

## IRA DISTRIBUTION FORM

Use this form to take a distribution from a Traditional, Roth, SEP or SARSEP IRA. For more information, please consult a tax advisor or IRS Publication 590. A redemption fee may be required on IRA distributions, as detailed in your fund prospectus.

### STEP 1. ACCOUNT OWNERSHIP (please print)

IRA Account Owner's Name (Participant)	Address		
Social Security Number	City	State	Zip Code
Date of Birth	Daytime Telephone Number		

### STEP 2. TYPE OF DISTRIBUTION (choose *only one*)

- Normal Distribution:** participant is over age 59½. (For Roth IRAs, you may be subject to penalties if held less than 5 years. Please see IRS Publication 590 for more information.)
- Rollover Distribution:** participant will be rolling the proceeds into another Qualified Retirement Plan within 60 days. If payable to the shareowner the distribution will be reflected as Premature or Normal on the appropriate Internal Revenue Service (IRS) tax form. (For a direct rollover complete the TOA/Direct Rollover form)
- Premature Distribution:** participant is under age 59½ and acknowledges the possible tax consequences and penalties. (Not for Systematic Withdrawals. Please see IRS Publication 590 for more information.)
- Disability:** participant is unable to engage in any substantial gainful activity because of mentally determinable or physical impairment and the medical condition is expected to be of long-continued and indefinite duration.
- Substantially Equal Payments:** participant is under age 59½, distributions are 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 is longer. Please consult your financial or tax advisor for more information.
- Excess Contribution:** please remove 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 To avoid a penalty tax, excess contributions and earnings, if any, must be withdrawn before the due date (including extensions) of the participant's federal income tax return for the tax year in which the excess contribution was made. See IRS Publication 590 for more information.

Are you removing the excess contribution before your tax-filing deadline?  Yes  No

If Yes, choose one:

- Issue check for excess contribution and earnings to participant
- 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.

**STEP 2. TYPE OF DISTRIBUTION (continued)**

- Distribution to Beneficiary:** participant is deceased. Please use one IRA Distribution Form per beneficiary. The beneficiary must sign in Step 6 and a medallion signature guarantee is required in Step 7. Please fill out the IRA Application if staying with Loomis Sayles. Please check only one: I am a  Spousal Beneficiary  Non-spousal Beneficiary

Beneficiary's Name \_\_\_\_\_ Beneficiary's Social Security Number \_\_\_\_\_ Date of Death of Account Holder \_\_\_\_\_

- Distribution to Estate:** participant is deceased and a beneficiary is not named on the account. The executor of the estate must sign in Step 6 and a medallion signature guarantee is required in Step 7.

Executor's Name \_\_\_\_\_ Estate Tax Identification Number \_\_\_\_\_ Date of Death \_\_\_\_\_

- Distribution Due to Divorce:** IRA owner must provide a signature in Step 6 and obtain a medallion signature guarantee in Step 7.

**Select one option**

- Transfer \$ \_\_\_\_\_ or \_\_\_\_\_% of the IRA assets to the existing IRA account number: \_\_\_\_\_ . Go to Step 6.
- Transfer \$ \_\_\_\_\_ or \_\_\_\_\_% of the IRA assets to a new IRA. Complete and attach the IRA Application & Adoption Agreement. Go to Step 6.
- Redeem \$ \_\_\_\_\_ or \_\_\_\_\_% of the IRA assets. An IRA account will be established in the ex-spouse's name in order to redeem the assets. Provide the name and SSN below. Go to Step 5.

Name (First, Middle Initial, Last) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

Signature of Ex-Spouse \_\_\_\_\_ Date \_\_\_\_\_

**STEP 3. DISTRIBUTION METHOD (choose *only* one)**

- OPTION 1.** I would like a  Total Distribution/Account Termination, a  Partial Distribution, or a  Total Distribution from all Accounts under the included SSN# (Will trigger fiduciary fee)

Fund Name	Account Number	\$ Amount	or	% of Account
		\$		%
		\$		%

- OPTION 2.** I would like to establish a  Systematic Withdrawal Plan\* or a  Life Expectancy Distribution Plan\*\*

Fund Name \_\_\_\_\_ Account Number \_\_\_\_\_

Fund Name \_\_\_\_\_ Account Number \_\_\_\_\_

A. Payment Schedule: Make my withdrawals in the following months: (check all that apply)

<input checked="" type="checkbox"/> All Months	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
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B. Payment Day: Start my Systematic Withdrawal on or about this day of the month: \_\_\_\_\_  
(If you do not select a day, we will process your withdrawal on or about the 15th of the month.)

C. Instructions\*:

- Distribute a fixed dollar amount of \$ \_\_\_\_\_ each period.
- Distribute based on my life expectancy or the life expectancy of my non-spouse beneficiary and myself.
- Distribute based on the joint life expectancy on my spouse and myself. My spouse's birthdate is \_\_\_\_\_

\*In the case of shares subject to a CDSC, the amount or percentage specified may not exceed, on an annualized basis, 10% of the value of the fund account.  
\*\*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 ten (10) years younger, the life expectancy factors used are adjusted, and the distribution is based on the IRS Joint Life and Last Survivor Expectancy Table. We use the following formula to calculate the distribution: Value of IRA / Life Expectancy = Minimum Withdrawal This Year. The IRA account value used to calculate the distribution is equal to the value as of December 31st of the year preceding the year of distribution.

