Aston Funds

IRA Distribution Request Form

This form is not intended for required minimum distributions, trustee to trustee transfers, recharacterizations, or conversion requests.

I. PARTICIPANT INFORMATION – Please print

Name: Daytime Telephone: ( )

Address:

City: State: Zip Code:

Social Security Number: Date of Birth:

Account Number:

Complete the following if you are a beneficiary requesting a full liquidation of the inherited proceeds.

Beneficiary Name: Daytime Telephone: ( )

Social Security Number: Date of Birth:

II. TYPE OF ACCOUNT

☐ **Traditional / Rollover IRA** ☐ **SEP IRA** ☐ **Roth IRA - (Proceed to Section III - B or C)**

Note: For trustee to trustee transfers, please complete the appropriate receiving custodian's trustee to trustee transfer form. This form is not intended to facilitate a beneficiary/inherited IRA transfer due to death. For revocations, refer to the Traditional and Roth Individual Retirement Account (IRA) Combined Disclosure Statement for instructions and information regarding your revocation rights. All required documentation must be received in good order before the distribution request can be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required. Please see the Participant Authorization Section for an explanation of the Medallion Signature Guarantee.

III. REASON FOR DISTRIBUTION

A. FROM A TRADITIONAL, ROLLOVER OR SEP IRA

The distribution is being made for the following reason (check one):

☐ 1. Normal distribution - You are age 59½ or older.

☐ 2. Early (premature) distribution - You are under age 59½, including distributions due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, or other reasons.

☐ 3. Substantially equal periodic payments within the meaning of section 72(t) of the Internal Revenue Code.

☐ 4. Death/Beneficiary liquidation - If you are a beneficiary, contact Shareholder Services regarding additional document requirements.

☐ 5. Permanent disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.*

☐ 6. Transfer incident due to divorce or legal separation - Contact Shareholder Services regarding additional document requirements.

☐ 7. Removal of excess - You must complete **Section IV (Excess Contribution Election)** in its entirety.

☐ 8. Direct rollover to a Qualified Plan, 401(k), TSP or 403(b) - You are certifying that the receiving custodian will accept the IRA assets issued.

☐ 9. Qualified Reservist Distribution

* For purposes of section 72(m)(7), an individual shall be considered to be disabled if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.

Roth IRA Elections are on Page 2

B. QUALIFIED DISTRIBUTION FROM A ROTH IRA

This Roth IRA distribution satisfies the 5-year holding period requirement: ☐ **Yes** **(If "No", proceed to Section C)**

The distribution is being made for the following reason (check one):

☐ 1. You are age 59½ or older.

☐ 2. Death/Beneficiary liquidation - If you are a beneficiary, contact Shareholder Services regarding additional document requirements.

☐ 3. Permanent disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.*

Note: Distributions not meeting the 5-year required period and for all other reasons not listed above are considered non-qualified.

C. NON-QUALIFIED DISTRIBUTION FROM A ROTH IRA

The distribution is being made for the following reason (check one):

☐ 1. Normal distribution (prior to the 5-year holding requirement) - You are age 59½ or older.

☐ 2. Early (premature) distribution - You are under age 59½, including distributions due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, or other reasons.

☐ 3. Substantially equal periodic payments within the meaning of section 72(t) of the Internal Revenue Code.

☐ 4. Death/Beneficiary liquidation - If you are a beneficiary, contact Shareholder Services regarding additional document requirements.

☐ 5. Permanent disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.*

☐ 6. Transfer incident to divorce or legal separation - contact Shareholder Services regarding additional document requirements.

☐ 7. Removal of excess - You must complete **Section IV (Excess Contribution Election)** in its entirety.

☐ 8. Qualified Reservist Distribution

* For purposes of section 72(m)(7), an individual shall be considered to be disabled if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.

IV. EXCESS CONTRIBUTION ELECTION

Amount of excess: $_____ Tax year **for which** excess contribution was made:_____ Date Deposited:_____

Earnings will be removed with the excess contribution if corrected before your federal income tax-return due date (including extensions), pursuant to Internal Revenue Code Section 408(d)(4) and Internal Revenue Service ("IRS") Publication 590. You may be subject to an IRS penalty of 6% for each year the excess remains in the account. In addition, the IRS may impose a 10% early distribution penalty on the earnings, if you are under age 59½. You will receive IRS Form 1099-R for the year in which the excess distribution takes place (not for the year in which the excess contribution was made). Consult IRS Publication 590 for more information pertaining to excess contributions. If you are subject to a federal penalty tax due to an excess contribution, you must file IRS Form 5329.

