

Litman Gregory Masters Funds

IRA Distribution Request Form

For assistance completing the form or to make changes to your account, please contact a Representative at 1-800-960-0188.

Your mutual fund account may be transferred to your state of residence if no activity occurs within your account during the inactivity period specified in your state's abandoned property laws.

PLEASE PRINT. Remember to complete and sign sections 9 and 10 on the reverse side of this application and retain a copy for your records.

1. ACCOUNT REGISTRATION

Owner's name (first, initial, last)

Owner's social security number

Birth date (mm/dd/yy)

2. PERMANENT STREET ADDRESS

Street number (P.O. Box is not permitted)

City, State, Zip

Daytime phone

Evening phone

E-mail address

3. MAILING ADDRESS (if different than permanent address)

Street or P.O. Box number

City, State, Zip

4. ACCOUNT TYPE

Refer to disclosure statement for eligibility requirements and contribution limits. Note, if no tax year is indicated, we will assume it is for the tax year in which it is received.

Traditional IRA Account

- For tax year _____
If blank, we will assume it is for the tax year in which it is received.
- IRA to IRA Trustee-to-Trustee Transfer
(please complete IRA Transfer Form)
- Indirect Rollover (shareholder had receipt of funds)

IRA Rollover Account

- Rollover IRA to Rollover IRA Trustee-to-Trustee Transfer
(please complete IRA Transfer Form)
- Direct rollover from qualified plan – complete any additional form(s) required by your Plan Administrator
 - Corporate Pension PSP 401(k) 403(b)
 - Other _____

ROTH IRA Account

- For tax year _____
If blank, we will assume it is for the current tax year.
- Roth IRA to Roth IRA Trustee-to-Trustee Transfer
(please complete IRA Transfer Form)
- Traditional IRA to Roth IRA – year of conversion (at 100%) _____
Year in which Traditional IRA was converted to Roth IRA
- Indirect Rollover from Roth IRA (shareholder had receipt of funds)

SEP (Simplified Employee Pension Plan)

Each employee must complete an *IRA Application* and the employer must complete IRS Form 5305-SEP.

- For tax year _____
If blank, we will assume it is for the current tax year.
- Employer Contribution (custodian must report for current tax year)
- Trustee-to-Trustee Transfer from another IRA or SEP IRA Account
(please complete IRA Transfer Form)
- Indirect Rollover (shareholder had receipt of funds)

5. TYPE OF DISTRIBUTION *Please choose only one.*

- Normal Distribution — Age 59½ or older
- Excess Contribution — Current Year
- Required Minimum Distribution
- Excess Contribution — Prior Year
- Premature Distribution*
- Disability
- Death**
- Other** _____

* Penalties may apply. Please consult your tax advisor.

** Additional documents may be required. Contact our Service Center for additional information.

6. FEDERAL INCOME TAX WITHHOLDING

The law requires that federal income tax be withheld from certain IRA distributions unless you elect not to have withholding apply. If you so elect, you may be responsible for payment of estimated tax. You may also incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Please contact a qualified tax advisor for more information.

Please make your election below. You may revoke your election in writing at any time. *Please note, if no federal election is made, then 10% of your distribution will be withheld for federal income taxes. No withholding election should be made for withdrawals from an Education IRA.*

- Do not withhold federal income tax from my distribution.
- Withhold federal income tax from my distribution at the rate of _____ (not less than 10%).

- Continued on reverse -

Mail completed forms and checks to: Litman Gregory Masters Funds, c/o Boston Financial Data Services, P.O. Box 219922, Kansas City, Mo 64121-9922

For Overnight Delivery: Litman Gregory Masters Funds, c/o Boston Financial Data Services, 330 W. 9th Street, Kansas City, MO 64105

7. PAYMENT INSTRUCTIONS Please choose only one. See Section 10 for Medallion Signature Guarantee information.

- Send payment to me by check at the above address.
- Send payment to my bank account.
- Send payment to me via overnight delivery for a \$13.00 charge.

Make check payable to and mail as indicated below.

Name _____
 Street Address _____
 City _____ State _____ Zip Code _____

Attach voided check here

(Bank account registration must match Fund/Account registration.)

Invest my distribution in my non-IRA Litman Gregory Masters account*.
 Fund Name _____ Account Number _____

* If a new account, please submit an Account Application.

8. DISTRIBUTION INSTRUCTIONS

A. One-time full or partial distribution

Fund Name	Fund #*	Account Number	Amount	or %	or ALL
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

B. Recurring Distribution

Fund Name	Fund #*	Account Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Can be found on account statement

- I wish to take distribution(s) based on my life expectancy.
- I wish to take the minimum distribution based upon my and my designated beneficiary's joint life expectancy.
- I wish to take distributions for the fixed period of ___ years (not to exceed the joint life expectancy of my designated beneficiary and me).
- I have calculated the amount of my required distributions pursuant to the Internal Revenue Code and request a distribution of _____ or _____% of my account per year.
- I am over the age 59½ and wish to take my dividends in cash.
- I am over the age 59½ and wish to take my capital gains in cash.

- Begin distributions on _____ in _____.
 (month) (year)
- Please make distributions on the _____ day (between the 3rd and the 26th) of the month(s) indicated below.
 (if no date is selected, the 25th will be used.) Please note, payments by check are processed on the 25th of the month only.
- Select frequency of periodic distributions (does not apply to cash dividends and capital gains.)

- All months or check all that apply
- | | | | | | |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

9. YOUR 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 further certify that no tax advice has been given to me by Litman Gregory Masters Funds. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that Litman Gregory Masters Funds shall in no way be held responsible.

Signature _____ Date _____

10. MEDALLION SIGNATURE GUARANTEE

A Medallion Signature Guarantee assures that the signature is genuine and not a forgery. The financial institution providing the Guarantee is financially liable for the transaction if the signature is a forgery. Eligible guarantors include Commercial Banks, Trust Companies, Savings Associations and Credit Unions as defined by the Federal Deposit Insurance Act.

Note: A Guarantee from a Notary Public is not acceptable.

A Medallion Signature Guarantee is required if:

- Amount is over \$25,000.
- You want your check made payable to someone other than yourself.
- Your address has changed within the last 30 days.
- You want the check mailed to an address other than the address of record.
- You want the proceeds sent to a bank account not on file.
- You are the beneficiary of the account and the account owner is deceased.†

† Other documentation may be required.

Affix Medallion Signature
 Guarantee stamp here

Please contact a representative.

Name of eligible guarantor institution: _____

Signature of authorized person: _____

RETAIN A PHOTOCOPY OF THE COMPLETED IRA DISTRIBUTION REQUEST FORM FOR YOUR RECORDS

Before you mail, have you:

- | | |
|--|--|
| <input type="checkbox"/> Completed all USA PATRIOT Act required information? | <input type="checkbox"/> Signed your application in Section 9? |
| - Social Security or Tax ID Number in Section 2? | <input type="checkbox"/> Enclosed additional documentation, if applicable? |
| - Full name in Section 2? | |
| - Birth date in Section 2? | |
| <input type="checkbox"/> - Permanent street address in Section 3? | |