

# Required Minimum Distribution Form



A fund family of Everence

Please send this form to:

**Regular mail**

Praxis Mutual Funds  
c/o U.S. Bancorp Fund Services LLC  
P.O. Box 701  
Milwaukee, WI 53201-0701

**Overnight mail**

Praxis Mutual Funds  
c/o U.S. Bancorp Fund Services LLC  
615 E. Michigan St., 3rd Floor  
Milwaukee, WI 53202-5207

## 1. Account information

Name of account owner _____	Mutual fund name(s) and account number(s) _____
Address _____ Street	_____
_____	Social Security number XX-XXX-_____
City _____ State _____ ZIP code _____	Birth date _____
	Telephone _____

**Note:** If the address listed above is different than the address currently listed in our records, we will change all accounts under your Social Security number to reflect your new address. All future correspondence will be sent to the new address until you advise us otherwise. **Distributions to a new address will require your signature to be Medallion Signature Guaranteed in Section 8 of this Form.**

I request my Required Minimum Distribution (RMD) from my retirement account. I understand that it is my responsibility to determine that amounts distributed from my account are made in compliance with all Internal Revenue Service (IRS) regulations.

## 2. IRA assets transferred during year

During the year for which you are requesting your RMD, did you transfer or roll over retirement assets into your IRA account?

- No – Go to Section 3.
- Yes – Did you take this year's RMD prior to transferring or rolling over assets from another custodian?
  - Yes – Go to Section 4.
  - No – Please enter the account value as of Dec. 31 of the previous year for the account from which you transferred or rolled over assets in the blank below. If no amount is provided we will use the dollar amount that was transferred or rolled over from your previous custodian to calculate your RMD.

\_\_\_\_\_

## 3. First time RMD payout

Complete this section if this is your first RMD. If you have previously taken an RMD, please proceed to Section 4.

**Special first-year rule:** You can delay taking the first distribution until April 1 of the year following the year in which you turn 70 ½. If you choose to delay your first distribution, please note that you will be responsible for taking two distributions the following year; one by April 1 and the other before Dec. 31.

- Please calculate and distribute immediately.
- Please calculate and distribute on \_\_\_\_\_ (month/day/year)
- I have calculated the amount needed to meet my first RMD. Please distribute \$ \_\_\_\_\_
  - immediately or  on \_\_\_\_\_ (month/day/year)

#### 4. Distribution instructions (select one\*)

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- I would like Praxis Mutual Funds to calculate my RMD. Complete Section A.  
 I have calculated my RMD. Complete Section B.

##### A. Life expectancy calculation method (calculation completed by Praxis Mutual Funds)

We will use the Uniform Life Table (standard IRS method) to calculate your life expectancy unless you elect the Joint Life and Last Survivor Expectancy method below.

- Joint Life and Last Survivor Expectancy. This option can only be used if your spouse is your sole beneficiary and your spouse is more than 10 years younger than you.  
My spouse's full date of birth is: \_\_\_\_\_ (month/day/year)

##### Please select how you would like to receive your RMD.

- I wish to have my current year RMD distributed immediately upon receipt of this Form. A distribution fee may apply per the Fund's prospectus.  
 I wish to have my current year RMD distributed on a systematic basis.  
Frequency:  Monthly  Quarterly  Semi-annually  Annually  
Start date (month/year) \_\_\_\_\_ Day(s) of the month \_\_\_\_\_

##### B. My own calculation

- Please distribute \$ \_\_\_\_\_ immediately upon receipt of this Form. A distribution fee may apply per the Fund's prospectus.  
 I would like to establish systematic distribution in the amount of \$ \_\_\_\_\_.  
Frequency:  Monthly  Quarterly  Semi-annually  Annually  
Start date (month/year) \_\_\_\_\_ Day(s) of the month \_\_\_\_\_

\* Systematic distributions cannot be made between Dec. 29-31. If you do not indicate a month and day for your periodic distribution(s), they will begin on or about the 5th day of the current month. If you do not indicate a frequency, your distribution(s) will be made annually on Dec. 5.

