



# Distribution Request Form

Individual Retirement Account

## Retirement Account

You can instruct us to make a withdrawal from your IRA in one of two ways:

- In writing, by using this form. This form can be used to make withdrawals from Traditional IRAs, Roth IRAs, and SEP IRAs.
- By telephone, by calling (800) 841-1180.

**Please Print, Preferably with Black Ink**

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## Step One Account Information

ACCOUNT NUMBER

FUND NAME

NAME OF PLAN PARTICIPANT/ACCOUNT OWNER (FIRST, MIDDLE, LAST)

RESIDENTIAL STREET ADDRESS (A POST OFFICE BOX IS NOT ACCEPTABLE)

CITY, STATE, ZIP CODE

DAYTIME PHONE NUMBER

EVENING PHONE NUMBER

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

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## Step Two Type of Distribution

**Check one box.**

**Normal Distribution** You are over age 59½—distribution must begin by April 1st of the year following the year you become age 70½. When requesting normal distributions (after age 59½) from your retirement account, you may use any of the distribution methods outlined in Step Three (Method of Distribution) of this form. If you use the “Life Expectancy Distribution,” your payout will be recalculated annually and may result in minimum taxes and income stretched out over a longer period of time.

**Premature Distribution** You are under age 59½ and you acknowledge the tax consequences and penalties. Premature distributions not resulting from death or disability cannot be made through a systematic withdrawal payment plan.

**Premature Distribution—Exempt** You are under age 59½ and elect to have your IRA account paid out in installments over your life expectancy. The distribution must remain unchanged for 5 years or until you reach age 59½, whichever is later. You should consult your tax advisor and/or understand the payout regulations before making life expectancy distributions prior to age 59½. You must complete Step Three (Method of Distribution) of this form in order to utilize this method.

**Rollover Distribution** You are rolling over the proceeds to an IRA or Qualified Retirement Plan within 60 days. (A rollover check is made payable to the Plan Participant/Account Owner only.) The distribution will be processed and reported to the IRS as a “Normal Distribution” if you are 59½ years of age or older. The distribution will be processed as a “Premature Distribution” if you are less than 59½ years of age.

**Disability** You are unable to engage in any substantial, gainful activity, and your condition is to be of long, continued, and indefinite duration. (Proof of disability must be supplied).

**Excess Contribution** Remove excess of \$ \_\_\_\_\_ made for \_\_\_\_\_ tax year.

Please indicate if earnings on this excess contribution should be removed.

Yes  No (If you choose “Yes”, a check will be issued and mailed to you.)

**Death** Plan Participant/Account Owner is no longer living. Beneficiary must provide the following legal documentation:

1. Certified copy of the Plan Participant’s death certificate.
2. Bank medallion guaranteed letter of instructions signed by the Beneficiary.
3. W-9 form certifying the tax identification number of the Beneficiary.
4. Tax waiver, if required by the state in which the Plan Participant resided.

**Note:** If the Plan Participant did not have a Beneficiary named in the beneficiary file, then certified letters of testamentary will be required to show who is legally authorized to sign for the account.

For assistance, call Shareholder Services (800) 841-1180

TheRoyceFunds

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### Step Three Method of Distribution

Check one box. I hereby direct the Custodian to make the following distribution:

**Total Distribution/Account Termination**

**Partial Distribution** Specify Amount \$ \_\_\_\_\_

**Systematic Withdrawal Payments**, Specify Amount \$ \_\_\_\_\_ Specify Frequency  Monthly  Semiannually  Annually

Date payments are to begin \_\_\_\_\_ (Payments made on or about the 15th of the month).

Month/Year

**Life Expectancy Distribution** Payments based on the life expectancy indicated below will be determined from the appropriate IRS annuity tables and distributed as indicated. Specify Frequency  Monthly  Semiannually  Annually

Date payments are to begin \_\_\_\_\_ (Payments made on or about the 15th of the month).

Month/Year

**Single Life Expectancy**

**Joint Life Expectancy With Beneficiary**

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BENEFICIARY NAME (FIRST, MIDDLE, LAST)

*The Beneficiary must be your spouse and must be 10 or more years younger than you in order to select this option.*

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BENEFICIARY'S DATE OF BIRTH (MM/DD/YYYY)

RELATIONSHIP

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### Step Four Payment Instructions

Please send distribution to:

**Plan Participant** Using current name and address on file. No signature guarantee required.

**Bank of Record**  ACH (Automated Clearing House)—No fee  Next Day Wire—No fee (Your bank may charge a fee.)

**Special payee, special mailing address and/or new bank instructions listed below** Bank medallion guarantee required in Step Six and voided check if updating or adding bank instructions.

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NAME (FIRST, MIDDLE INITIAL, LAST)

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RESIDENTIAL STREET ADDRESS (A POST OFFICE BOX IS NOT ACCEPTABLE)

CITY, STATE, ZIP CODE

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### Step Five Income Tax Withholding

Taxes will automatically be withheld from the distribution at a rate of 10%, unless you check one of the following:

I do not wish taxes withheld.

Please withhold at the rate of \_\_\_\_\_%.

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### Step Six Signature

It is required that you sign exactly as your account is registered. Your signature must also have a bank medallion guarantee if the distribution proceeds from this account exceed \$50,000.00 or you are requesting a special payee and/or special mailing address. You may obtain a bank medallion guarantee at Commercial Banks, Trust Companies, Savings Associations and Credit Unions defined by the Federal Deposit Insurance Act, and by brokerage firms that are members of a domestic stock exchange. A guarantee from a Notary Public is not acceptable. Failure to provide a proper signature and acceptable guarantee will result in a delay of your request.

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SIGNATURE (SIGNATURE GUARANTEE IF REQUIRED)

DATE

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### Step Seven Send Us Your Documents

Your IRA Distribution Request Form cannot be accepted without the properly completed documents.

Have you properly completed all necessary forms?

Have you made a copy for your records?

**Mail to:**

The Royce Funds c/o DST AMS  
PO Box 219012  
Kansas City, MO 64121-9012

**For assistance, call The Royce Funds Investor Services Group at (800) 221-4268**