

Please send completed form to:

**Regular Mail Delivery**

The Oberweis Funds  
P.O. Box 711  
Milwaukee, WI 53201-0711

**Overnight Delivery**

The Oberweis Funds  
C/O UMB Fund Services, Inc.  
235 W Galena Street  
Milwaukee, WI 53212-3948

For assistance in completing this form, please call 800-245-7311.

**Please note that this form can only be used for the Oberweis Institutional products.** This *IRA Distribution Request Form* is used by IRA Owners, beneficiaries of deceased IRA Owners and Inherited IRA Owners to request a distribution from a traditional, Roth, or SEP IRA.

## 1. IRA OWNER BENEFICIARY OWNER INFORMATION

Name \_\_\_\_\_ Taxpayer ID Number \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

## 2. REASON FOR DISTRIBUTION

- Required Minimum Distribution (RMD):** Unless otherwise indicated below, the RMD will be calculated using the Uniform Lifetime Expectancy table.
  - My spouse is my sole beneficiary and greater than 10 years younger than me. Calculate my RMD using the Joint-Life Expectancy table.
  - Please only send me the amount in Section 3.
  
- Qualified Charitable Distribution:** Shareholder must be 70 ½. Tax withholding will **NOT** be applied to this request. **Proceeds will be paid directly to the charity, see Part IV. A Medallion signature guarantee is required, see Part VII.**
  
- Normal Distribution:** IRA Owner is age 59½ or older.
  
- Premature Distribution:** IRA Owner is under age 59½, and there is no known penalty exception. IRA Owner acknowledges tax consequences and penalties.
  
- Substantially Equal Periodic Payments:** Distributions are to be made at least annually. The distributions will be done using the Uniform Lifetime Expectancy table to calculate your payments, unless you submit an alternative schedule of payment pursuant to IRC 72(t).
  
- Disability:** IRA Owner is unable to engage in any substantial gainful activity because of medical condition that is to be of long, continued, and indefinite duration or lead to death pursuant to IRC 72(m)(7). *Enclose a statement on doctor's letterhead or certification of disability from the Social Security Administration.*
  
- Distribution From an Inherited Beneficiary IRA:**
  - Single life expectancy payments: I elect to deplete the account balance by taking payments over my single life. Please calculate the RMD.
  - Please only send me the amount in Section 3.
  
- Direct Conversion to a Roth IRA From a Traditional or SEP IRA:** If you do not currently have a Roth IRA with The Oberweis Funds, please complete an IRA application.
  
- Rollover, Traditional, or SEP IRA Paid Directly to Trustee of Employer's Plan:** Acceptance from receiving employer plan must be attached. *A Medallion signature guarantee is required; see Section 4.*
  
- Excess Contribution Plus Earnings:** IRA Owner is removing excess contribution of \$\_\_\_\_\_ for tax year \_\_\_\_\_. To avoid a penalty tax, excess contribution and earnings, if any, must be withdrawn before the due date (including extensions) of your federal income tax return for the tax year of the excess. See IRS Publication 590 for more information. For removals of excess after the due date, please select Normal or Premature Distribution. The Custodian will not calculate earnings.
  - Issue a check for excess contributions and earnings.
  - Remove the excess contribution and earnings and reapply as a contribution for the current tax year (provided the amount is equal to, or less than, the maximum contribution for the calendar year). If the distribution amount is over the contribution limit, The Oberweis Funds will return the amount over the contribution limit to the IRA Owner.
  - Remove excess contribution and earnings and invest in The Oberweis Funds account listed in Section 4.
  
- IRA Levy**
  
- Revocation:** The date the IRA is established is considered the date the IRA is opened. By signing below, you elect to revoke your IRA.

**3. DISTRIBUTION FREQUENCY**

Please indicate if this is a one-time only distribution or a systematic payment distribution. If the latter, the amount indicated will apply to each distribution.

- If this is a full distribution, please indicate "ALL" in Amount \$.
- If this is a RMD, including an RMD on an inherited beneficiary IRA, please write "RMD" in the Amount \$ section.  
The Oberweis Funds will calculate your RMD amount.

 **A. Single Distribution (one-time only distribution)**

Fund Name/Account Number \$  
Amount

**Fee:** A fee of \$12.50 will be charged on all fund accounts where a full liquidation is made unless you have already paid the annual IRA maintenance fee. If the fee applies, the amount distributed will be the amount requested, less the fee, unless the fee is paid in advance.

**Fee Payment Options** (select only one):

- Please charge the \$12.50 annual IRA maintenance fee to the fund account. The amount distributed will be the amount requested, less the \$12.50.
- Please do not charge the \$12.50 annual IRA maintenance fee to the fund account. I have enclosed a check made payable to The Oberweis Funds.

 **B. Systematic Withdrawal Request.** Please indicate the fund, account number, and frequency you would like your systematic withdrawal to be issued. The amount indicated will apply to each systematic distribution.\*

- Monthly     Quarterly     Semiannually     Annually
- 5th or     20th of the month, beginning the month of \_\_\_\_\_, 20\_\_\_\_\_.

