

CRM FUNDS INDIVIDUAL RETIREMENT ACCOUNT (IRA) DISTRIBUTION REQUEST FORM

This form is not intended for required minimum distributions, trustee to trustee transfers, recharacterizations, or conversion requests.

I. PARTICIPANT INFORMATION – Please print

Name: _____ Daytime Telephone: (_____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Date of Birth: _____

Account Number: _____

Complete the following if you are a beneficiary requesting a full liquidation of the inherited proceeds.

Beneficiary Name: _____ Daytime Telephone: (_____) _____

Social Security Number: _____ Date of Birth: _____

II. TYPE OF ACCOUNT

Traditional / Rollover IRA SEP IRA Roth IRA - (Proceed to Section III - B or C)

Note: For trustee to trustee transfers, please complete the appropriate receiving custodian's trustee to trustee transfer form. This form is not intended to facilitate a beneficiary/inherited IRA transfer due to death. For revocations, refer to the Traditional and Roth Individual Retirement Account (IRA) Combined Disclosure Statement for instructions and information regarding your revocation rights. All required documentation must be received in good order before the distribution request can be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required. Please see the Participant Authorization Section for an explanation of the Medallion Signature Guarantee.

III. REASON FOR DISTRIBUTION

A. FROM A TRADITIONAL, ROLLOVER OR SEP IRA

The distribution is being made for the following reason (check one):

- 1. Normal distribution - You are age 59½ or older.
- 2. Early (premature) distribution - You are under age 59½, including distributions due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, or other reasons.
- 3. Substantially equal periodic payments within the meaning of section 72(t) of the Internal Revenue Code.
- 4. Death/Beneficiary liquidation - If you are a beneficiary, contact Shareholder Services regarding additional document requirements.
- 5. Permanent disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.*
- 6. Transfer incident due to divorce or legal separation - Contact Shareholder Services regarding additional document requirements.
- 7. Removal of excess - You must complete **Section IV (Excess Contribution Election)** in its entirety.
- 8. Direct rollover to a Qualified Plan, 401(k), TSP or 403(b) - You are certifying that the receiving custodian will accept the IRA assets issued.
- 9. Qualified Reservist Distribution
- 10. Qualified Hurricane Distribution

* For purposes of section 72(m)(7), an individual shall be considered to be disabled if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.

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B. QUALIFIED DISTRIBUTION FROM A ROTH IRA

This Roth IRA distribution satisfies the 5-year holding period requirement: Yes (If "No", proceed to Section C)

The distribution is being made for the following reason (check one):

- 1. You are age 59½ or older.
- 2. Death/Beneficiary liquidation - If you are a beneficiary, contact Shareholder Services regarding additional document requirements.
- 3. Permanent disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.*

Note: Distributions not meeting the 5-year required period and for all other reasons not listed above are considered non-qualified.

C. NON-QUALIFIED DISTRIBUTION FROM A ROTH IRA

The distribution is being made for the following reason (check one):

- 1. Normal distribution (prior to the 5-year holding requirement) - You are age 59½ or older.
- 2. Early (premature) distribution - You are under age 59½, including distributions due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, or other reasons.
- 3. Substantially equal periodic payments within the meaning of section 72(t) of the Internal Revenue Code.
- 4. Death/Beneficiary liquidation - If you are a beneficiary, contact Shareholder Services regarding additional document requirements.
- 5. Permanent disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.*
- 6. Transfer incident due to divorce or legal separation - contact Shareholder Services regarding additional document requirements.
- 7. Removal of excess - You must complete **Section IV (Excess Contribution Election)** in its entirety.
- 8. Qualified Reservist Distribution
- 9. Qualified Hurricane Distribution

* For purposes of section 72(m)(7), an individual shall be considered to be disabled if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.

IV. EXCESS CONTRIBUTION ELECTION

Amount of excess: \$ _____ Tax year for which excess contribution was made: _____ Date Deposited: _____

Earnings will be removed with the excess contribution if corrected before your federal income tax-return due date (including extensions), pursuant to Internal Revenue Code Section 408(d)(4) and Internal Revenue Service ("IRS") Publication 590. You may be subject to an IRS penalty of 6% for each year the excess remains in the account. In addition, the IRS may impose a 10% early distribution penalty on the earnings, if you are under age 59½. You will receive IRS Form 1099-R for the year in which the excess distribution takes place (not for the year in which the excess contribution was made). Consult IRS Publication 590 for more information pertaining to excess contributions. If you are subject to a federal penalty tax due to an excess contribution, you must file IRS Form 5329.

For the purpose of the excess contribution, we will calculate the net income attributable ("NIA") to the contribution using the method provided in the IRS Final Regulations for Earnings Calculation for Returned or Recharacterized Contributions. This method calculates the NIA based on the actual earnings and losses of the IRA during the time it held the excess contribution. Please note that a negative NIA is permitted and, if applicable, will be deducted from the amount of the excess contribution.

A. The excess is being corrected before your federal income tax-filing deadline (including extensions):

- Remove excess plus/minus net income attributable. Distribute according to my instructions in **Section VI (Mailing Instructions)**.
- Remove excess plus/minus net income attributable. Re-deposit as a **current year** contribution (not to exceed annual IRA contribution limit).

B. The excess is being corrected after your federal income tax-filing deadline (including extensions). Earnings on the excess contribution will remain in the account.

