

IRA DISTRIBUTION FORM

Use this form to request a distribution from your Stewart Capital Mutual Fund IRA, Roth, or SIMPLE account. Please note your distribution may be subject to penalty taxes. If you have questions regarding tax consequences, you should consult a tax advisor. **Do not use this form to transfer your funds or for age 70 ½ required minimum distributions.** If you have questions about completing this form, please contact our Shareholder Services Department at 1-877-877-4440. Once completed please mail the form to Stewart Capital Mutual Funds, P.O. Box 2175, Milwaukee, WI 53201.

1. Account Registration

Account Number _____

Name (First, Middle, Last) _____

Address (If PO box, please indicate the residential/street address below) _____

City _____ State _____ Zip _____

Phone Number _____ Date of Birth _____

Social Security Number _____

2. Distribution Reason

- Early (premature) Distribution (participant is under age 59 ½ and no other reason applies. Also applies to a distribution due to medical expenses, health insurance premiums, higher education expenses, first time home buyer expenses or distributions under section 72(t) (Substantially Equal Periodic Payments)
- Permanent Disability (if you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code)
- Death Distribution/Beneficiary Election; you are the beneficiary of a deceased participant and elect to take your distribution in accordance with your IRA Beneficiary Election (attach Beneficiary Election Form).
- Normal Distribution (If you are the participant and age 59 ½ or older and no other reason applies).
- Removal of Excess Contribution: Tax year contribution was made _____
- Rollover IRA paid directly to Trustee of Employer's Plan. Acceptance from receiving Employer Plan must be attached.
- Recharacterization: Applicable year of contribution that is being recharacterized _____

3. Frequency of Distribution

- Single distribution Amount _____
 - One-time total distribution
 - Periodic Payment (please choose frequency):
 - Monthly Quarterly Semi-Annually Annually
- Amount (\$100 minimum) _____
- If you choose a periodic payment, please indicate on which of the following days you would like it to be issued.
- 5th 10th 20th 25th of the month beginning the month of _____, 20_____

*If no time frame or dates is specified, distributions will be made monthly on the 20th or on the first business day after if it falls on a weekend or a holiday. Your first automatic distribution will occur no sooner than 15 days after receipt of this application.

4. Method of Payment

- You can have your distribution deposited into a Stewart Capital Mutual Fund account, sent directly to your bank or sent by check to your address of record. Please select the payment method you prefer.
- Please send my distribution to the bank listed my account via:
 - Send a check to address of record
 - Electronic Funds Transfer
 - Wire (A \$15.00 fee will be charged.)
 - [A1] To my Stewart Capital Mutual Funds account _____

- Check to different address (*Requires Medallion Signature Guarantee; See Section 7.*)

Name (First, Middle, Last) _____

Address _____

City _____ State _____ Zip _____

5. Withholding Information

A 10% withholding of federal income tax is mandatory on all retirement account redemptions, unless you elect not to have any withholding.

You may change or revoke your withholding election at any time by notifying Stewart Capital Mutual Funds in writing. If Stewart Capital Mutual Funds do not receive notification from you, your current election as indicated on your retirement account application will be maintained. If no account election exists and you do not make an election by the date of distribution, federal income tax will be withheld from the distribution.

Please be aware that if your estimated tax payments and withholding are not adequate, you may be subject to IRS tax penalties under the estimated tax payment rules. This distribution and all future distribution will be made using this election until such time the election is changed. You may change your withholding election for future distributions by completing a new IRA Distribution Form.

- Please withhold 10% federal income tax from my distribution.
- Please withhold _____% (greater than 10%) federal income tax from my distribution.
- Please do not withhold any federal income tax from my distribution.

[A2]

6. Signatures

I understand that my distribution may be subject to federal income tax. For purposes of determining the taxable portion of my distribution, all IRAs held by me shall be treated as one IRA and all IRA distributions received by me in a single year shall be treated as one distribution.

Participant

Date

Participant's Spouse (required for community property states)

Date

7. Medallion Signature Guarantee

Required if proceeds are going to a payee, address, or bank account other than those listed on your account or if the redemption amount is over \$50,000.

A Medallion Signature Guarantee may be obtained from a member of a national securities exchange, a U.S. commercial bank, trust company or federally chartered savings and loan or other eligible guarantor institution that participates in the Securities Transfer Association Medallion Program. **A notary public is not an acceptable guarantor.**

Medallion Signature Guarantee