



IRA DISTRIBUTION REQUEST FORM

FOR ALL IRA TYPES INCLUDING TRADITIONAL, ROTH, AND SEP IRAS AND EDUCATION SAVINGS ACCOUNTS

Complete and return this form to: Northern Funds Center, P.O. Box 75986, Chicago, IL 60675-5986. **Questions?** See the IRA Distribution Request Form Guide or call the Northern Funds Center at **800-595-9111**.

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 Education Savings Account

CHOOSE ONE:

- Normal – Age 59½ or older
- Premature Distribution – Under Age 59½
If you are eligible to take a premature distribution without penalty, please indicate the reason below. IRS Publication 590, available at www.irs.gov, provides additional eligibility requirements for premature distributions.
 - Disability
 - Qualified Education Expense
 - First-time Homebuyer Expense
 - Other: _____
- Required Minimum Distribution – Age 70½ or older
 - Check here if spouse is more than 10 years younger
Spouse's Date of Birth _____
- Charitable Contribution – Age 70½ 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 or Roth IRA application (available on northernfunds.com).
- Beneficiary
Please include:
 - A certified copy of the owner's death certificate
 - Have your signature Medallion guaranteed (See Step 7.)
 - A completed Traditional or Roth IRA application (available on northernfunds.com).

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- I want the amount indicated below withdrawn based on instructions provided in Step 4.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"/> Percentage	<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

A. BY CHECK:

- Payable to me and sent to the address of record.
- Payable to a different name or mailing address. *(Medallion Signature Guarantee required. See Step 7.)*
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. If recipient is a public charity, check here .

NAME

ADDRESS

CITY

STATE

ZIP

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

Attach a voided check or savings deposit slip if you would like your distributions sent electronically. If you have a Northern Trust bank account, the signature guarantee is waived if your distribution is \$50,000 or less.

NAME ON BANK ACCOUNT

BANK NAME

BANK ADDRESS

ACCOUNT NUMBER

BANK ROUTING NUMBER

C. BY TRANSFER TO ANOTHER NORTHERN FUNDS ACCOUNT: *(Medallion signature guaranteed required if you are requesting to transfer to a Northern Funds account for which you are not an owner or a new account registered to someone other than yourself. 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 **northernfunds.com**).

5 INDICATE YOUR TAX WITHHOLDING

10% income tax will be withheld from each distribution unless one of the following boxes is checked:

- Do not withhold income tax
- Withhold \$_____ or _____% income tax

6 SIGN YOUR NAME

YOUR SIGNATURE

PRINTED NAME

DATE

7 MEDALLION SIGNATURE GUARANTEE

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.

SIGNATURE GUARANTEED BY:

NAME OF BANK OR FIRM

AFFIX SIGNATURE GUARANTEED STAMP

SIGNATURE OF OFFICER AND TITLE

