COOK & BYNUM

Required Minimum Distribution Form

Regular or Overnight Mail: The Cook & Bynum Fund

c/o Commonwealth Fund Services
8730 Stony Point Parkway Suite 205
Richmond, VA 23235

1 Account Information

NAME OF ACCOUNT OWNER

MUTUAL FUND NAME AND ACCOUNT NUMBER

ADDRESS

SOCIAL SECURITY NUMBER

CITY

DATE OF BIRTH

STATE

ZIP CODE

DAYTIME PHONE

Note: If the address listed above is different than the address currently listed in our records, we will change all accounts under your Social Security number to reflect your new address. All future correspondence will be sent to the new address until you advise us otherwise. **Distributions to a new address will require a signature guarantee in Section 8 of this Form.**

I request my Required Minimum Distribution (RMD) from my retirement account. I understand that it is my responsibility to determine that amounts distributed from my account are made in compliance with all Internal Revenue Service (IRS) regulations.

2 IRA Assets Transferred During Year

During the year for which you are requesting your RMD, did you transfer or roll over retirement assets into your IRA / Qualified Plan account?

- ❑ No – Go to Section 3.
- ❑ Yes – Did you take this year's RMD prior to transferring or rolling over assets from another custodian?
  - ❑ Yes – Go to Section 4.
  - ❑ No – Please enter the account value as of December 31st of the previous year for the account from which you transferred or rolled over assets in the box below. If no amount is provided we will use the dollar amount that was transferred or rolled over from your previous custodian to calculate your RMD.

3 First Time RMD Payout

Complete this section if this is your first RMD. If you have previously taken an RMD, please proceed to Section 4.

- **Special first-year rule:** You can delay taking the first distribution until April 1st of the year following the year in which you turn 70 ½. If you choose to delay your first distribution, please note that you will be responsible for taking two distributions the following year; one by April 1st and the other before December 31st.

❑ Please distribute my first RMD by April 1st (select one box below).

- ❑ Please calculate and distribute immediately.
- ❑ Please calculate and distribute on _____ (MONTH / DAY / YEAR)
- ❑ I have calculated the amount needed to meet my first RMD.

  Please distribute $ _____ ❑ Immediately or ❑ On _____ (MONTH / DAY / YEAR)

4 Distribution Instructions | Select One

- ❑ I would like Commonwealth Fund Services to calculate my RMD. Complete Section A.
- ❑ I have calculated my RMD. Complete Section B.
- ❑ I will be taking the RMD amount from an IRA/Qualified Plan at another financial institution and hereby relieve Commonwealth Fund Services of this responsibility (valid until revoked). If checking this box, proceed to Section 8.

A Life Expectancy Calculation Method (calculation by Commonwealth Fund Services)

Please select the method you would like used for your Life Expectancy Calculation. Failure to designate a Life Expectancy Calculation Method will result in distributions being made using the Uniform Life Table.

- ❑ Uniform Life Table (Standard IRS Method)
- ❑ Joint Life and Last Survivor Expectancy. This option can only be used if your spouse is your sole beneficiary and your spouse is more than 10 years younger than you.

  My spouse's full date of birth is: _____

  DATE OF BIRTH (MM/DD/YYYY)

Please select how you would like to receive your RMD:

- ❑ I wish to have my current year RMD distributed immediately upon receipt of this form. A distribution fee may apply per the Fund's IRA Disclosure Statement.
- ❑ I wish to have my current year RMD distributed on a systematic basis.

  Frequency: ❑ Monthly ❑ Quarterly ❑ Semi-Annually ❑ Annually

  _____ _____

  START DATE (MONTH/YEAR) *DAY(S) OF THE MONTH*

B My Own Calculation

- ❑ Please distribute $ _____ immediately upon receipt of this Form. A distribution fee may apply per the Fund's IRA Disclosure Statement.
- ❑ I would like to establish systematic distribution in the amount of $ _____

  Frequency: ❑ Monthly ❑ Quarterly ❑ Semi-Annually ❑ Annually

  _____ _____

  START DATE (MONTH/YEAR) *DAY(S) OF THE MONTH*

Note: Systematic distributions cannot be made between December 29th – December 31st. If you do not indicate a month and day for your periodic distribution(s), they will begin on or about the 5th day of the current month. If you do not indicate a frequency, your distribution(s) will be made annually on December 5th.