#### 5. Delivery instructions

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- Please send a check to the **address of record** currently on my account.  
 Regular mail  Overnight mail: A \$15 fee will apply.  
 Deposit distribution proceeds directly into my existing Non-IRA account. Fund number \_\_\_\_\_, Account number \_\_\_\_\_, **or** open a new Non-IRA account for distributions (a *New Account Application* must be attached).  
 **ACH (Automated Clearing House):** Electronic Funds Transfer to the bank instructions currently on my account. No fee applies. If you are establishing or changing your bank instructions, please attach a voided check in Section 6. You must obtain a Medallion Signature Guarantee if establishing or changing your bank instructions.  
 **Wire redemption:** Wire distribution proceeds to the bank instructions currently on my account. A \$15 wire fee applies. If you are establishing or changing your bank instructions, please attach a voided check in Section 6. You must obtain a Medallion Signature Guarantee if establishing or changing your bank instructions.  
 **Alternate payee and/or address** other than the address of record. You must obtain a Medallion Signature Guarantee if having the redemption proceeds payable to a third party or sent to an address that is currently not listed on the account.

\_\_\_\_\_  
Name of payee

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/ZIP

## 6. Bank information

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Add bank information (attach voided check)

My existing bank information is no longer valid.

Please attach a voided check or pre-printed deposit slip.  Checking  Savings

*(We are unable to draft from or credit to your account via ACH if it is a mutual fund or pass-through ("further credit to") account.)  
Adding or changing bank information may require a Medallion Signature Guarantee per the Fund's prospectus.*

## 7. Tax withholding election

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Federal taxes will automatically be withheld from distributions at the rate of 10%, unless you check one of the boxes below.

Do not withhold taxes. I understand that I am responsible for payment of any federal or state taxes on my distribution(s).

Please withhold \_\_\_\_\_% (minimum 10%) from my distribution(s). State withholding may also apply.

**For systematic distributions, your withholding election indicated above will remain in effect until you revoke or change your withholding election, which you may do at any time.**

**Residents of Arkansas and California only:** Please check if you wish to opt out of state withholding.

## 8. Signature

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I, the undersigned, authorize and request that Praxis Mutual Funds make the above distribution(s) from the account listed in Section One. I certify that all information in this distribution request is accurate, and I agree to hold the Fund, its advisors, and U.S. Bancorp Fund Services LLC, any affiliate, and/or directors, trustees, employees and agents harmless for any actions taken as a result of the information that I have provided. The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the distribution(s) herein specified. I have been advised to consult my tax advisor regarding any questions about this distribution request.

\_\_\_\_\_  
Signature of IRA owner

\_\_\_\_\_  
Capacity, if applicable\*

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Medallion signature guarantee

\_\_\_\_\_  
Date

**Note to Financial Institution:** Please verify that the surety limit of your Medallion Signature Guarantee is equal to or greater than the value of this transaction request.

*\*If someone other than the registered account owner is signing this request, we will require the capacity of the signer to process the transaction. Please provide one of the following as the signer's capacity: Administrator, Conservator, Guardian, Executor, Personal Representative, Appropriate Person by Small Estate Affidavit, Power of Attorney.*

*Your Signature must be Medallion Guaranteed if you are requesting any of the following:*

- A distribution greater than the Medallion Signature Guarantee threshold per the Fund's prospectus.
- Adding or changing banking instructions.
- A distribution to an address other than the address of record.
- A distribution to any address of record changed within the last 15 or 30 days per the Fund's prospectus.
- A distribution made payable to a third party.
- A distribution to an account registered other than, or in addition to, the IRA holder (i.e. RMD being distributed to a Joint Tenant account).

*If required, the signatures must be guaranteed by a bank, savings association, credit union, a member firm of a domestic stock exchange, or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. A notary public is NOT an acceptable guarantor.*