



**6 DISTRIBUTION INSTRUCTIONS**

Consolidate distributions into one disbursement (Check, ACH or Wire)

**A One-time full or partial distribution**

Fund Name	Fund #*	Account Number	Amount	or	%	or	All
_____	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	,	<input type="text"/>	.	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	,	<input type="text"/>	.	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	,	<input type="text"/>	.	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	,	<input type="text"/>	.	<input type="text"/>

Consolidate distributions into one disbursement (Check, ACH or Wire)

**B. Recurring Distribution**

Fund Name	Fund #*	Account Number	Amount
_____	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
_____	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
_____	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

\* Can be found on account statement

- I wish to take distribution(s) based on my life expectancy.
- I wish to take the minimum distribution based upon my and my designated beneficiary's joint life expectancy.
- I wish to take distributions for the fixed period of \_\_\_ years (not to exceed the joint life expectancy of my designated beneficiary and me).
- I have calculated the amount of my required distributions pursuant to the Internal Revenue Code and request a distribution of \_\_\_\_\_ or \_\_\_\_\_% of my account per year.
- I am over the age 59 1/2 and wish to take my dividends in cash.
- I am over the age 59 1/2 and wish to take my capital gains in cash.

1. Begin distributions on \_\_\_\_\_ in \_\_\_\_\_.  
(month) (year)
2. Please make distributions on the \_\_\_\_\_ day (between the 3rd and the 26th) of the month(s) indicated below.  
(If no date is selected, the 25th will be used.) Please note, payments by check are processed on the 25th of the month only.
3. Select frequency of periodic distributions (does not apply to cash dividends and capital gains.)  
 All months or check all that apply   
  January     February     March     April     May     June  
 July     August     September     October     November     December

**7 SIMPLE IRA Distributions only**

I have participated in a SIMPLE IRA plan of my employer for  less than 2 years\* or  2 or more years.

\*If you have not been a participant for at least 2 years, your distribution may be subject to an additional 25% premature penalty tax unless an exception applies.

**8 YOUR SIGNATURE**

I certify that I am the proper party to receive payment(s) from this IRA and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by The Commerce Funds. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that The Commerce Funds shall in no way be held responsible.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**9 MEDALLION SIGNATURE GUARANTEE**

A Medallion Signature Guarantee assures that the signature is genuine and not a forgery. The financial institution providing the Guarantee is financially liable for the transaction if the signature is a forgery. Eligible guarantors include Commercial Banks, Trust Companies, Savings Associations and Credit Unions as defined by the Federal Deposit Insurance Act.

Note: A Guarantee from a Notary Public is not acceptable.

A Medallion Signature Guarantee is required if:

1. Amount is over \$50,000.
2. You want your check made payable to someone other than yourself.
3. Your address has changed within the last 30 days.
4. You want the check mailed to an address other than the address of record.
5. You want the proceeds sent to a bank account not on file.
6. You are the beneficiary of the account and the account owner is deceased.<sup>†</sup>

<sup>†</sup> Other documentation may be required.

Affix Medallion Signature

Guarantee stamp here

Please contact a representative.  
Name of eligible guarantor institution: \_\_\_\_\_