

Please complete this form if you would like to take a distribution from your Managers IRA. Return completed forms in the enclosed postage-paid envelope or send to:

ManagersChoice, P.O. Box 61204, King of Prussia, PA 19406-0851.

If you currently receive Required Minimum Distribution (RMD) payments and you **do not** want us to make any changes to your amount or payment schedule, or if you have already satisfied this year's RMD, you **DO NOT** need to complete or return this form.

CALL 800.548.4539 PLEASE PRINT IN CAPITAL LETTERS

**1. Please Provide
Some Basic
Information**

Name:	First	MI	Last
	□□.□□.□□□□	□□□.□□.□□□□	□□□.□□□.□□□□
Date of Birth (dd•mm•year)	Social Security/Tax ID Number	Daytime Phone Number	

Distributions to be from:

Portfolio name: _____

**2. Type of
Distribution**

- Required Minimum Distribution:** The amount of your required minimum distribution (RMD) is determined by Internal Revenue Service (IRS) regulations. These regulations are explained in IRS Publication 590, Individual Retirement Arrangements (IRAs). The 2001 IRS rules modified RMD calculations. In 2002, the IRS issued final regulations that further modified the RMD rules and included updated Life Expectancy Tables. As a result, in 2002 an IRA account holder can choose a calculation method as indicated below. Starting in 2003, the IRS mandates all RMD calculations to be based on the RMD regulations finalized by the IRS in 2002.

Before making any decision regarding your RMD, we urge you to consult your tax advisor or tax attorney.

- I elect to calculate my RMD based on regulations explained in IRS Publication 590, Individual Retirement Arrangements (IRAs), which incorporate updated Life Expectancy Tables. Starting in 2003, each RMD will be calculated based on the Uniform Lifetime Table, with one exception as follows:
 - My spouse beneficiary is more than 10 years younger than I am. I elect to calculate the RMD based on the life expectancy from the Joint and Last Survivor Table.

Select your beneficiary and payment schedule:

	/	/
Beneficiary Name	Relationship	Date of Birth
Payment Schedule:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	
Date payments are to begin:	_____ / _____ / _____ <small>Month Day Year</small>	

- Current Year Distribution Only:** Calculate and distribute my current year required minimum distribution immediately upon receipt of this form. I understand that I am responsible for contacting the fund to request any future year RMD amounts.

- First RMD Distribution:** If you are turning 70½ and this is your first RMD, it may be distributed either in the year you turn 70½ or by April 1st of the following year (*this request must be received between January and April 1st*). Please calculate and distribute my prior year deferred required minimum distribution amount immediately. If you elect this option we will calculate and distribute your prior year required distribution amount upon receipt. We will also calculate and distribute your current year amount and all subsequent years until such time that you notify us to discontinue the payments.

Distribute my current and future year RMD amount by systematic distributions beginning on: _____ / _____ / _____
Month Day Year

Frequency (choose one): Monthly Quarterly Semi-Annually Annually

Note: If a frequency is not selected, your RMD will be distributed annually.

- Normal Distribution:** Participant is over age 59½ (*distribution must begin by April 1st of the year following the year you turn 70½*). When requesting normal distributions (*after age 59½*) from your IRA account, you may use any of the distribution methods outlined in the "Required Minimum Distribution" section above.
- Premature Distribution:** Participant is under age 59½ and acknowledges tax consequences and penalties. Premature distributions (*not resulting from death or disability*) cannot be made through a systematic withdrawal plan.
- Premature Distribution—Exempt:** (*substantial equal payments*) Participant is under age 59½ and elects to have his/her IRA account paid out in installments over his/her life expectancy or the joint life expectancy of the participant or the beneficiary. The distribution amount may not be changed for 5 years or until the participant reaches age 59½, whichever is later.
- Disability Distribution:** If you are permanently disabled under Section 72(m)(7) of the Internal Revenue Code.
- ROTH IRA Distributions Only:**
 Contributions were held in a Roth IRA: (check one) Less than 5 years More than 5 years
- Distribution Due to Death:**
- Certified copy of participant's death certificate
 - W-9 form certifying the social security number of the beneficiary
 - Signature guaranteed letter of instructions signed by the beneficiary

3. Method of Distribution

Please complete for all distribution types (except Required Minimum Distribution).

- Distribution of entire IRA account balance
- Partial Distribution: Specify Amount \$ _____
- Systematic Withdrawal Payments: (*Please select payment schedule below*)
- Payment Schedule: Monthly Quarterly Semi-Annually Annually
- Date payments are to begin: _____ / _____ / _____
Month Day Year

4. Payment Method

- Check: Please mail a check for my withdrawal proceeds to the address of record.
- Direct Deposit: Please send my withdrawal proceeds via direct deposit to my bank checking or savings account. I understand that the transfer will be completed in two to three business days and that there is no fee. (*Please tape a voided check to page 3 of this form.*)
- Bank Wire: Please send my withdrawal proceeds via bank wire. (*Please tape a voided check to page 3 of this form.*)
- Deposit to an existing non-retirement account at Managers. The account number of my non-retirement account is:
 □□□□•□□□□□□□□□□□□□□□□
- To establish a new Managers account, please call 800.548.4539 to request a new account application.*
- Mail distribution check to: (Please complete Medallion Signature Guarantee in Section 6.)

Name _____

Address _____

John Doe
123 4th Street
Anytown, USA 98765

Please tape a voided check to this form.

001

VOID

For deposits of withdrawals to your checking account, please tape a voided check so we may obtain bank account information. (Please do not staple).

**5. Federal
Income Tax
Withholding**

- Please withhold _____% for federal income tax from my withdrawal *(whole percentage only)*.
 - Please do not withhold for federal income tax from my withdrawal.
- If no box is checked, IRS regulations require that 10% federal tax withholding be taken from your distribution.*

6. Authorization

Please sign here to authorize the distribution.

(X) Signature

Date

Please see the prospectus for Medallion Signature Guarantee requirements. Signature guarantees are required for redemptions over specified amounts (see prospectus for further information) or if you wish to send your distribution proceeds to a different payee. A signature guarantee may be obtained from a commercial bank that is a member firm of the FDIC, from a trust company, or from a member firm of a domestic stock exchange. The authorized officer who guarantees the signature must sign in his/her capacity to act and the words "Signature Guarantee" must appear with the requested stamp.

Medallion Signature Guarantee

Please Affix
Medallion Signature Guarantee Stamp