- Remove excess and distribute according to my instructions in **Section VI (Mailing Instructions)**.
- Remove excess and re-deposit as a **current year** contribution (not to exceed annual IRA contribution limit).

C. Redesignating an excess contribution to a later tax year. Please consult a tax advisor to review your specific situation and to determine your best course of action. If you should decide to carry over the excess contribution to a later year, DO NOT RETURN THIS FORM.

V. DISTRIBUTION AMOUNT – Complete sections A and B

A. Choose one:

- Liquidate Entire Account
- One-Time Partial Distribution of \$ _____
- Periodic Distributions - In the amount of \$ _____ Monthly Quarterly Semi-Annual Annual Installments
- Substantially Equal Periodic Payments (Section 72(t) of the Internal Revenue Code) - In the amount of \$ _____ **(or)**
Calculate under the RMD method using Uniform Lifetime Table Single Life Table Joint and Last Survivor Table*
*Beneficiary's Name: _____ Date of Birth: _____
Distribute in a series of Monthly Quarterly Semi-Annual Annual Installments

B. Choose one:

- Distribute proportionately across all funds, **(or)**
- Distribute as indicated below:
Fund: _____ Amount: \$ _____ or Percentage: _____ %
Fund: _____ Amount: \$ _____ or Percentage: _____ %
Fund: _____ Amount: \$ _____ or Percentage: _____ %
Total Amount: \$ _____ Total 100%

RESTRICTION ON INDIRECT (60-DAY) ROLLOVERS

An IRA participant is allowed only one rollover from one IRA to another (or the same IRA) across all IRAs (Traditional, Rollover, Roth, SEP, SARSEP and SIMPLE) in aggregate that a taxpayer owns in any 12-month or 365-day period. As an alternative, a participant can make an unlimited number of trustee-to-trustee transfers where the proceeds are delivered directly to the receiving financial institution, successor custodian or trustee. You must contact the receiving institution to initiate a trustee-to-trustee transfer. For more information please visit the Internal Revenue Service's web site www.irs.gov using the search term "IRA One-Rollover-Per-Year Rule".

VI. MAILING INSTRUCTIONS

Mail to my address of record - (if you elected a Direct Rollover to a qualified plan or 403(b) you must complete the receiving custodian below*)

***Qualified Plan, 401(k), TSP or 403(b) Direct Rollover Deposit** – Check will be made payable to the receiving custodian.

Type of plan receiving IRA assets: 401(k) 403(b) TSP 457 plan other employer sponsored qualified plan

*Receiving Custodian: _____ Account Number: _____

Street: _____ City: _____ State: _____ Zip: _____

***Transfer funds electronically via ACH (voided check required, if not on file)** **(or)** ***Mail check to:**

Name of Institution: _____
Address: _____
Routing and Account Number: _____

*A Medallion Signature Guarantee ("MSG") Stamp is required if the banking instructions are not already on file. An MSG may be obtained at your local bank or trust company, securities broker/dealer, clearing agency or savings association. The bank account must include your name in the account registration.

Purchase into my non-retirement account:

Application attached with investment instructions **(or)**

Existing Account Number: _____ Investment Fund(s): _____

VII. TAX WITHHOLDING ELECTION

A. Federal Withholding

Federal income tax will be withheld at the rate of 10% from any distribution, subject to the IRS withholding rules, unless you elect or have previously elected out of withholding. Tax will be withheld on the gross amount of the payment even though you may be receiving amounts that are not subject to withholding because they are excluded from gross income. This withholding procedure may result in excess withholding on the payments. If you elect to have no federal taxes withheld from your distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If you are completing this form, your below election will remain in effect until such time as you make a different election in writing to the Custodian.

Please select one of the following:

- I elect **TO NOT** have federal income tax withheld. (This option is only available for accounts registered with an address in the United States.)
- Withhold 10% federal income tax
- Withhold _____% federal income tax (must be more than 10%)

B. State Withholding

Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal income taxes are withheld or may mandate a fixed amount regardless of your federal tax election. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. Please consult with a tax advisor or your state's tax authority for additional information on your state requirements.

- I elect **TO NOT** have state income tax withheld from my retirement account distributions (only for residents of states that do not require mandatory state tax withholding).
- I elect **TO** have the following dollar amount or percentage from my retirement account distribution withheld for state income taxes (for residents of states that allow voluntary state tax withholding). \$ _____ or _____%

VIII. PARTICIPANT AUTHORIZATION

I certify that I am the individual authorized to make these elections and that all information provided is true and accurate. I further certify that the Custodian, the CRM Funds, or any agent of either of them has given no tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, CRM Funds, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

Substitute W-9 - Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding; or
 - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or
 - c. The IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions found at www.irs.gov).
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Cross out item 2 above if the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Participant's Signature*:

Date:

*Beneficiary's Signature for inheritance liquidations.

Please review the CRM Funds prospectus for Medallion Signature Guarantee stamp requirements.

Mail to the following:

First Class Mail:

CRM Funds
P.O. Box 9812
Providence, RI 02940

Overnight Mail:

CRM Funds
4400 Computer Drive
Westborough, MA 01581

Customer Service:

1-800-276-2883

Medallion Signature Guarantee Stamp and Signature: An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

Medallion Signature Guarantee Stamp