

Beneficiary Payout for IRA Assets

For Traditional, Roth, SEP and SIMPLE IRAs



A fund family of Everence

Please contact your local State Tax Department for Inheritance Tax Waiver filing requirements prior to completing this form. Sign and return the form to:

Regular mail
Praxis Mutual Funds
c/o U.S. Bank Global Fund Services
P.O. Box 701
Milwaukee, WI 53201-0701

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

1. Deceased shareholder account information

Name (as it appears on account) _____ Social Security number/TIN _____
Birth date (MM/DD/YYYY) _____ Death date* (MM/DD/YYYY) _____
Account number(s) _____

**Note: If the deceased shareholder was over 70 1/2 years of age and was taking Required Minimum Distributions (RMD) from the above listed account(s), the RMD that was set to pay out in the year of death must be distributed from the Inherited IRA as a death distribution. This is the case for all beneficiary types.*

Final Required Minimum Distribution should be distributed from Inherited IRA as a death distribution.

2. Beneficiary/surviving spouse payout options (select one)

- Lump sum distribution payable as follows: (A completed and signed IRS Form W-9 required)**
- Please send a check to the address of record on the account (note this may be a taxable event).
 - Regular Mail Overnight Mail: A \$15 fee will apply.
 - Non-Spouse only. Deposit distributions directly to my existing Non-IRA account # _____ **or** open a new Non-IRA account for distributions. (A New Account Application must be attached. This is a taxable event.)
 - Wire Redemption. Please attach a voided check or pre-printed deposit slip in Section D and complete Section F (A \$15 wire fee applies.)
 - ACH (Automated Clearing House). Please attach a voided check or pre-printed deposit slip in Section D, if establishing new bank instructions, and complete section F. You must obtain a Medallion Signature Guarantee if establishing bank instructions. (No fee applies)
 - Alternative payee and/or address other than address of record. A Medallion Signature Guarantee is required. Please use the signature guarantee space in Section F.

Payee name

Payee address

- Distributions over a 5 year period.** (A completed and signed new IRA Account Application is required).
- Distributions over your life expectancy.** If not a surviving spouse – non recalculated. If a surviving spouse, recalculated. (A completed and signed IRA Account Application is required).
- Surviving Spouse only – Transfer to your own existing IRA account #** _____ (if no existing IRA, a completed and signed new IRA Application is required).

**Note: If a beneficiary has not been designated and/or the assets are payable to the shareholder's Estate, the Estate, as beneficiary, has ONLY the following three distribution options: (1) Lump sum distribution, or (2) Distributions over a 5 year period, or (3) Distributions over the life of the decedent – non recalculated. Note that for options (2) and (3), the Estate must remain OPEN until the account has a zero balance. A copy of the Letters Testamentary, a completed and signed IRS Form W-9 in the name of the Estate including the Estate's taxpayer identification number and a completed and signed New Account Application for the Estate is required.*

If the named beneficiary is a Trust, a copy of the Trust Agreement or Certificate of Trust is required. If remaining invested, an application in the name of the trust is required.

3. Systematic distributions* (select one)

- Annually.** Start month* _____ Start day* _____
- Semi-annually.** Start month* _____ Start day* _____
- Quarterly.** Start month* _____ Start day* _____
- Monthly.** Start month* _____ Start day* _____

*Systematic distributions cannot be made between Dec. 29 - Dec. 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.

4. Bank information

Add bank information (attach voided check or pre-printed deposit slip.)

By completing this section, you authorize U.S. Bank Global Fund Services to send redemption proceeds via wire or ACH to your bank account of record. There is a \$15 fee for next-day wires and no fee for ACH transfers (ACH transfers take 2 – 3 days).

We are unable to credit your account via ACH if it is a mutual fund or pass-through (further credit to account.)

- Checking** **Savings**

Adding bank information may require a signature guarantee per the Fund's prospectus.

John Doe Jane Doe 123 Main St. Anytown, USA 12345	53289
Pay to the order of _____	\$ _____
_____	_____ DOLLARS
Memo _____	Signed _____
⑆ 123456789 ⑆	⑆ 123456789 ⑆

5. Tax withholding election

Federal taxes will automatically be withheld from distributions at the rate of 10%, unless you check one of the boxes below. (State withholding may apply.)

- 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.

- Please check if you wish to opt out of state withholding.

6. Signature

Please select appropriate box to confirm your relationship to the account.

I, the undersigned, authorize and request that U.S. Bancorp Fund Services, LLC, make the above distribution(s) from the account listed in Section A. I certify that all information in this distribution request is accurate, and I agree to hold the Fund, its advisors, and U.S. Bank Global Fund Services, 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.

Beneficiary Signature _____

Executor/personal representative/administrator of the estate Printed name _____

Trustee of the Trust Date signed _____

Other _____

Beneficiary Signature _____

Executor/personal representative/administrator of the estate Printed name _____

Trustee of the Trust Date signed _____

Other _____

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 \$50,000.
- Adding or changing banking instructions.
- A distribution payable or sent to any person, address or bank account not on record.
- A distribution to any address of record changed within the last 30 days.
- 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.