

Use this form to request a distribution from your Wasatch IRA, ROTH IRA, SEP IRA, or SIMPLE IRA account.

- Please complete a separate form for each Wasatch IRA account type (e.g., ROTH IRA, IRA).
- Please note your distribution may be subject to penalty taxes. Consult a tax advisor if you have questions regarding your distribution.

**Overnight Delivery:**

Wasatch Funds  
235 W. Galena Street  
Milwaukee, WI 53212

**Regular Mail:**

Wasatch Funds  
P.O. Box 2172  
Milwaukee, WI 53201-2172

## 1. ACCOUNT OWNER INFORMATION

Name	Birthdate
Daytime Phone Number	Evening Phone Number

## 2. DISTRIBUTION REASON

Please choose one option below:

**Required Minimum Distribution:** Unless otherwise indicated below, the RMD will be calculated using the Uniform Life Time Expectancy table. (Choose one):

- My spouse is my sole beneficiary and greater than 10 years younger than me. Calculate my RMD using the Joint-Life expectancy table.
- Please only send me the amount in section 3.

**Normal Distribution:** IRA owner is age 59 ½ or older.

**Premature Distribution:** IRA owner is under age 59 ½ and there is no known penalty exception. IRA owner acknowledges tax consequences and penalties.

**Substantially Equal Periodic Payments:** Distributions are to be made at least annually. The distributions will be done using the Uniform Lifetime Expectancy table to calculate your payments unless you submit an alternative schedule of payment.

**Disability:** IRA owner is unable to engage in any substantial gainful activity because of medical condition that is to be of long, continued and indefinite duration or lead to death pursuant to IRC 72(m)(7). Enclose a statement on doctor's letterhead or certification of disability from the Social Security Administration.

**Distribution from an Inherited Beneficiary IRA:**

- Single Life Expectancy Payments: I elect to deplete the account balance by taking payments over my single life. Please calculate the Required Minimum Distribution.
- Please only send me the amount in section 3.

**Direct conversion to a Roth IRA from a Traditional or SEP IRA:** If you do not currently have a Roth IRA with Wasatch Funds, please complete an IRA application.

**Rollover, Traditional or SEP IRA paid directly to Trustee of Employer's Plan:** Acceptance from receiving Employer Plan must be attached. A Medallion signature guarantee is required, see Part VII. A medallion signature guarantee is required, see section 7.

**Excess Contribution Plus Earnings:** IRA owner is removing excess contribution of \$\_\_\_\_\_ for tax year \_\_\_\_\_. To avoid a penalty tax, excess contribution and earnings, if any, must be withdrawn before the due date (including extensions) of your federal income tax return for the tax year of the excess. See IRS Publication 590 for more information. For removals of excess after the due date, please select Normal or Premature Distribution. The Custodian will not calculate earnings.

- Issue a check for excess contributions and earnings.
- Remove the 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 contribution for the calendar year). If the distribution amount is over the contribution limit, Wasatch Funds will return the amount over the contribution limit to the IRA owner.
- Remove excess contribution and earnings and invest in the Wasatch Funds account listed in section 4.

**IRS Levy**

**Revocation:** The date the IRA is established is considered the date the IRA is opened. By signing below, you elect to revoke your IRA.

### 3. DISTRIBUTION INSTRUCTIONS

Please indicate if this is a one-time only distribution or a systematic withdrawal request. The amount indicated will apply to each distribution. If this is a full distribution, please indicate "ALL" in Amount \$. If this is a required minimum distribution including an RMD or an Inherited Beneficiary IRA, please write "RMD" in the Amount \$ section. Wasatch Funds will calculate your RMD amount.

**A.  Single Distribution:** This is a one-time only distribution.

Fund Name/Account Number	Amount \$
Fund Name/Account Number	Amount \$
Fund Name/Account Number	Amount \$
Fund Name/Account Number	Amount \$

**Fee:** A maintenance fee of \$12.50 will be charged on all fund accounts where a full liquidation is made unless you have already paid the Annual IRA Maintenance Fee. If the fee applies it will be deducted from the proceeds of the distribution unless the fee is paid in advance.

**Fee payment options** (select only one):

- Please deduct the \$12.50 maintenance fee from the proceeds of my distribution.
- Please do not deduct the \$12.50 maintenance fee from the proceeds of my distribution. I have enclosed a check made payable to Wasatch Funds.

**B.  Periodic payment distribution – Systematic Withdrawal Request**

Please indicate the fund, account number and frequency you would like your systematic withdrawal to be issued:

Fund Name/Account Number	Amount \$
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> 5 <sup>th</sup> or <input type="checkbox"/> 20 <sup>th</sup> of the month, beginning the month of: _____, 20_____.	

Fund Name/Account Number	Amount \$
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> 5 <sup>th</sup> or <input type="checkbox"/> 20 <sup>th</sup> of the month, beginning the month of: _____, 20_____.	

Fund Name/Account Number	Amount \$
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> 5 <sup>th</sup> or <input type="checkbox"/> 20 <sup>th</sup> of the month, beginning the month of: _____, 20_____.	