5 Delivery Instructions

- ❑ Please send a check to the **address of record** currently on my account.
  - ❑ **Regular Mail** ❑ **Overnight Mail:** A $15 fee will apply.
- ❑ Deposit distribution proceeds directly into my existing Non-IRA account, Fund Number _____, Account Number _____, OR open a new Non-IRA account for distributions (a New Account Application must be attached).
- ❑ **ACH (Automated Clearing House):** Electronic Funds Transfer to the bank instructions currently on my account. No fee applies. If you are establishing or changing your bank instructions, please attach a voided check in Section 6. You must obtain a signature guarantee if establishing or changing your bank instructions.
- ❑ **Wire Redemption:** Wire distribution proceeds to the bank instructions currently on my account. A $15 wire fee applies. If you are establishing or changing your bank instructions, please attach a voided check in Section 6. You must obtain a signature guarantee if establishing or changing your bank instructions.
- ❑ **Alternate payee and/or address** other than the address of record. You must obtain signature guarantee if having the redemption proceeds payable to a third party or sent to an address that is currently not listed on the account.

  Please complete the boxes below with the payee information.

  _____

  NAME OF PAYEE

  _____ _____

  ADDRESS *CITY / STATE / ZIP*

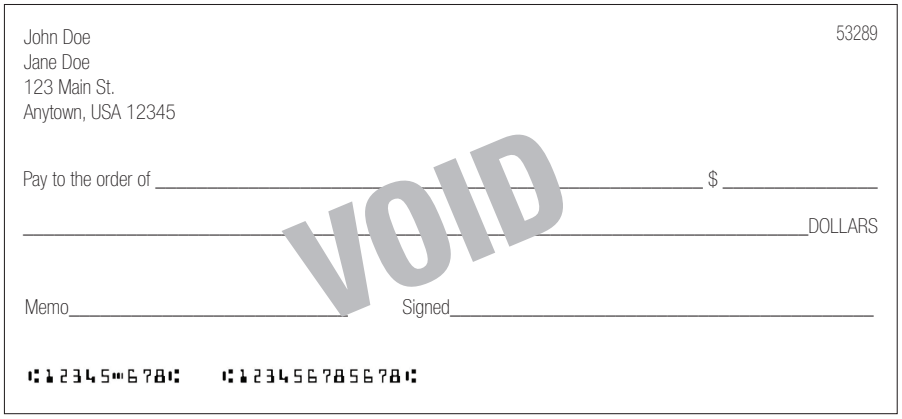
6 Bank Information

❑ Add Bank Information (attach voided check)

❑ My existing bank information is no longer valid.

Please attach a voided check or pre-printed deposit slip. ❑ Checking ❑ Savings

(We are unable to draft from or credit to your account via ACH if it is a mutual fund or pass-through ("further credit to") account.)



Adding or changing bank information may require a signature guarantee per the Fund's prospectus.

7 Tax Withholding Election

Federal taxes will automatically be withheld from distributions at the rate of 10%, unless you check one of the boxes below.

❑ Do not withhold taxes. I understand that I am responsible for payment of any federal or state taxes on my distribution(s).

❑ Please withhold _____% (minimum 10%) from my distribution(s). State withholding may also apply.

For systematic distributions, your withholding election indicated above will remain in effect until you revoke or change your withholding election, which you may do at any time.

❑ ***Residents of Arkansas and California only: Please check if you wish to opt out of state withholding.***

8 Signature

I, the undersigned, authorize and request that Commonwealth Fund Services, make the above distribution(s) from the account listed in Section One. I certify that all information in this distribution request is accurate, and I agree to hold the Fund, its advisors, and Commonwealth Fund Services, any affiliate, and/or directors, trustees, employees, and agents harmless for any actions taken as a result of the information that I have provided. The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the distribution(s) herein specified. I have been advised to consult my tax advisor regarding any questions about this distribution request.

SIGNATURE OF IRA OWNER

*CAPACITY, IF APPLICABLE**

DATE SIGNED

SIGNATURE GUARANTEE

DATE

Note to Financial Institution: *Please verify that the surety limit of your signature guarantee is equal to or greater than the value of this transaction request.*

**If someone other than the registered account owner is signing this request, we will require the capacity of the signer to process the transaction. Please provide one of the following as the signer's capacity: Administrator, Conservator, Guardian, Executor, Personal Representative, Appropriate Person by Small Estate Affidavit, Power of Attorney.*

Your Signature must be guaranteed if you are requesting any of the following:

- *A distribution greater than the signature guarantee threshold per the Fund's prospectus.*
- *Adding or changing banking instructions.*
- *A distribution to an address other than the address of record.*
- *A distribution to any address of record changed within the last 15 or 30 days per the Fund's prospectus.*
- *A distribution made payable to a third party.*
- *A distribution to an account registered other than, or in addition to, the IRA holder (i.e. RMD being distributed to a Joint Tenant account).*

If required, the signatures must be guaranteed by a bank, savings association, credit union, a member firm of a domestic stock exchange, or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. A notary public is NOT an acceptable guarantor.

For additional information please call toll-free 877-839-COBY (2629) or visit us on the web at www.cookandbynum.com/cobyx.