

# IRA Distribution Request



Complete this form to request a distribution from your Wells Fargo Funds IRA. If you have questions, call 1-800-222-8222.

**Overnight address:** Wells Fargo Funds, c/o DST Asset Manager Solutions, 430 W. 7th Street, STE 219967, Kansas City, MO 64105

P.O. Box 219967 | Kansas City, MO 64121  
wellsfargofunds.com

## 1 REGISTRATION (PLEASE PRINT)

Name of account owner (first, middle initial, last) Social Security number Date of birth (mm/dd/yyyy)

## 2 CHANGE ADDRESS AND CONTACT INFORMATION

Complete this section **only** if your address or contact information has changed.

We will update all accounts under the Social Security number listed in section 1 of this form. All future correspondence will be sent to the new address until you advise us otherwise. **Distributions to a new address will require your signature to be Medallion Guaranteed in section 10 of this form if requested within 15 days of the address change.**

U.S. residential street address (cannot be a PO Box or mail drop) City State ZIP code

Email address Daytime phone Evening phone

If your mailing address is not the same as the residential address listed above, please provide your mailing address.

U.S. mailing address (if different than U.S. residential street address) City State ZIP code

## 3 REASON FOR DISTRIBUTION

IRA distributions may have possible tax consequences and rollover limitations. Consult your tax advisor for information about possible taxes, penalties and the IRA One-Rollover-Per-Year Rule.

Choose one:

**Premature distribution** (if you are the shareholder, under age 59½, and not disabled; may be subject to an early withdrawal penalty).

*Note: If this is a SIMPLE IRA and the distribution is within the two-year period in which you first participated in your employer's SIMPLE IRA plan, you may be subject to a 25% premature distribution penalty.*

**Normal distribution** (if you are the shareholder and age 59½ or older).

**Permanent disability** (if you are the shareholder and disabled under Section 72(m)(7) of the Internal Revenue Code).

**Excess contribution.** Year of excess contribution: \_\_\_\_\_ Amount of excess contribution: \$ \_\_\_\_\_

Is the excess contribution being removed prior to your tax return due date (including extensions)?  Yes  No

*Note: Withholding, if elected in section 6 of this form, is not an available option on excess contribution removals.*

**Distribution from a beneficiary IRA.**

If the decedent's IRA has not already been reregistered to you as the beneficiary, complete the IRA Beneficiary Claim Request form.

## 4 ACCOUNTS AND DISTRIBUTION AMOUNT

To request distributions from additional accounts, include all information on a separate sheet.

I would like a distribution (list account and amount):

\_\_\_\_\_  The entire account balance  Partial distribution: \$ \_\_\_\_\_  
Fund and account number

\_\_\_\_\_  The entire account balance  Partial distribution: \$ \_\_\_\_\_  
Fund and account number

\_\_\_\_\_  The entire account balance  Partial distribution: \$ \_\_\_\_\_  
Fund and account number

#### 4 ACCOUNTS AND DISTRIBUTION AMOUNT (CONTINUED)

If you have more than one IRA, call us at 1-800-222-8222 to discuss your options for required minimum distributions.

Pay dividends and capital gains in cash (list accounts):

\_\_\_\_\_ Fund and account number

\_\_\_\_\_ Fund and account number

\_\_\_\_\_ Fund and account number

\_\_\_\_\_ Fund and account number

**Note:** This option is only available if you are 59½ or older. If you choose this option to have future dividends and capital gains paid out in cash, do not select a payment frequency in section 5 of this form.

Life expectancy RMD (calculate my required minimum distribution based on the IRS life expectancy tables).

**Note:** Your RMD amount will be taken pro rata from each eligible IRA under your Social Security number unless you provide separate instructions.

#### 5 PAYMENT FREQUENCY

If a payment frequency is not selected, your distribution will be processed as a one-time request.

Choose one:

One-time distribution processed upon receipt.

Monthly, beginning (specify month and date): \_\_\_\_\_

Quarterly, to be paid in March, June, September, and December (specify date of month): \_\_\_\_\_

Annually, on (specify month and date): \_\_\_\_\_

**Note:** Unless specified above, periodic distributions will be made on the 25th day of the month. If the date falls on a weekend or holiday, your distribution will occur on the next business day. If the next business day falls in the next month, the distribution will occur on the previous business day. If payment frequency of annually is selected and no month is listed, redemptions will be made in December.

#### 6 TAX WITHHOLDING

If no box is checked, we will withhold 10%. (not applicable for a Roth IRA).

The amount indicated for federal tax withholding will be sent to the IRS.

Choose one:

Do not withhold federal income tax from my distribution.

I elect to have \_\_\_\_\_ % federal income tax withheld from my distribution (**must be 10% or greater**).

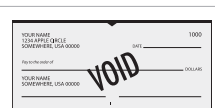
In addition to the above percentage, I elect to have \$ \_\_\_\_\_ federal income tax withheld from my distribution.

(Additional specific dollar withholding is only available on one-time distributions.)

