



# IRA DISTRIBUTION REQUEST FORM

FOR ALL IRA TYPES INCLUDING TRADITIONAL, ROTH, AND SEP IRAS

Complete and return this form to: Northern Funds Center, P.O. Box 75986, Chicago, IL 60675-5986 or fax this form to: **312-557-0411**.

**Questions?** See the IRA Distribution Request Form Guide or call the Northern Funds Center at **800-595-9111** weekdays from 7:00 a.m. to 5:00 p.m. Central time.

Please print all information.

## 1 PROVIDE YOUR INVESTOR INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER (DAYTIME) \_\_\_\_\_ TELEPHONE NUMBER (EVENING) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

## 2 INDICATE YOUR REASON FOR DISTRIBUTION

### TYPE OF IRA

- Traditional       Roth       SEP

### CHOOSE ONE:

Normal – Age 59 1/2 or older

Premature Distribution – Under Age 59 1/2

If you are eligible to take a premature distribution without penalty, please consult IRS Publication 590. Available at [www.irs.gov](http://www.irs.gov), this provides additional eligibility requirements for premature distributions.

Required Minimum Distribution – Age 70 1/2 or older

Check here if spouse is more than 10 years younger  
Spouse's Date of Birth \_\_\_\_\_

Charitable Contribution – Age 70 1/2 or older

Excess Contribution Distribution

- Current Year  
 Prior Year

Divorce

Please include:

- A copy of the divorce decree
- Owner's signature Medallion guaranteed (See Step 7.)
- A completed Traditional of Roth IRA application (available on [northerntrust.com/funds](http://northerntrust.com/funds)).

Death

Please include:

- A certified copy of the owner's death certificate
- Have your signature Medallion guaranteed (See Step 7.)
- A completed Traditional of Roth IRA application (available on [northerntrust.com/funds](http://northerntrust.com/funds)).

\_\_\_\_\_  
Date(s) Excess Contribution was Made

**3** SELECT YOUR DISTRIBUTION OPTION

**A. ONE-TIME DISTRIBUTION**

- I want the amount indicated below withdrawn based on instructions provided in Step 4.
- I want a Required Minimum Distribution (RMD).
  - I have calculated my RMD based on the RMD Calculation Worksheet, which is the amount indicated below.
  - Please calculate my RMD for me.

ACCOUNT NUMBER	AMOUNT
	Select One:
	<input type="checkbox"/> Dollars <input type="checkbox"/> Shares <input type="checkbox"/> Percentage
_____	_____
_____	_____
_____	_____
_____	_____

**B. PERIODIC DISTRIBUTION**

- I want to establish an automatic distribution plan based on the information below.
- I want to establish an automatic distribution plan for a Required Minimum Distribution (RMD).
  - I have calculated my RMD based on the RMD Calculation Worksheet, which is the amount indicated below.
  - Please calculate my RMD for me. Recalculate annually until otherwise notified.

ACCOUNT NUMBER	AMOUNT	FREQUENCY	START DATE
	Select One:	Select One:	(Please choose a start date no later than the 29th; if no date is selected, the 1st will be used.)
	<input type="checkbox"/> Dollars <input type="checkbox"/> Shares	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**C. DIVIDENDS/CAPITAL GAINS DISTRIBUTION**

- I want to take a distribution by having my dividends and/or capital gains distributed in cash. This request applies to all accounts listed below.  
Check all that apply:  All dividends  All short-term capital gains  All long-term capital gains

**ACCOUNT NUMBER**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. EXCESS CONTRIBUTION**

- Please redeem my excess contribution of \$ \_\_\_\_\_ from account number \_\_\_\_\_
- Please calculate and withdraw any earnings in addition to the excess contribution amount.
- The excess contribution amount I have indicated above includes earnings that I have calculated.

*Note: If neither box is checked, Northern Funds will calculate any earnings and withdraw them in addition to the excess contribution amount.*

**4** SELECT YOUR METHOD OF PAYMENT

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**A. BY CHECK:**

Payable to me and sent to the address of record.

If you wish to have your distribution check made payable to someone other than yourself or mailed somewhere other than the address of record, complete the following. (Medallion Signature Guarantee may be required. See Step 7.)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

If recipient is a public charity, check here

**B. BY TRANSFER TO MY BANK AS FOLLOWS:** *(Medallion Signature Guarantee may be required. See Step 7.)*

NAME ON BANK ACCOUNT \_\_\_\_\_

BANK NAME \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

BANK ROUTING NUMBER \_\_\_\_\_

**C. BY TRANSFER TO MY NORTHERN FUNDS ACCOUNT AS FOLLOWS:** *(Medallion Signature Guarantee may be required. See Step 7.)*

My existing non-IRA Northern account.

FUND NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

A new Northern Funds account. Please attach a new account application (available on [northerntrust.com/funds](http://northerntrust.com/funds)).

**5** INDICATE YOUR TAX WITHHOLDING

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**Excluding Roth IRAs, a 10% income tax will be withheld from each distribution unless one of the following boxes is checked:**

Do not withhold income tax.

Withhold \_\_\_\_\_ % income tax.

Withhold \$ \_\_\_\_\_ from account number \_\_\_\_\_ .

Withhold \$ \_\_\_\_\_ split evenly amongst all accounts.

**6** SIGN YOUR NAME

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YOUR SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

DATE \_\_\_\_\_

**7** MEDALLION SIGNATURE GUARANTEE

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You can obtain a Medallion Signature Guarantee from a commercial bank or trust company, a member firm of a national stock exchange, or from an eligible guarantor institution as defined by the Securities and Exchange Commission.

**MEDALLION SIGNATURE GUARANTEE IS REQUIRED IF:**

- Payment is equal to or greater than \$100,000
- Electronic payment is to a bank account not on file
- The payment recipient is someone other than the account owner
- Payment is being sent to an address that is different from the address of record
- Funds are being transferred to another Northern Funds account that is not registered to the account owner

**SIGNATURE GUARANTEED BY:**

**AFFIX SIGNATURE GUARANTEED STAMP**

\_\_\_\_\_  
NAME OF BANK OR FIRM

\_\_\_\_\_  
SIGNATURE OF OFFICER AND TITLE