**STEP 4. PAYEE (choose *only* one)**

- 1.  Make check payable to current name and address on file for the participant. (*Medallion Signature Guarantee required in Step 7 if this address has changed within the last 30 days.*)
- 2.  Make check payable to another payee, such as a death designated beneficiary, spouse, etc: (*Medallion Signature Guarantee required in Step 7.*) Note: This section is not for checks payable to another custodian (transfer of assets). Before processing a transfer, please contact the receiving custodian and fill out their transfer/direct rollover paperwork.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

Check this box to have check sent via overnight mail (\$20.50 overnight fee will apply).

- 3.  By direct deposit (choose only one):
  - A.  Send proceeds by ACH electronic transfer to the bank account on file, or the bank account listed on the attached, voided check. (*Medallion Signature Guarantee required in Step 7 if you are adding your bank account for the first time.*)
  - B.  Send proceeds by Federal Funds Wire to the bank account on file, or the bank account listed on the attached, voided check. Please note that this is for a one-time distribution only (not available for Systematic Withdrawals). A \$5.50 fee will be applied and the receiving bank may charge an additional fee. (*Medallion Signature Guarantee required in Step 7 if you are adding your bank account for the first time.*)

**Tape your VOIDED check here.**

**WE CANNOT ESTABLISH BANKING SERVICES FROM STARTER CHECKS,  
CASH MANAGEMENT, BROKERAGE OR CREDIT CARD CONVENIENCE CHECKS.**

- 4.  Invest distribution in my existing non-retirement account with the Funds:

Fund Name	Account Number	\$ _____	or	_____ %
Fund Name	Account Number	\$ _____	or	_____ %

- 5.  Spousal Beneficiary: Invest into existing retirement account with the Funds:

Fund Name	Account Number	\$ _____	or	_____ %
Fund Name	Account Number	\$ _____	or	_____ %

- 4.  Transfer my portion of the IRA assets to a new IRA. Complete and attach an IRA Application.

**STEP 5. INCOME TAX WITHHOLDING (Form W-4P)**

Please complete the section below for Traditional IRA, Roth IRA, SEP or SARSEP Plans. If you do not make an income tax withholding election below and elect to take a distribution from your Traditional IRA, SEP or SARSEP plan, we are required by the Internal Revenue Service to withhold 10% of your distribution. If you elect to have federal taxes withheld, and you live in a state that requires withholding on retirement distributions, we will also withhold your required state tax. You may elect not to have withholding apply to your distribution by checking the appropriate box below. 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. You may revoke your withholding election at any time by notifying us in writing (Loomis Sayles Funds, P.O. Box 219594, Kansas City, MO, 64121-9594). Any election or revocation will be effective no later than 30 days after such notice of such election or revocation has been received.

Please choose your withholding election:  Do not withhold taxes  
 Withhold taxes at the rate of \_\_\_\_\_ %

**STEP 6. SIGNATURE (required)**

The undersigned individual authorizes the withdrawal amount and type specified on this form. The undersigned acknowledges that the boxes checked under Type of Distribution (Step 2) and the Income Tax Withholding election made (Step 5) are correct. The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the withdrawal specified and when calculating minimum distribution payments determine the amount of federal and/or state tax which may be due based on all IRA accounts the undersigned may own (including those unknown by or not under the control of the Custodian). The undersigned understands that if an Income Tax Withholding election is not made in Step 5, the Custodian is required by federal regulations to withhold 10% of the requested distribution. The undersigned fully understands that he/she is responsible for determining that the minimum distribution requirements are met each year and that failure to meet the minimum distribution requirements may result in significant tax penalties. The undersigned agrees to indemnify and hold harmless the Custodian and its agents and service providers, including the Funds, from any losses, expenses or penalties incurred if the information the undersigned provided on this form is not correct.

As required by federal law, I certify under penalties of perjury (1) that the Social Security or Taxpayer Identification Number provided in Step 1 or Step 2 is correct, (2) that the IRS has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). (Note: if part (2) of this sentence is not true in your case, please strike out that part before signing.) I am exempt from FATCA reporting (4). The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

**X**  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_ Date \_\_\_\_\_

If acting in a special capacity (such as beneficiary, executor, etc.), the capacity must be indicated after your signature.

**STEP 7. MEDALLION SIGNATURE GUARANTEE**

A Medallion Signature Guaranteed Stamp and a Signature Validation Program Stamp are designed to protect your account against fraudulent activity. They may be executed by any "eligible" issuer participating in the Securities Transfer Agents Medallion Program 2000 (STAMP2000). Eligible issuers include Commercial Banks, Trust Companies, Savings Associations and Credit Unions as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange.

*A stamp from a Notary Public is not acceptable.*

**A MEDALLION SIGNATURE GUARANTEE IS REQUIRED IF:**

- The address on the account has changed within the last 30 days
- The distribution amount exceeds \$100,000
- The account owner or beneficiary has changed his/her name
- A new bank is being added

**OR IF THE DISTRIBUTION IS SENT TO:**

- A different payee or address than what is listed on the account
- A new bank
- A beneficiary
- The recipient of a divorce settlement

Place Medallion Signature Guarantee Stamp Here:

\_\_\_\_\_  
Name of Institution Providing Medallion Signature Guarantee

**X**  
Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Title