

# IRA Distribution Request



Complete this form to request a distribution from your Wells Fargo Advantage Funds® IRA. If you have questions, call 1-800-222-8222. We are available 24 hours a day, 7 days a week.

P.O. Box 8266 | Boston, MA 02266  
wellsfargoadvantagefunds.com

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REGISTRATION AND MAILING ADDRESS (PLEASE PRINT)

Name of account owner (first, middle initial, last)	Social Security number	Date of birth (mm/dd/yyyy)	
U.S. residential street address	City	State	ZIP code
U.S. mailing address (if different than U.S. residential street address)	City	State	ZIP code
Daytime phone	Evening phone		

**Note:** If the address above is different than the address currently listed on our records, we will update all accounts under the Social Security number to reflect this new address. All future correspondence will be sent to the new address until you advise us otherwise. **Distributions to a new address will require your signature to be Medallion Guaranteed in section 9 of this form if requested within 15 days of the address change.**

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REASON FOR DISTRIBUTION

Consult your tax advisor for information about possible taxes and penalties.

Choose one:

☐ **Premature distribution** (if you are the shareholder, under age 59½, and not disabled; may be subject to an early withdrawal penalty).  
*Note: If this is a SIMPLE IRA and the distribution is within the two-year period in which you first participated in your employer's SIMPLE IRA plan, you may be subject to a 25% premature distribution penalty.*

☐ **Normal distribution** (if you are the shareholder and age 59½ or older).

☐ **Permanent disability** (if you are the shareholder and disabled under Section 72(m)(7) of the Internal Revenue Code).

☐ **Excess contribution.** Year of excess contribution: \_\_\_\_\_ Amount of excess contribution: \$ \_\_\_\_\_  
Is the excess contribution being removed prior to your tax return due date (including extensions)? ☐ Yes ☐ No  
*Note: Withholding, if elected in section 5 of this form, is not an available option on excess contribution removals.*

☐ **Distribution from a Beneficiary IRA.**  
If the decedent's IRA has not already been reregistered to you as the beneficiary, complete the IRA Beneficiary Claim Request form.

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ACCOUNTS AND DISTRIBUTION AMOUNT

To request distributions from additional accounts, include all information on a separate sheet.

☐ **I would like a distribution** (list account and amount):

_____ Fund and account number	<input type="checkbox"/> The entire account balance	<input type="checkbox"/> Partial distribution: \$ _____
_____ Fund and account number	<input type="checkbox"/> The entire account balance	<input type="checkbox"/> Partial distribution: \$ _____
_____ Fund and account number	<input type="checkbox"/> The entire account balance	<input type="checkbox"/> Partial distribution: \$ _____

☐ **Pay dividends and capital gains in cash** (list accounts):

_____ Fund and account number	_____ Fund and account number
_____ Fund and account number	_____ Fund and account number

**Note:** This option is only available if you are 59½ or older. If you choose this option to have future dividends and capital gains paid out in cash, do not select a payment frequency in section 4 of this form.

☐ **Life expectancy RMD** (calculate my required minimum distribution based on the IRS life expectancy tables).  
*Note: Your RMD amount will be taken pro rata from each eligible IRA under your Social Security number unless you provide separate instructions.*

If you have more than one IRA, call us at 1-800-222-8222 to discuss your options for required minimum distributions.

## 4 PAYMENT FREQUENCY

If a payment frequency is not selected, your distribution will be processed as a one-time request.

Choose one:

- ☐ One-time distribution processed upon receipt.
- ☐ Monthly, beginning (specify month and date): \_\_\_\_\_
- ☐ Quarterly, to be paid in March, June, September, and December (specify date of month): \_\_\_\_\_
- ☐ Annually, on (specify month and date): \_\_\_\_\_

**Note:** Unless specified above, periodic distributions will be made on the 25th day of the month. If the date falls on a weekend or holiday, your distribution will occur on the next business day. If the next business day falls in the next month, the distribution will occur on the previous business day. If payment frequency of annually is selected and no month is listed, redemptions will be made in December.

## 5 TAX WITHHOLDING

If no box is checked, we will withhold 10% (not applicable for a Roth IRA).

The amount indicated for federal tax withholding will be sent to the IRS.

