

IRA Distribution Request

This form should be used to request withdrawals from your Traditional, Roth, SIMPLE, or SEP-IRA. Please complete and send 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

If you have any questions, please call Shareholder Services at 800-977-2947. Failure to complete any portion of this form will delay processing of your request.

1. Participant information

Name _____	Fund/account number _____
Address _____ Street _____	Birth date _____
City _____ State _____ ZIP _____	Telephone _____
Social Security number _____	Type plan <input type="checkbox"/> Traditional or SEP-IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SIMPLE IRA

2. Reason for distribution

This section must be completed in accordance with IRS regulations. Please check one.

- 1. **Normal.** I have reached age 59 1/2.
- 2. **Premature.** I am under age 59 1/2. I understand that I may be subject to a 10% IRS penalty (if SIMPLE IRA, IRS tax penalty may be 25%) in addition to normal income taxes.
- 3. **Disability distribution.** Permanent or long-term disability only. Please attach a current physician's statement of your disability referencing the distribution as eligible under section 72(m)(7) of the Internal Revenue Code.
- 4. **Death.** Attach a certified copy of the death certificate. Date of death _____. Each beneficiary must complete a separate form and submit IRS Form W-9.

Name _____

Social Security number or Tax ID _____

Address _____ City _____ State _____ ZIP _____

Birth Date _____

Relationship to deceased

- Spouse
 - I am the sole primary beneficiary
 - I am one of several beneficiaries
- Non-spouse individual
- Non-individual (estate, charity)

- 5. **Required minimum distribution.** If your spouse is the sole primary beneficiary of this IRA and is more than 10 years younger than you, please provide your spouse's birth date _____.
- 6. **Excess contribution.** I have exceeded my allowable contributions for the _____ tax year by \$_____. Date excess contribution made _____. Have you filed your federal tax return for the year the excess contribution was made? Yes No
- 7. **Recharacterization.** **Contribution:** Please recharacterize \$_____ of my contribution for tax year _____ from account _____ to account _____.
- 8. **Divorce.** By checking this box, I represent that the transfer is payment to a former spouse pursuant to a decree of divorce or Qualified Domestic Relations Order (QDRO). Please contact a shareholder services representative to determine what additional documents are required.
- 9. **Qualified birth or adoption distribution** up to \$5,000.

3. Amount of distribution

Please check one only.

- Total distribution. **Go to Section 4.**
- Partial Distribution of \$_____. (Complete the information below) **Go to Section 4.**

Fund name or number	Amount		Percentage
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %
_____	\$ _____	OR	_____ %

- Systematic Withdrawal to begin on _____ on the _____ (5-28th).
Month/Year Day

Please check one option only.

- Monthly Quarterly Semiannually Annually

If you do not indicate a month and day for your periodic distribution, it will begin on or about the 5th day of the current month. If you do not indicate a frequency, your distribution will be made annually.

4. Method of distribution

Please check one only.

- Please send my distribution check to the address on my account.
- Please send my distribution check to an address other than the address on my account (Medallion signature guarantee required).

Address City State ZIP

If you have designated your bank, you must provide the bank's name, ABA routing number, and your bank account number.

Account holder name Bank name ABA routing number Account number

Type of account

- Savings (attach deposit slip)
- Checking (attach voided check)

Method of distribution

- Wire
- ACH

- Invest my distribution into my existing Praxis non-retirement account(s). If a joint account(s), the joint tenant must be your spouse.

Fund name	Account number	Amount	Percentage
_____	_____	\$ _____ or _____ %	
_____	_____	\$ _____ or _____ %	
_____	_____	\$ _____ or _____ %	
_____	_____	\$ _____ or _____ %	
_____	_____	\$ _____ or _____ %	
_____	_____	\$ _____ or _____ %	
_____	_____	\$ _____ or _____ %	
Total		\$ _____ or 100 %	

5. Federal tax withholding election

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 I may be responsible for payment of estimated tax and may incur penalties under the estimated tax rules if my withholding and estimated tax payments are not sufficient.

I want federal income tax withheld and understand the withholding will be done at a rate of 10% unless I specify a different withholding percentage _____% (10% or greater).

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

6. State tax withholding election

If your state requires withholding or if the amount you enter below is less than the minimum for your state, Praxis will withhold at least the minimum state tax.

My state of residence for tax purposes is _____.

Do not withhold state income taxes. I understand I will be responsible for payment of state tax on my distribution(s).

Please withhold _____ % OR \$_____ from my distribution(s).

7. Participant authorization (or beneficiary authorization, if participant is deceased)

I hereby authorize this distribution from the IRA and certify that it is in accordance with the provisions of the IRA plan. If I am over 72 or am the beneficiary of a deceased participant, I accept full responsibility for withdrawing from this account the minimum amount required.

Participant or beneficiary signature

Date

Medallion signature guarantee*

**A signature guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, saving associations, credit unions and brokerage firms. The words "signature guaranteed" must be stamped or typed near your signature. The guarantee must appear with the printed name, title and signature of an officer and the name of the guarantor institution. Please note that a Notary Public Seal or Stamp is not acceptable.*