IRA Distribution Request Form

Mail to: AARP Funds, P.O. Box 8035, Boston, MA 02266-8035
Overnight address: AARP Funds c/o BFDS, 30 Dan Road, Canton, MA 02021
Phone: 1-800-958-6457

Use this form to take a distribution from a Traditional, SEP, Rollover or Roth IRA.

1. Existing Account Registration (Please print using capital letters and black ink.)

Account Owner's name (first, middle, last)

Fund Name(s) or Number(s) Account Number(s)

Fund Name(s) or Number(s) Account Number(s)

Fund Name(s) or Number(s) Account Number(s)

Street address

City State Zip

Daytime telephone number – – Evening telephone number – – Email address

Social Security number/Tax Identification number – – Birthdate (mm/dd/yyyy)

2. Type of Distribution (Check one box)

☐ **Normal Distribution:** Participant is over age 59½.

☐ **Required Minimum Distribution:** Distribution must begin by April 1 of the year following the year participant reaches age 70½ and another distribution must be taken by December 31 of that year. Each year thereafter, the participant must take a distribution by December 31 (does not apply to Roth IRAs).

☐ **Premature Distribution:** Participant is under age 59½ and acknowledges tax consequences and penalties (not for Systematic Withdrawals).

☐ **Premature Exempt Distribution:** Participant is under age 59½ and the distribution is for a first-time home purchase, qualified higher education expenses, health insurance for certain unemployed individuals, or medical expenses exceeding 7.5% of AGI.

Continued next page

2. Type of Distribution (continued from page 1)

☐ **Rollover Distribution:** Participant will be rolling over the proceeds into another IRA or Qualified Retirement Plan within 60 days. The distribution will be reflected as Premature or Normal on the appropriate Internal Revenue Service (IRS) tax form.

☐ **Disability:** Participant is unable to engage in any substantial gainful activity and the medical condition is to be of long, continued and indefinite duration. Enclose a statement on doctor's letterhead.

☐ **Death:** Participant is deceased. **Check one circle:**

○ **Distribution to Beneficiary:** Please use one IRA Distribution Request Form for each beneficiary. Enclose a certified death certificate or its equivalent (a copy of the original death certificate bearing an original certification by the issuing state/municipal government authority). Beneficiary must provide signature in **section 8** and obtain a medallion signature guarantee in **section 9**.

Beneficiary's name (first, middle, last)

___ – __ – ____

Social Security number

○ **Distribution to Estate:** There is no beneficiary named on the account. Enclose a certified copy of letters testamentary (probate court documents) and if mandated by the state, a tax waiver. Executor of the estate must provide signature in **section 8** and obtain a medallion signature guarantee in **section 9**.

Executor's name (first, middle, last)

Estate Tax Identification number

☐ **Divorce:** Participant must enclose a certified copy of the Divorce Decree or Qualified Domestic Relations Order (QDRO). The receiving spouse must provide a signature in **section 8** and obtain a medallion signature guarantee in **section 9**.

Receiving Spouse's name (first, middle, last)

___ – __ – ____

Social Security number

☐ **Substantially Equal Payments:** Participant is under age 59½. Distributions are to be made at least annually using the life expectancy method, and the distributions must continue for at least 5 years or until the participant reaches age 59½, whichever comes later. Please consult your financial or tax advisor for more information.

☐ **Excess Contribution:** Participant is removing excess contribution of $__________ made for tax year __________. To avoid a penalty tax, excess contributions and earnings, if any, must be withdrawn before the due date (including extensions) of your federal income tax return for the tax year of the excess contribution. See IRS Publication 590 for more information.

If you are removing the excess contribution before your tax-filing deadline, please check one:

○ Issue check for excess contribution and earnings.

○ Remove excess contribution and earnings and reapply as a contribution for the current tax year provided the amount is equal to or less than the maximum tax year contribution.

○ Remove excess contribution and earnings and invest in the AARP account(s) listed in **section 5**.

3. Method of Distribution (Check one box)

☐ **Partial Distribution** $____________________ or %____________________. Go to **section 5**.

☐ **Total Distribution/Account Liquidation.** Go to **section 5**.

☐ **Earnings Payout:** Participant is between age 59½ and 70½ and all dividends and capital gains are to be paid to participant. Go to **section 5**.

☐ **Systematic Withdrawal Plan (Must be over 59½):** You may redeem a fixed dollar amount and have the proceeds sent periodically to your address or checking account. Share redemption will occur on the 24th of the month or the next business day, unless otherwise specified in **section 4**. **Check one circle:**

- ○ Distribute a fixed dollar amount of $________________ each period.
- ○ Distribute a fixed share amount of ________________ each period.
- ○ Distribute ________________% of account value each period.

☐ **Life Expectancy Distribution*:** You may redeem a fixed dollar amount and have the proceeds sent periodically to your address or checking account. Share redemption will occur on the 24th of the month or the next business day, unless otherwise specified in **section 4. Check one circle:** *Once these distributions begin, they will continue until we are notified to stop processing the annual required minimum distributions.*

- ○ Distribute based on my life expectancy or the life expectancy of my non-spouse beneficiary and myself.
- ○ Distribute based on the joint life expectancy of my spouse and myself. My spouse's birth date is

☐☐–☐☐–☐☐☐☐

Spouse's Birthdate (mm/dd/yyyy)

Note to IRA owner: If you have chosen a Life Expectancy Distribution method above and have other IRAs but want to take your minimum distribution from this AARP IRA only, please supply the value, as of December 31st of the year preceding the distribution year, for those IRAs you wish to include in the calculation. This distribution will be calculated on a one-time basis only. You must submit a new IRA Distribution Request Form each year. If you do not provide the year-end value for all IRAs you wish to include, the calculation may be incorrect and you may be subject to a 50% excise tax on the amount not distributed as required.

