



# IRA DISTRIBUTION REQUEST FORM

FOR EDUCATION SAVINGS ACCOUNTS

Complete and return this form to: Northern Funds Center, P.O. Box 75986, Chicago, IL 60675-5986 or fax this form to: **312-557-0411**.

**Questions?** See the IRA Distribution Request Form Guide or call the Northern Funds Center at **800-595-9111** weekdays from 7:00 a.m. to 5:00 p.m. Central time.

Please print all information.

## 1 PROVIDE YOUR INVESTOR INFORMATION

NAME

ADDRESS

CITY STATE ZIP

TELEPHONE NUMBER (DAYTIME) TELEPHONE NUMBER (EVENING)

SOCIAL SECURITY NUMBER DATE OF BIRTH

## 2 INDICATE YOUR REASON FOR DISTRIBUTION

### CHOOSE ONE:

- Qualified Education Expenses
- Non-qualified Distribution
- Rollover to another Coverdell ESA Account
- Excess Contribution Distribution
  - Current Year
  - Prior Year

- Rollover to a Qualified Family Member  
Please include a completed ESA application (available on [northerntrust.com/funds](http://northerntrust.com/funds)).

- Beneficiary

Please include:

- A certified copy of the owner's death certificate
- Beneficiary's signature, Medallion guaranteed (See Step 6.)
- A completed ESA application (available on [northerntrust.com/funds](http://northerntrust.com/funds)).

\_\_\_\_\_ Date Excess Contribution was Made

**3** PROVIDE YOUR DISTRIBUTION INSTRUCTIONS

**A. ONE-TIME DISTRIBUTION**

Distribute the amount indicated below withdrawn and paid as instructed in Step 4.

<b>ACCOUNT NUMBER</b>	<b>AMOUNT</b>
	Select One: <input type="checkbox"/> Dollars <input type="checkbox"/> Shares <input type="checkbox"/> Percentage
_____	_____
_____	_____
_____	_____
_____	_____

**NOTE:** If a full distribution is requested, the annual ESA maintenance fee of \$15.00 may be deducted.

**B. PERIODIC DISTRIBUTIONS**

I want to establish an automatic distribution plan based on the information below.

<b>ACCOUNT NUMBER</b>	<b>AMOUNT</b>	<b>FREQUENCY</b>	<b>START DATE</b>
	Select One: <input type="checkbox"/> Dollars <input type="checkbox"/> Shares <input type="checkbox"/> Percentages	Select One: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	(Please choose a start date no later than the 29th; if no date is selected, the 1st will be used.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**C. DIVIDENDS/CAPITAL GAINS DISTRIBUTION**

Distribute dividends and/or capital gains in cash.

Check all that apply:  All dividends  All short-term capital gains  All long-term capital gains

**ACCOUNT NUMBER**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. EXCESS CONTRIBUTION**

Please redeem my excess contribution of \$ \_\_\_\_\_ from account number \_\_\_\_\_

Excess Contribution Date \_\_\_\_\_

Please calculate and withdraw any earnings in addition to the excess contribution amount.

The excess contribution amount I have indicated above includes earnings that I have calculated.

*Note: If neither box is checked, the Custodian will calculate any earnings and withdraw them in addition to the excess contribution amount.*

**4** SELECT YOUR METHOD OF PAYMENT

**A. BY CHECK:**

- Payable to me and sent to the address of record.
- Payable to a different name or mailing address. *(Medallion Signature Guarantee may be required. See Step 6.)*

If you wish to have your distribution check made payable to someone other than yourself or mailed somewhere other than the address of record, complete the following. If recipient is a public charity, check here

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

**B. BY TRANSFER TO MY BANK AS FOLLOWS:** *(Medallion Signature Guarantee may be required. See Step 6.)*

\_\_\_\_\_  
NAME ON BANK ACCOUNT

\_\_\_\_\_  
BANK NAME

\_\_\_\_\_  
BANK ADDRESS

\_\_\_\_\_  
ACCOUNT NUMBER BANK ROUTING NUMBER

**5** SIGN YOUR NAME

- I certify that I am the proper party to direct or receive payments from this ESA and that all information provided by me is true and accurate. No tax advice has been given to me by the Custodian. All decisions regarding this withdrawal are my own. I expressly assume responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Custodian shall in no way be held responsible.

\_\_\_\_\_  
YOUR SIGNATURE PRINTED NAME DATE

**6** MEDALLION SIGNATURE GUARANTEE

You can obtain a Medallion Signature Guarantee from a commercial bank or trust company, a member firm of a national stock exchange, or from an eligible guarantor institution as defined by the Securities and Exchange Commission.

**MEDALLION SIGNATURE GUARANTEE IS REQUIRED IF:**

- Payment is equal to or greater than \$100,000
- Electronic payment is to a bank account not on file
- The payment recipient is someone other than the account owner
- Payment is being sent to an address that is different from the address of record
- Funds are being transferred to another Northern Funds account that is not registered to the account owner

**SIGNATURE GUARANTEED BY:**

**AFFIX SIGNATURE GUARANTEED STAMP**

\_\_\_\_\_  
NAME OF BANK OR FIRM

\_\_\_\_\_  
SIGNATURE OF OFFICER AND TITLE