Fund Name/Account Number \$  
Amount

*\*If no date is selected, distributions will be made on the 20th of the month.*

**4. METHOD OF PAYMENT**

You can have your distribution deposited into a non-IRA Oberweis Funds account, sent directly to you by check, or have the funds transferred to another financial organization. Please select your preferred payment method (select only one):

 **A. Please deposit my distribution into my existing non-IRA Oberweis Funds account.\***

Fund Name Account Number

- B. Please deposit my distribution into a new non-IRA Oberweis Funds account.\*** Please complete a *New Account Application* and include it with this form.
- C. Please send a check to the address on my account.**
- D. Please send a check to a different address** (requires Medallion signature guarantee; see Section 7).

Name

Street Address, City, State, Zip

*\*If your existing or new non-IRA account is registered to a name other than your name only (e.g., joint account), a Medallion signature guarantee is required (see Section 7).*

**4. METHOD OF PAYMENT** (continued) **E. Please send my distribution to the financial organization listed on my account via:**

- Electronic funds transfer (2–3 business days; no fee)
- Wire (1 business day; \$15.00 fee)
  - Please deduct the \$15.00 wire fee from the proceeds of my distribution.
  - Please do not deduct the \$15.00 wire fee from the proceeds of my distribution.  
I have enclosed a check for \$15.00 made payable to The Oberweis Funds.

 **F. Please send my distribution to the financial organization listed below (requires Medallion signature guarantee; see Section 7) via:**

- Electronic funds transfer (2–3 business days; no fee)
- Wire (1 business day; \$15.00 fee)
  - Please deduct the \$15.00 wire fee from the proceeds of my distribution.
  - Please do not deduct the \$15.00 wire fee from the proceeds of my distribution.  
I have enclosed a check for \$15.00 made payable to The Oberweis Funds.

You must attach a blank, voided check from your checking account to this form.\*

*\*If information on voided check differs from information on this form, the information from the voided check will be used.*

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Financial Organization Name

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Street Address, City, State, Zip

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Name(s) on Account

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ABA Routing Number

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Account Number

**Account Type** (select only one):  Checking account  Savings account

**5. WITHHOLDING NOTICE AND ELECTION** (Form W4P/OMB No. 1545-0074) Department of Treasury, Internal Revenue Service

**If an election is not completed, IRS regulations require federal income tax to be withheld at a rate of 10% from your withdrawal. Withholding election is not necessary for Roth accounts.**

**NOTICE:** The distributions you receive from your IRA are subject to federal income tax withholding unless you waive withholding. You may waive withholding on your IRA distribution by returning a signed and dated IRS Form W-4P, *Withholding Certificate for Pension or Annuity Payments*, or substitute Form W-4P to the Custodian. Withholding will apply to the total amount of the distribution, whether taxable or not. If you waive withholding on your IRA distribution, or if you do not have enough federal income tax withheld from your IRA 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. You are responsible for determining and paying all federal and, if applicable, state and local taxes on distributions from all IRAs you own. If you do not waive withholding or do not elect an alternative withholding amount, 10% will be withheld from your nonperiodic IRA distribution. Your election is valid until you revoke it. You may change your withholding election by completing another Form W-4P or substitute. If you are a nonresident alien, you may not use Form W-4P to withhold income tax or to waive withholding.

**Election:** Unless a previous withholding election is in place, you indicate a different withholding amount below, or you waive withholding by indicating your election below, 10% will be withheld from your IRA distribution. Check this box if you wish to add the below:

- I do not want federal income tax withheld from my distribution from this account.
- I want federal income tax of 10% withheld from my distribution from this account.
- I want federal income tax of \_\_\_\_\_% (between 10% and 99%) withheld from my distribution from this account.

**State Tax Withholding Election**

Unless you waive state taxes below, state taxes will also be withheld if, at the time of your distribution, your address is within one of the mandatory withholding states.

- I do not want state income tax withheld from my distribution from this account.

Please refer to the list of mandatory state withholding rates included on the *Tax Withholding Information Addendum*. To obtain a copy of the addendum, please visit the Fund's website or contact a Shareholder Services Representative at the number in the gray box on page one. You may change your state withholding election on your IRA distribution by submitting the change in writing to the Custodian. Please contact a tax professional regarding the possible tax implications prior to making a redemption request.

**6. SIGNATURE**

By signing this form, I certify that the information I have provided is true and correct, and I authorize the Custodian to distribute my IRA as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this distribution, and I assume all responsibility for any consequences as a result of my actions. I will indemnify and hold the Custodian harmless from any consequences related to executing my instructions, including payments made in error. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

**X**

Signature

Date

**7. MEDALLION SIGNATURE GUARANTEE**

A Medallion signature guarantee is required if proceeds are going to a payee, address, or bank account other than those listed on your account, if the redemption is over \$50,000 or if you are depositing your distribution into a new non-IRA account that is registered to a name other than your name only. A Medallion signature guarantee may be obtained from a member of a national securities exchange, a U.S. commercial bank, trust company, or federally chartered savings and loan or other eligible guarantor institution. **A notary public is not an acceptable guarantor.**

*Medallion Signature Guarantee (if required)*