

# SYSTEMATIC WITHDRAWAL PLAN

- Use this form to establish a Systematic Withdrawal Plan (SWP) on your account.
- Your bank must be a member of the Automated Clearing House (ACH) to establish a SWP
- If you are changing, or adding new bank instructions, please have your signature guaranteed in Section 4.

**1. Account Information**

Fund Family Name	Account Number(s)
Owner's Name	Social Security Number
Date of Birth	Telephone Number
Street Address	City State Zip code

**2. Systematic Withdrawal Plan**

I authorize electronic funds transfers through the Automated Clearing House (ACH) for this account as indicated below. I understand that there is no charge for this service from the Fund or its transfer agent, although my bank may have charges that may apply, and I may cancel upon 30 days written notice to the address listed on the bottom of this form.

**1. Amount**      \$ \_\_\_\_\_

**2. Frequency** (choose one):

- Monthly     
  Twice Monthly     
  Quarterly     
  Annually     
  Twice Annually

Start Date:                      Month \_\_\_\_\_ Day\* \_\_\_\_\_

Second Date (for twice options): Month \_\_\_\_\_ Day\* \_\_\_\_\_

\*If no day is specified, the distribution will be made on the 25<sup>th</sup> day of the month or the following business day if the 25<sup>th</sup> falls on a weekend or holiday. If no month is specified, the draft will start in the month received if it is at least 5 days prior to day selected, otherwise it will be the following month. If you already have instructions on file, this will replace your existing instructions.

**3. Withdrawal Options:** (If nothing is marked it will be done proportionately across all funds)

- Per Model     
  Proportionately Across All Funds Owned     
  Specific Fund(s): (list below)

Fund Name and Share Class	Specify Dollar Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total</b>	\$

**4. Federal Income Tax Withholding.** For IRA accounts only. We will not withhold for non-retirement accounts.

Federal Income Tax is to be withheld at \_\_\_\_\_% (If a percentage is not specified, 10% will automatically be withheld).

I elect NOT to have Federal Income Tax withheld.

If no withholding election is indicated above, IRS regulations require that 10% Federal Income Tax withholding be taken from your distributions. We encourage you to consult your accountant or tax advisor regarding your IRA distributions. Even if you elect not to have Federal Income Tax withheld, you are liable for payment of Federal Income Tax on the taxable portion of your distribution. You may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding are not adequate.

**3. Payment Instructions**

Mail check to address of record (if no option is selected a check will be mailed to the address of record)

Mail check to the third-party payee and address specified below **(Medallion Signature Guarantee is required\*)**

\_\_\_\_\_  
Alternate Payee Name

\_\_\_\_\_  
Account Number (if applicable)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Wire Transfer **(Wire fee may apply\*\*)** **(Medallion Signature Guarantee is required\*)**

Bank Account Name \_\_\_\_\_ Bank Account Number \_\_\_\_\_

Bank Name \_\_\_\_\_ Routing Number \_\_\_\_\_

FFC Name \_\_\_\_\_ FFC Account # \_\_\_\_\_

Bank Address \_\_\_\_\_ Bank Telephone \_\_\_\_\_

ACH Transfer **(Medallion Signature Guarantee is required if ACH bank information is not currently established on account\*)**

Bank Account Name \_\_\_\_\_ Bank Account Number \_\_\_\_\_

Bank Name \_\_\_\_\_ Routing Number \_\_\_\_\_

Bank Address \_\_\_\_\_ Bank Telephone \_\_\_\_\_

**ACH Transfers** require a voided check attached to this form. The ACH will not be established without a voided check. No voided check is required if bank account information is already on file.

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM**  
**PLEASE DO NOT USE A DEPOSIT TICKET**

**4. Certifications and Signatures**

By signing below, I hereby certify and affirm that I have the authority and legal capacity to withdraw shares of the Fund as indicated in this form and that the information contained herein is complete and accurate as of the date hereof. I have received and read a current prospectus, agree to be bound by its terms and understand the risks associated with investing in the Fund. I assume sole responsibility for any tax consequences that may result from the sale or withdrawal of funds pursuant to my instructions set forth herein. This SWP service may be discontinued by the Fund's transfer agent upon depletion of the account or the account holder upon 30 days written notice or by phone.

Signature of Owner	Date	Signature of Joint Owner (if applicable)	Date
Medallion Signature Guarantee*		Medallion Signature Guarantee*	

\*The medallion signature guarantee stamp provides proof of identity and must be issued by a member of the medallion program. It must also contain the letter prefix (A, B, C, D, E, F, X, Y or Z) that identifies the grantor's maximum surety amount, and that bond must cover the amount of the requested transaction. Banks, Savings Associations, Brokers, Dealers, or Credit Unions that are members of the medallion program can provide the needed guarantee. Please note that a Notary Public stamp is not acceptable.

**Acceptable methods of receipt include mail and fax. Must mail form if a Medallion Signature Guarantee is required. Email is not acceptable.**

**Mail Completed Form:**  
Ultimus Fund Solutions  
PO Box 541150  
Omaha, NE 68154

**Overnight Deliveries:**  
Ultimus Fund Solutions  
4221 N 203<sup>rd</sup> St, Suite 100  
Elkhorn, NE 68022

**Fax:**  
402-963-9094