable to Withdrawals

The term IRA will be used below to mean Traditional IRA, SIMPLE IRA, and Roth IRA unless otherwise specified.

### GENERAL INFORMATION

You must supply all requested information so the Trustee or Custodian can do the proper tax reporting. You may not request a distribution on behalf of another beneficiary.

For Traditional and Simple IRAs you must include all amounts you receive in your gross income except amounts attributable to nondeductible contributions and amounts rolled back into an IRA, qualified plan, 403(a), 403(b), or governmental 457(b) plan. You will receive distribution reports from the Trustee or Custodian to assist you with reporting this income.

### DISTRIBUTION REASON

You are required to give the reason for taking a withdrawal from your IRA. If more than one numeric reason applies, you must complete a separate Withdrawal Statement for each reason. If an alpha reason applies in addition to a numeric reason, complete only this Withdrawal Statement, specifying both distribution reasons. If you take a distribution (that is not rolled over) from a Roth IRA within the first five years of your initial Roth IRA contribution, you may be subject to an early distribution penalty and federal income taxes on the amount includible in your income. You must pay the appropriate penalty tax to the IRS. In addition, the Trustee or Custodian may impose substantial penalties for early withdrawal of the deposits. You will receive distribution reports from the Trustee or Custodian to assist you with reporting this income.

### Early Distribution (IRS Penalty Applies).

If you are under age 59½ and take a distribution from your IRA, it will generally constitute an early distribution. Unless an exception to the penalty applies, you must pay the appropriate penalty tax to the IRS. In addition, the Trustee or Custodian may impose substantial penalties for early withdrawal of time deposits. IRA holders who roll an early distribution over into another IRA will not be subject to the early distribution penalty. An early distribution is reported on IRS Form 1099R using Code 1 or Code J for Roth IRA's. Code J is also used for distributions where neither Code Q nor Code T applies but the distribution qualifies for an exception to the 10 percent early distribution penalty. Payments made to pay medical expenses which exceed 7.5 percent of your adjusted gross income and distributions to pay for health insurance if you have separated from employment and have received unemployment compensation under a federal or state program for at least 12 weeks are exempt from the 10 percent penalty; payments to cover certain qualifying education expenses; and qualified first-time home purchases (up to \$10,000); and qualified reservist distributions are all exempt from the 10 percent penalty. However, these distributions are reported to the IRS using Code 1 and you must file IRS Form 5329 to claim an exemption.

### Early Distribution (IRS Penalty Exception).

If you are under age 59½ and take a distribution to which an exception under Internal Revenue Code (IRC) 72(t) applies (i.e., substantially equal periodic payment as defined in IRC Section 72(t)(2)(A)(iv), distributions made to pay an IRS levy, direct conversions to a Roth IRA from a Traditional IRA, etc.), you may be exempt from the early distribution penalty. The Trustee or Custodian, however, may impose substantial penalties for early withdrawal of time deposits. An early distribution with exception is reported on IRS Form 1099R using Code 2.

### Qualified Distribution.

If five years have passed since your initial Roth IRA contribution or conversion year, and either: (1) you are over age 59 1/2, (2) your distribution is on account of death, or (3) you are disabled, then your distribution is a qualified distribution. Qualified distributions are reported on the IRS Form 1099R using Code Q. However, if qualified distributions are taken on account of the first-time homebuyer qualifying event, Code J is used on IRS Form 1099R.

### Disability.

You may take a distribution due to disability only if the disability renders you unable to engage in any substantial gainful activity and it is medically determined that the condition will last continuously for at least 12 months or lead to your death. You may be required to furnish proof of disability, in a form acceptable to the Trustee or Custodian, verifying your ability to use this distribution penalty exception. Disability distributions are reported on IRS Form 1099R using Code 3 or Code T for Roth IRAs, unless they are qualified distributions.

### Death.

If you are requesting a distribution as a beneficiary, the Trustee or Custodian may require you to furnish proof of death, in a form acceptable to the Trustee or Custodian, to verify your entitlement to receive the distribution. This verification should be used by surviving spouse beneficiaries electing to treat the IRA as their own. For Traditional and Simple IRAs, death distributions are reported on IRS Form 1099R using Code 4. Use Code G (with Code 4) for a surviving spouse who elects a direct rollover to a qualified plan. Use Code T for Roth IRAs, unless they are qualified distributions.

### Normal Distribution.

If you are over age 59½, you may take IRA distributions any time you wish without incurring an IRS early distribution penalty. Normal distributions are reported on IRS Form 1099R using Code 7 or Code T for Roth IRAs, unless they are qualified distributions.

