

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:

Managers Funds, Shareholder Services, P.O. Box 9769 Providence, RI 02940-9769.

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 (mm-dd-year)	Social Security/Tax ID Number	Daytime Phone Number	

Distributions to be made:

- Across All Funds Proportionately (rounding may occur)
- Or, Distribute from Fund: _____

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 are 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: _____ / _____ / _____ <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 5px;"> Month Day Year </div>			

- 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.

John Doe
123 4th Street
Anytown, USA, 98765

Please tape a voided check to this form.

Check # 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