Choose one:

- ☐ Do not withhold federal income tax from my distribution.
- ☐ I elect to have \_\_\_\_\_% federal income tax withheld from my distribution (**must be 10% or greater**).
- ☐ In addition to the above percentage, I elect to have \$\_\_\_\_\_ federal income tax withheld from my distribution.
- (Additional specific dollar withholding is only available on one-time distributions.)

**Important state tax withholding information:** Certain states require us to withhold state income tax from your distribution. If you reside in a state that requires withholding, we will withhold state income tax in accordance with the respective state's rules. Contact your tax advisor or your state tax authority for questions specific to your situation.

**Note:** If no withholding election is indicated above, IRS regulations require that 10% federal 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.

## 6 PAYMENT METHOD

A Medallion Guarantee may be required to process your request. Refer to section 9 of this form to determine if a Medallion Guarantee is required.

Choose one:

- ☐ I would like this distribution to be paid to me by check and sent to the mailing address listed in section 1 of this form.
- ☐ I would like this distribution to be paid to me by check and mailed to the temporary address listed below.

Mailing address

City

State

ZIP code

- ☐ I would like this distribution to be sent via EFT to the bank account indicated on the attached preprinted, voided check. I understand that this service is governed by the terms and conditions explained in section 7 of this form and that the proceeds will normally arrive at my bank within two banking days.
- ☐ I would like a one-time distribution to be paid by wire transfer. Wire the proceeds of this distribution request to the bank account indicated on the attached preprinted, voided check. I understand that a wire fee will be deducted from the account balance.
- ☐ I would like this distribution invested in another Wells Fargo Advantage Funds account.

Fund and account number (or list the fund name if new\*)

Account owner(s)

*\*If you are opening a new account, complete and submit a Wells Fargo Advantage Funds New Account Application with this form.*

## 7 BANK INFORMATION

To establish the redemption option by EFT at any time, all Wells Fargo Advantage Funds account owners must be listed in the bank account registration or a Medallion Guarantee may be required (see section 9 of this form for details).

Wells Fargo Advantage Funds, Wells Fargo Funds Management, LLC, affiliates, and subcontractors—as well as the officers, directors, employees, and agents of these entities (collectively, "Wells Fargo")—will not be responsible for banking system delays beyond their control.

I understand that by executing this application, I hereby authorize my bank to honor all entries to my bank account initiated through State Street Bank and Trust Company or any successor, on behalf of the applicable fund. I acknowledge and understand that Wells Fargo will not be liable for acting upon instructions believed genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until Wells Fargo receives, and has a reasonable amount of time to act upon, a subsequent notice.

(Continued on next page.) ►

## 8 TELEPHONE REDEMPTION OPTION FOR FUTURE DISTRIBUTIONS

We offer a convenient option to request distributions by telephone. This option allows you to sell shares by phone and have the proceeds sent to the account owner's address of record or bank account (via EFT or wire) if a preprinted, voided check is provided. If you would like this option added to your account, check the box below.

☐ I would like the telephone redemption option added to the fund and account number(s) listed in section 3 of this form.

## 9 SIGNATURE

To complete this distribution request, you must sign and date here. A Medallion Guarantee may be required.

X

Signature of account owner

Print name

Date

Medallion Guarantee\*\* (if applicable)

### HAVE YOUR SIGNATURE MEDALLION GUARANTEED FOR ANY DISTRIBUTION THAT IS:

- Sent to an address that is not on file or to a new address prior to the expiration of the 15-day hold.
- Made payable by check to someone other than or in addition to you.
- Sent to a bank account if you are not a registered owner of the bank account.
- More than \$100,000 and sent to a bank account that is not currently on file with *Wells Fargo Advantage Funds*.
- Purchased into another *Wells Fargo Advantage Funds* mutual fund account if you are not a registered owner of the account.

**\*\* A Medallion Guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, savings associations, credit unions, and brokerage firms that participate in the Medallion Program. The bar-coded stamp with the words "MEDALLION GUARANTEED" must be stamped near each signature being guaranteed. The guarantee must appear with the name of the guarantor institution and the signature of an individual authorized on behalf of the guarantor institution. Note that a notary public stamp or seal is not acceptable.**