You are required to take a minimum distribution from your IRA by April 1 of the year following the year you attain age 70½ (required beginning date) and the end of that year and of each year thereafter. The minimum distribution for any taxable year is equal to the amount obtained by dividing the account balance at the end of the preceding year by the appropriate life expectancy factor. Waiting until April 1 of the following year will require you to take a second payment that year so you may want to indicate for which tax year the required minimum distribution is for, so you do not miss a payment.

**Excess Contribution Removal.**

If you have made an excess contribution to your IRA, you must take the appropriate steps to remove or redesignate the distribution. Depending upon when you take the necessary corrective action and the amount of the excess contribution, you may have to pay the IRS either an excess contribution or early distribution penalty tax, or both. Code 1, 8, P or J (or a combination of these codes) will be applicable on IRS Form 1099R depending on the timing of the removal.

**Direct Rollover to Employer Plan for Traditional or Simple IRAs.**

If you qualify, you may roll over taxable IRA assets to your employer's qualified plan, 403(a) annuity plan, 403(b) tax-sheltered annuity, or governmental 457(b) plan. The rules governing rollovers are very complex. You are advised to seek a competent tax advisor if you have any questions regarding your eligibility to complete a rollover. A direct rollover to an employer's qualified plan, 403(a), 403(b), or governmental 457(b) plan is reported on IRS Form 1099R using Code G.

**Early SIMPLE IRA Distribution.**

You may take a distribution from a SIMPLE IRA at any time. However, if you are under age 59½, distributions taken from your SIMPLE IRA during the first two years following the date you first participated in your employer's SIMPLE plan are generally subject to a 25 percent early distribution penalty. An early SIMPLE IRA distribution is reported on IRS Form 1099R using Code S.

**WITHHOLDING NOTICE INFORMATION**

(Form W 4P/OMB No. 1545 0415)

**Basic Information about Withholding From Pensions and Annuities.**

Generally, Federal income tax withholding applies to payments made from pension, profit sharing, stock bonus, annuity and certain deferred compensation plans, IRAs, and commercial annuities.

**Purpose of Form W 4P.**

Unless you elect otherwise, Federal income tax will be withheld from payments from Individual Retirement Accounts (IRAs). You can use Form W 4P or a substitute form, such as that contained on this form, furnished by the Trustee or Custodian, to instruct your Trustee or Custodian to withhold no tax from your IRA payments (or to revoke this election). This substitute form should be used only for distributions from IRAs which are payable upon demand.

**Nonperiodic Payments.**

Payments from IRAs that are payable upon demand are treated as nonperiodic payments for Federal income tax purposes. Generally, nonperiodic payments must have income tax withheld at a rate not less than 10 percent. However, qualified distributions from a Roth IRA are nontaxable and, therefore not subject to withholding.

You can elect to have no income tax withheld from a nonperiodic payment (IRA payment) by filing Form W 4P or a substitute form with the Trustee or Custodian and checking the appropriate box on that form. Your election will remain in effect for any subsequent distribution unless you change or revoke it.

A U.S. citizen or resident alien may not waive withholding on any distribution delivered outside of the U.S. or its possessions. Distributions to a nonresident alien are generally subject to a tax-withholding rate of 30 percent. A reduced withholding rate, including exemption, may apply if there is a tax treaty between the nonresident alien's country of residence and the United States, and the nonresident alien submits Form W8-BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding, or satisfies the documentation requirements as provided under the regulations.

For more information, please see Publication 505, Tax Withholding and Estimated Tax, and Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, available from most IRS offices.

**Caution:** Remember that there are penalties for not paying enough tax during the year, through either withholding or estimated tax payments. New retirees should see Publication 505. It explains the estimated tax requirements and penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your IRA using Form W 4P.

**Revoking the Exemption from Withholding.**

If you want to revoke your previously filed exemption from withholding, file another Form W 4P with the Trustee or Custodian and check the appropriate box on that form.

**Statement Of Income Tax Withheld From Your IRA.**

By January 31 of next year, you will receive a statement from your Trustee or Custodian showing the total amount of your IRA payments and the total Federal income tax withheld during the year. Copies of Form W 4P will not be sent to the IRS by the Trustee or Custodian.

**SIGNATURES**

Your signature is required to certify that the information you have provided is true and correct and that you are aware of all the circumstances affecting this IRA withdrawal.

**Please mail completed form to:****Mailing Address**

Oak Associates Funds  
P.O. Box 8233  
Denver, CO 80201-8233

**Overnight Address**

Oak Associates Funds  
1290 Broadway, Suite 1100  
Denver, CO 80203

If you have any questions, please contact a Shareholders Service Representative at 1-888-462-5386 or visit [www.oakfunds.com](http://www.oakfunds.com).