$____________________	$____________________	$____________________
IRA Value as of 12/31	IRA Value as of 12/31	IRA Value as of 12/31

* Please note: Payments based on life expectancy will be determined from the IRS Uniform Lifetime Table. If your spouse is the sole beneficiary and is more than 10 years younger than you, the life expectancy factors used are adjusted and the distribution is based on the IRS Joint Life and Last Survivor Expectancy Table. AARP uses the following formula to calculate the distribution: Value of IRA / Life Expectancy = Minimum Withdrawal This Year. The IRA value used to calculate the distribution is equal to the value as of December 31st of the year preceding the distribution year.

4. Payment Schedule

Please complete this section if you have chosen the Systematic Withdrawal Plan or the Life Expectancy Distribution from **section 3**.

Make my withdrawals in the following months (check all that apply):

☐	or	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
All Months		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

Beginning Month: ________________Transactions should occur on the_________ day of the month.

(Share redemption will occur on the 24th of the month or the next business day, unless otherwise specified.)

5. Payee (Check one box)

☐ Invest distribution in existing non-retirement account(s) with the AARP Funds.

Fund name	Dollar Amount		Percentage	Account Number
AARP Aggressive Fund	$ __ __ , __ __ __ . __ __	or	__ __ __ . __ __ %	
AARP Moderate Fund	$ __ __ , __ __ __ . __ __	or	__ __ __ . __ __ %	
AARP Conservative Fund	$ __ __ , __ __ __ . __ __	or	__ __ __ . __ __ %	
AARP Money Market Fund	$ __ __ , __ __ __ . __ __	or	__ __ __ . __ __ %	
AARP Income Fund	$ __ __ , __ __ __ . __ __	or	__ __ __ . __ __ %	

☐ Establish a new non-retirement account with the AARP Funds (attach a completed New Account Registration Form).

☐ Make check payable to current name and address on file (a medallion signature guarantee is required in **section 9** if the address on file has changed within the last 30 days).

☐ Make check payable to another payee (a medallion signature guarantee is required in **section 9**):

Name (first, middle, last)

Street address

City State Zip

☐ Send the proceeds electronically to the bank checking account on file or listed in **section 7** (a medallion signature guarantee is required in **section 9** if the bank account has not previously been designated as the recipient of such proceeds). **Check one circle:**

- ○ Send via ACH electronic transfer. If this is a one-time ACH distribution, taxes cannot be withheld in **section 6**.
- ○ Send via Federal Funds Wire. This is for a one-time distribution only (not available for Systematic Withdrawals). A $5 wiring fee will be applied and the receiving bank may charge an additional fee.

6. Income Tax Withholding

Please note: If you do not make an income tax withholding election below, we are required by the IRS to withhold taxes from all distributions at a rate of 10% (not for Roth IRAs).If applicable, we will also withhold your required state tax if you have elected to have federal taxes withheld. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Your election will remain in effect until you revoke it by notifying us in writing. Any election or revocation will be effective no later than 30 days after such notice has been received.

Check one box:

☐ Do not withhold taxes.

☐ Withhold taxes at the rate of ________________%.

7. Bank Information

Complete this section if you have chosen to send the proceeds electronically to your bank checking account.

A VOIDED CHECK FROM YOUR CHECKING ACCOUNT MUST BE ATTACHED TO THIS FORM. WE DO NOT ACCEPT STARTER CHECKS OR MUTUAL FUND MONEY MARKET CHECKS.

Name of bank

Address of bank

City

State

Zip

Name(s) on bank account

Bank account number

Bank ABA number (routing number)

PLEASE ATTACH VOIDED CHECK HERE

8. Signature(s)

I hereby authorize the specified withdrawal amount and the withholding election completed above. I acknowledge that the type of distribution is correct and that it is my responsibility to determine the correct amount of tax that may be due based on all IRA accounts I own (including those unknown by or not under the control of this Custodian). I acknowledge that it is my responsibility to properly calculate, report and pay all taxes due with respect to the withdrawal specified above. I fully understand that I am responsible for meeting the minimum distribution requirements each year and that failure to do so may result in tax penalties. I agree that neither the Funds nor their transfer agent, their agents, officers, trustees, directors or employees will be liable for any loss, liability or expense if such information is not correct.

Under the penalty of perjury, I hereby certify that the Social Security or other Tax Identification Number (TIN) in Section 1 or Section 2 is correct, that I am a U.S. person (U.S. person includes a resident alien) and that I am NOT currently subject to IRS backup withholding (cross out "NOT" if you are currently subject to withholding). The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X

Signature

Date

continued back page

9. Signature Guarantee (If Required)

A STAMP 2000 medallion signature guarantee is required if :

- The account registration has been changed within the last 30 days;
- The distribution is being sent to the registered account owner's address or bank account on file that has been changed within the last 30 days;
- The distribution check is to be mailed to an address different from the registered account owner's address on file;
- The distribution check is to be made payable to someone other than the registered account owner; or
- The distribution is being sent to a bank account that has not previously been designated as the recipient of such proceeds.

Signature Guarantee

Affix Guarantee Here*

**The signature(s) must be guaranteed by an eligible bank, broker dealer, credit union, national securities exchange, registered securities association, clearing agency, or savings association. Signature guarantees shall be accepted in accordance with policies established by State Street Bank & Trust. Notarization by a Notary Public is not acceptable in lieu of a signature guarantee provided by one of the eligible guarantor institutions listed above.*

RETAIN A PHOTOCOPY OF THE COMPLETED FORM FOR YOUR RECORDS