For the purpose of the excess contribution, we will calculate the net income attributable ("NIA") to the contribution using the method provided in the IRS Final Regulations for Earnings Calculation for Returned or Recharacterized Contributions. This method calculates the NIA based on the actual earnings and losses of the IRA during the time it held the excess contribution. Please note that a negative NIA is permitted and, if applicable, will be deducted from the amount of the excess contribution.

A. The excess is being corrected *before* your federal income tax-filing deadline (including extensions):

☐ Remove excess plus/minus net income attributable. Distribute according to my instructions in **Section VI (Mailing Instructions)**.

☐ Remove excess plus/minus net income attributable. Re-deposit as a **current year** contribution (not to exceed annual IRA contribution limit).

B. The excess is being corrected *after* your federal income tax-filing deadline (including extensions). Earnings on the excess contribution will remain in the account.

☐ Remove excess and distribute according to my instructions in **Section VI (Mailing Instructions)**.

☐ Remove excess and re-deposit as a **current year** contribution (not to exceed annual IRA contribution limit).

C. Redesignating an excess contribution to a later tax year. Please consult a tax advisor to review your specific situation and to determine your best course of action. If you should decide to carry over the excess contribution to a later year, DO NOT RETURN THIS FORM.

V. DISTRIBUTION AMOUNT – Complete sections A and B

A. Choose one:

☐ Liquidate Entire Account

☐ One-Time Partial Distribution of $_____

☐ Periodic Distributions - In the amount of $_____ ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual Installments

☐ Substantially Equal Periodic Payments (Section 72(t) of the Internal Revenue Code) - In the amount of $_____ **(or)**

Calculate under the RMD method using ☐ Uniform Lifetime Table ☐ Single Life Table ☐ Joint and Last Survivor Table*

*Beneficiary's Name: _____ Date of Birth: _____

Distribute in a series of ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual Installments

B. Choose one:

☐ Distribute proportionately across all funds, **(or)**

☐ Distribute as indicated below:

Fund:_____ Amount: $_____ or Percentage: _____%

Fund:_____ Amount: $_____ or Percentage: _____%

Fund:_____ Amount: $_____ or Percentage: _____%

Total Amount: $_____ Total 100%

VI. MAILING INSTRUCTIONS

☐ **Mail to my address of record**

☐ **Mail to my forwarding address** - Medallion Signature Guarantee required if the address is not on file.

Attention:

Street: City: State: Zip:

☐ **Mail for Deposit** - Check will be made payable to the registered IRA account owner and mailed to the following address.

Financial Institution C/O: Account Number:

Street: City: State: Zip:

☐ **Qualified Plan, 401(k), TSP or 403(b) Direct Rollover Deposit** – Check will be made payable to the receiving custodian.

Receiving Custodian: Account Number:

Street: City: State: Zip:

☐ **Purchase into my existing Non-Retirement Account**

Account Number:

Invest proportionately across all fund(s) ☐ **(or)** Invest in (Fund Name):

☐ **Purchase into my new Non-Retirement Account** - Attach a completed application with investment instructions.

VII. TAX WITHHOLDING ELECTION

A. Federal Withholding

Federal income tax will be withheld at the rate of 10% from any distribution, subject to the IRS withholding rules, unless you elect or have previously elected out of withholding. Tax will be withheld on the gross amount of the payment even though you may be receiving amounts that are not subject to withholding because they are excluded from gross income. This withholding procedure may result in excess withholding on the payments. If you elect to have no federal taxes withheld from your distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If you are completing this form, your below election will remain in effect until such time as you make a different election in writing to the Custodian.

Please select one of the following:

☐ I elect **TO NOT** have federal income tax withheld. (This option is only available for accounts registered with an address in the United States.)

☐ Withhold 10% federal income tax

☐ Withhold_____% federal income tax (must be more than 10%)

B. State Withholding

Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding will require state income tax to be withheld from payments if federal income taxes are withheld. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. Please consult with a tax advisor or your state's tax authority for additional information on your state requirements.

☐ I elect **TO NOT** have state income tax withheld from my retirement account distributions (only for residents of states that do not require mandatory state tax withholding).

☐ I elect **TO** have the following dollar amount or percentage from my retirement account distribution withheld for state income taxes (for residents of states that allow voluntary state tax withholding). $ _____ or _____ %

VIII. PARTICIPANT AUTHORIZATION

I certify that I am the individual authorized to make these elections and that all information provided is true and accurate. I further certify that the Custodian, the Aston Funds, or any agent of either of them has given no tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, Aston Funds, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

Participant's Signature*: **Date:**

* Beneficiary's Signature for inheritance liquidations.

Medallion Signature Guarantee Stamp and Signature (If required by your current custodian or transfer agent): An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

Mail to the following:

First Class Mail:
Aston Funds
P.O. Box 9765
Providence, RI 02940

Overnight Mail:
Aston Funds
4400 Computer Drive
Westborough, MA 01581
1-800-992-8151