CRM FUNDS REQUIRED MINIMUM DISTRIBUTION ELECTION FORM

P.O. BOX 9812
PROVIDENCE, RI 02940-9822
1-800-276-2883

If you currently receive Required Minimum Distribution ("RMD") payments and you do not want to make any changes to the amount or payment schedule, or if you have already satisfied your annual RMD, you **DO NOT** need to complete or return this form. **Note:** Failure to withdraw your RMD amount by the applicable deadline could result in a 50% penalty tax. The penalty tax would be assessed on the difference between the amount that you were required to take and the amount that was actually distributed, if any. Before making any decision regarding your RMD, we urge you to consult your tax advisor or tax attorney.

Name: _____ Phone Number: _____

Type of Account:

Social Security Number: _____-_____-_____   Date of Birth: _____/_____/_____
                                                                     MM   DD   YY

☐ Traditional IRA
☐ SEP IRA
☐ SIMPLE IRA

DISTRIBUTION ELECTION – (RMD amounts are calculated on the entire account balance including all of the underlying investments in your IRA.)

Account Number: _____   ☐ New RMD election (If new account, prior year end balance $_____)

☐ Change an existing RMD election

Distribute my RMD from: ☐ Across all funds proportionately (rounding may occur), or

☐ Distribute from fund(s): _____

CALCULATION METHOD

Your RMD amount is calculated in accordance with Internal Revenue Service ("IRS") regulations. The regulations are explained in IRS Publication 590-B, Distributions from Individual Retirement Arrangements (IRAs), which includes the life expectancy tables used to calculate RMD amounts.

Note: Your RMD will be calculated based on the Uniform Lifetime Table, unless the following exception applies to you and you have indicated so by checking the box below.

☐ My sole primary beneficiary is my spouse who is more than 10 years younger than I am. I elect to calculate my RMD based on the Joint and Last Survivor Expectancy Table. Spouse's Date of Birth _____/_____/_____
                                                                                                                    MM   DD   YY

TYPE OF DISTRIBUTION

Single Sum / One-Time Distribution (options):

☐ **Calculate RMD Amount:** Calculate and distribute immediately upon receipt of this form my ☐ **current year RMD**. I understand that I am responsible for ensuring any future year RMD amounts are satisfied by contacting the Custodian to request subsequent distributions. If you attained age 70½ last year and you are electing to also distribute your **prior year deferred RMD** check this box ☐ (must be received between January 1st and April 1st).

☐ **Distribute a fixed amount of $_____** immediately upon receipt of this form. I understand that I am responsible for ensuring my RMD amounts are satisfied each year and for contacting the Custodian to request any subsequent distributions.

☐ **Qualified Charitable Distribution ("QCD")** - mark this box if the amount indicated above is a QCD distribution (SEP and SIMPLE IRAs are excluded). Attach a letter of instruction providing the name of the charity(ies), specific allocation(s) and provide the mailing instructions. The amount(s) distributed as a QCD must not exceed $100,000. Any amounts in excess of the applicable limit will be distributed based on your instructions provided in the section titled *Payment Method* on the next page.

Systematic Distributions (options): *(Important: You must also complete "Systematic Distribution Cycle" below.)*

☐ Calculate and distribute my **current year RMD amount for this year and all subsequent years.** I understand that the Custodian will continue to calculate and distribute my RMD amount for all subsequent years until I notify them to discontinue the payments. If you attained age 70½ last year and you are electing to also distribute your **prior year deferred RMD** check this box ☐ (must be received between January 1st and April 1st). Your prior year deferred amount will be issued as a single sum distributed immediately upon receipt of this form.

☐ Distribute a **fixed amount of $_____** for this year and all subsequent years until I notify you to discontinue payments. I understand that I am responsible for ensuring my RMD amounts are satisfied each year. I also understand that I am responsible for contacting the Custodian to request any adjustments to the fixed dollar amount or frequency.

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SYSTEMATIC DISTRIBUTION CYCLE - *(If a frequency is not selected, your RMD will be distributed annually.)*

Begin systematic distributions on: _____/_____/_____ **Frequency** (choose one): ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually
MM   DD   YY

PAYMENT METHOD

Based on your selected distribution method, a Medallion Signature Guarantee Stamp may be required. Please refer to your prospectus or call us at the number listed on this form for specific requirements. If a payment method is not selected, your RMD will be issued as a check payable to you and mailed to your address of record. Your payout method will remain in effect until we receive notice from you requesting a change.

☐ Mail check to my address of record currently on file.

☐ Purchase into my non-retirement account:

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

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

☐ *Transfer funds electronically via ACH (voided check required) **(or)** ☐ *Mail check to:

Name of Institution: _____

Address: _____

_____

Routing and Account Number: _____

> *Medallion Signature Guarantee is required and may be obtained at your local bank or trust company, securities broker/dealer, clearing agency or savings association.
>
> *The receiving bank account must include your name in the account registration.

FEDERAL TAX WITHHOLDING ELECTION (required)

Distributions from IRAs and qualified retirement plans that are not eligible for rollover are subject to federal income tax withholding unless you affirmatively elect NOT to have withholding apply to such payments. Generally, such distributions are subject to 10% withholding unless you elect to have an additional amount withheld or elect to have no withholding. You may make a withholding election by selecting one of the options below. Your election will remain in effect for any subsequent distributions unless you change or revoke it by providing us with a new election.

Please select one:

☐ Do not withhold federal income tax. 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%)

Federal income tax will be withheld from any distribution subject to the IRS withholding rules if you do not complete and return this election or if you have not previously elected out of withholding. Tax will be withheld on the gross amount of these payments 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.

STATE INCOME TAX WITHHOLDING ELECTION

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 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. You may wish to 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 _____ %

AUTHORIZATION

I certify that I am the Participant authorized to make these elections and that all information provided is true and accurate. I further certify that the Custodian, the Sponsor, or the agent of either of them has given no tax or legal advice to me and shall be indemnified and held harmless, for any tax, legal or other consequences resulting from my election(s). I expressly assume responsibility for any adverse consequences which may arise from the election(s). The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. I have read and understand and agree to be legally bound by the terms of this form.

X
_____

Participant's Signature (required)   **Date**

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