Fund Name/Account Number	Amount \$
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> 5 <sup>th</sup> or <input type="checkbox"/> 20 <sup>th</sup> of the month, beginning the month of: _____, 20_____.	

### 4. PAYMENT METHOD

You can have your distribution deposited into a non-IRA Wasatch Funds account, sent directly to you by check or have the funds transferred to your bank. Please select your preferred payment method (**select only one**):

**A.  Please deposit my distribution into my existing non-IRA Wasatch Funds account\*:**

Fund Name	Account Number
Fund Name	Account Number
Fund Name	Account Number

- B.**  Please deposit my distribution into a new non-IRA Wasatch Funds account.\* If you do not currently have a non-IRA account, please complete a New Account Application and include it with this form.  
 \* If your existing or new non-IRA account is registered to a name other than your name only (e.g., joint account), a medallion signature guarantee is required (See section 7).
- C.**  Please send a check to the address on my account.
- D.**  Please send a check to a different address (requires medallion signature guarantee; See section 7).

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Street Address City State Zip

- E.** Please send my distribution to the bank listed on my account via:
- Electronic Funds Transfer (2-3 business days; no fee)
  - Wire (1 business day; \$15 fee)
    - Please charge the \$15 fee to the account
    - Please do not charge the \$15 fee to the account, I have enclosed a check for \$15 made payable to Wasatch Funds
- F.** Please send my distribution to the bank account listed below (requires Medallion signature guarantee; See section 7) via:
- Electronic Funds Transfer (2-3 business days; no fee)
  - Wire (1 business day; \$15 fee)
    - Please charge the \$15 fee to the account
    - Please do not charge the \$15 fee to the account, I have enclosed a check for \$15 made payable to Wasatch Funds

**You must attach a blank, voided check from your bank account to this form.**

\_\_\_\_\_  
 Bank Name Name(s) on Bank Account

\_\_\_\_\_  
 Bank Address City State Zip

\_\_\_\_\_  
 Routing Number Account Number

**Account Type:**

- Checking Account
- Savings Account

**Would you like this bank information to be added to your account?**

- Yes
- No

**5. WITHHOLDING NOTICE AND ELECTION** (FORM W4P/OMB NO. 1545-0074) DEPARTMENT OF TREASURY, INTERNAL REVENUE SERVICE

**Withholding election is not necessary for Roth IRA accounts.**

**Notice:** The distributions you receive from your IRA are subject to Federal income tax withholding unless you waive withholding. You may waive withholding on your IRA distribution by returning a signed and dated IRS Form W-4P, Withholding Certificate for Pension or Annuity Payments, or substitute Form W-4P to the Custodian. Withholding will apply to the total amount of the distribution, whether taxable or not. If you waive withholding on your IRA distribution, or if you do not have enough Federal income tax withheld from your IRA 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. You are responsible for determining and paying all Federal, and if applicable, state and local taxes on distributions from all IRAs you own. If you do not waive withholding or elect an alternative withholding amount, ten percent will be withheld from your nonperiodic IRA distribution. Your election is valid until you revoke it. You may change your withholding election by completing another Form W-4P or substitute. If you are a non-resident alien, you may not use Form W-4P to withhold income tax or to waive withholding.

**Election:** Unless you indicate a different withholding amount below or you waive withholding by indicating your election below, ten percent will be withheld from your IRA distribution.

- I do not want federal income tax withheld from distributions from this account.
- I want federal income tax of **10%** withheld from distributions from this account.
- I want federal income tax of \_\_\_\_\_% (must be greater than 10%) withheld from distributions from this account.

**State Tax Withholding Election:**

Unless you waive state taxes below, state taxes will also be withheld if, at the time of your distribution, your address is within one of the mandatory withholding states.

- I do not want state income tax withheld from distributions from this account.

Please refer to the list of mandatory state withholding rates included on the Tax Withholding Information Addendum. To obtain a copy of the addendum please visit the Fund's website or contact a Shareholder Services representative at the number below. You may change your state withholding election on your IRA distribution by submitting the change in writing to the Custodian. Please contact a tax professional regarding the possible tax implications prior to making a redemption request.

## 6. SIGNATURES

By signing this form, I certify that the information I have provided is true and correct, and I authorize the Custodian to distribute my IRA as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this distribution and I assume all responsibility for any consequences as a result of my actions. I will indemnify and hold the Custodian harmless from any consequences related to executing my instructions, including payments made in error. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Custodian.

---

Signature

Date

## 7. MEDALLION SIGNATURE GUARANTEE

A medallion signature guarantee is required if proceeds are going to a payee, address or bank account other than those listed on your account, if the redemption amount is over \$100,000, or if you are depositing your distribution into an existing or new non-IRA account which is registered to a name other than your name only.

A medallion signature guarantee may be obtained from a member of a national securities exchange, a U.S. commercial bank, trust company or federally chartered savings and loan or other eligible guarantor institution. **A notary public is not an acceptable guarantor.**

Medallion Signature Guarantee (if required)