**Important state tax withholding information:** Certain states require us to withhold state income tax from your distribution. If you reside in a state that requires withholding, we will withhold state income tax in accordance with the respective state's rules. Contact your tax advisor or your state tax authority for questions specific to your situation.

**Note:** If no withholding election is indicated above, IRS regulations require that 10% federal tax withholding be taken from your distributions. We encourage you to consult your accountant or tax advisor regarding your IRA distributions. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding are not adequate.

#### 7 PAYMENT METHOD



Include a preprinted, voided check for the electronic funds transfer (EFT) or wire payment method to ensure accurate bank account information.

**Note:** Checks must be preprinted with your name and address. We cannot accept starter or counter checks.

A Medallion Guarantee may be required to process your request. Refer to section 10 of this form to determine if a Medallion Guarantee is required. If no box is selected, the distribution will be sent by check to the address of record.

Choose one:

I would like this distribution to be paid to me by check and sent to the mailing address on file or the new address listed in section 2 of this form.

I would like this distribution to be paid to me by check and mailed to the temporary address listed below.

\_\_\_\_\_ Mailing address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ ZIP code

I would like this distribution to be sent via EFT to the bank account indicated on the attached preprinted, voided check. I understand that this service is governed by the terms and conditions explained in section 8 of this form and that the proceeds will normally arrive at my bank within two banking days. The bank information included will be retained on file as long as the box in Section 9 is not checked.

I would like a one-time distribution to be paid by wire transfer. Wire the proceeds of this distribution request to the bank account indicated on the attached preprinted, voided check. The bank information included will be retained on file as long as the box in Section 9 is not checked.

**7 PAYMENT METHOD (CONTINUED)**

I would like this distribution invested in another Wells Fargo Funds account.

\_\_\_\_\_  
Fund and account number (or list the fund name if new\*)

\_\_\_\_\_  
Account owner(s)

*\*If you are opening a new account, complete and submit a Wells Fargo Funds New Account Application with this form.*

**8 BANK INFORMATION**

**To establish the redemption option by EFT at any time, all Wells Fargo Funds account owners must be listed in the bank account registration or a Medallion Guarantee may be required (see section 10 of this form for details).**

Wells Fargo Funds, Wells Fargo Funds Management, LLC, affiliates, and subcontractors—as well as the officers, directors, employees, and agents of these entities (collectively, “Wells Fargo”)—will not be responsible for banking system delays beyond their control.

I understand that by executing this document, I hereby authorize my bank to honor all entries to my bank account initiated through State Street Bank and Trust Company or any successor, on behalf of the applicable fund. I acknowledge and understand that Wells Fargo will not be liable for acting upon instructions believed genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until Wells Fargo receives, and has a reasonable amount of time to act upon, a subsequent notice.

**9 TELEPHONE REDEMPTION OPTION FOR FUTURE DISTRIBUTIONS**

We offer a convenient option to request distributions by telephone. This option allows you to sell shares by phone and have the proceeds sent to the account owner’s address of record or bank account (via EFT or wire) if a preprinted, voided check is provided. This option will be added to the fund and account number(s) listed in Section 4 unless the box below is checked.

I do **not** want the redemption option.

**10 SIGNATURE**

I authorize Wells Fargo Funds and its transfer agent to process the distribution from the account(s) indicated in section 4 of this form. I understand that for a complete liquidation, a \$10 distribution fee may be collected by redeeming sufficient shares from the account. I further understand that I am responsible for any tax consequences that may result from the election I have made. I represent that no one at Wells Fargo provided any investment advice or recommendations to me regarding this distribution.

**To complete this distribution request, you must sign here. A Medallion Guarantee may be required.**

**X** \_\_\_\_\_  
Signature of account owner  
\_\_\_\_\_  
Print name  
\_\_\_\_\_  
Date

**Medallion Guarantee\*\* (if applicable)**

**HAVE YOUR SIGNATURE MEDALLION GUARANTEED FOR ANY DISTRIBUTION THAT IS:**

- Sent to an address that is not on file or to a new address prior to the expiration of the 15-day hold.
- Made payable by check to someone other than or in addition to you.
- Sent to a bank account if you are not a registered owner of the bank account.
- More than \$100,000 and sent to a bank account that is not currently on file with *Wells Fargo Funds*.
- Purchased into another *Wells Fargo Funds* mutual fund account if you are not a registered owner of the account.

**\*\* A Medallion Guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, savings associations, credit unions, and brokerage firms that participate in the Medallion Program. The bar-coded stamp with the words “MEDALLION GUARANTEED” must be stamped near each signature being guaranteed. The guarantee must appear with the name of the guarantor institution and the signature of an individual authorized on behalf of the guarantor institution. Note that a notary public stamp or seal is not acceptable.**

Wells Fargo Asset Management (WFAM) is the trade name for certain investment advisory/management firms owned by Wells Fargo & Company. These firms include but are not limited to Wells Capital Management Incorporated and Wells Fargo Funds Management, LLC. Certain products managed by WFAM entities are distributed by Wells Fargo Funds Distributor, LLC (a broker/dealer and Member FINRA). 318139 (592552 Rev 05-02/19)

**NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE**