

## SIMPLE IRA DISTRIBUTION FORM

Use this form to take a distribution from a SIMPLE IRA. You may be subject to a premature distribution penalty and other tax. For more information, please consult a tax advisor or IRS Publication 560. Other fees may be taken from distributions, as detailed in your fund prospectus and SIMPLE IRA Custodial Account and Disclosure Statement.

### STEP 1. ACCOUNT OWNERSHIP (please print)

SIMPLE IRA Account Owner's Name (Participant)	Address
Social Security Number	City <span style="float: right;">State      Zip Code</span>
Date of Birth	Daytime Telephone Number

I have been participating in this SIMPLE IRA for:  2 years or more  less than 2 years. (If left blank, under 2 years is assumed and a 25% distribution penalty may apply)

### STEP 2. TYPE OF DISTRIBUTION (choose *only* one)

- Normal Distribution:** participant is over age 59 1/2. Participant will receive a distribution check made payable to participant and mailed to participant's address on file unless indicated otherwise.
- Rollover Distribution:** participant will be rolling the proceeds into another Qualified Retirement Plan within 60 days. If payable to the shareowner the distribution will be reflected as Premature or Normal on the appropriate Internal Revenue Service (IRS) tax form.  
*Note:* Participants with a SIMPLE IRA for less than 2 years are only eligible to roll over to another SIMPLE IRA.
- Required Minimum Distribution (RMD):** distribution must begin by April 1<sup>st</sup> of the year following the year participant reaches age 70 1/2 and participant must receive another distribution by December 31<sup>st</sup> of that year. Each year thereafter, the participant must take a distribution by December 31<sup>st</sup>.
- Premature Distribution:** participant is under age 59 1/2 and acknowledges the possible tax consequences and penalties. (Not for Systematic Withdrawals.) Participant will receive a distribution check made payable to participant which will be mailed to the participants address on file, unless indicated otherwise.
- Substantially Equal Payments:** participant is under age 59 1/2, distributions are made at least annually using the life expectancy method, and the distributions must continue for at least 5 years or until the participant reaches age 59 1/2, whichever is longer. Please consult your financial or tax advisor for more information.
- Disability:** participant is unable to engage in any substantial gainful activity because of mentally determinable or physical impairment and the medical condition is expected to be of long-continued and indefinite duration.
  - I have enclosed a statement on doctor's letterhead, IRS Form 1040 Schedule R "Credit for the Elderly or the Disabled" (or a copy of a determination of disability letter from the Social Security Administration). **Required.**
- Distribution to Beneficiary:** participant is deceased. Please use one SIMPLE IRA Distribution Form per beneficiary. The beneficiary must sign in Step 6 and a medallion signature guarantee is required in Step 7.

Beneficiary's Name	Beneficiary's Social Security Number
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- I have enclosed a certified death certificate or its equivalent (a copy of the original death certificate bearing an original certification by the issuing authority state/municipal government). **Required.**
- Distribution to Estate:** participant is deceased and a beneficiary is not named on the account. The executor of the estate must sign in Step 6 and a medallion signature guarantee is required in Step 7.

Executor's Name	Estate Tax Identification Number
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- I have enclosed a certified copy of letters testamentary (probate court documents) and a tax waiver (if mandated by my state). **Required.**

**STEP 2. TYPE OF DISTRIBUTION (continued)**

**Distribution Due to Divorce:** The receiving spouse must sign in Step 6 and a medallion signature guarantee is required in Step 7.

Receiving Spouse's Name \_\_\_\_\_

Receiving Spouse's Social Security Number \_\_\_\_\_

I have enclosed a certified copy of the Divorce Decree or Qualified Domestic Relations Order (QDRO). *Required.*

**STEP 3. DISTRIBUTION METHOD (choose only one)**

**OPTION 1.** I would like a  **Total Distribution/Account Termination**, a  **Partial Distribution**

1.  **Earnings Payout:** All dividends and capital gains paid to participant between age 59 1/2 and 70 1/2. When the participant turns 70 1/2 he/she may need to increase the amount taken to satisfy minimum distribution requirements. (Go to Step 6 on Page 4)

2.  **Systematic Withdrawal Plan**

A. **Payment Schedule:** Make my withdrawals in the following months (check all that apply):

Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec **or**  All Months

B. **Payment Day:** Start my Systematic Withdrawal on or about this day of the month: \_\_\_\_\_  
(If you do not select a day, we will process your withdrawal on or about the 24th of the month.)

C. **Instructions\*:**

Distribute a fixed dollar amount of \$ \_\_\_\_\_ each period.

Distribute a fixed share amount of \_\_\_\_\_ each period.

Distribute \_\_\_\_\_% of account value yearly.

\*In the case of shares subject to a CDSC, the amount or percentage specified may not exceed, on an annualized basis, 10% of the value of the fund account.

3.  **Life Expectancy Distribution\*\***

A. **Payment Schedule:** Make my withdrawals in the following months (check all that apply):

Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec **or**  All Months

B. **Payment Day:** Start my Systematic Withdrawal on or about this day of the month: \_\_\_\_\_  
(If you do not select a day, we will process your withdrawal on or about the 24th of the month.)

C. **Instructions:**

Distribute based on my life expectancy or the life expectancy of my non-spouse beneficiary and myself.

Distribute based on the joint life expectancy of my spouse and myself. My spouse's birth date is \_\_\_\_\_

D. Check here  if you have multiple IRAs outside of Natixis Funds and would like to take your minimum distribution from your Natixis Funds SIMPLE IRA. Please supply the value, as of December 31<sup>st</sup> of the year preceding the year of distribution, for those IRAs you wish to include in the calculation. **The distribution from multiple IRAs will be calculated on a one-time basis only. You must submit a new SIMPLE IRA Distribution Form each year.** You are responsible for assuring that the total RMD has been taken. If you do not provide the year-end value for all IRAs you wish to include, the calculation may be incorrect. Not taking or miscalculating your RMD may result in the payment of a 50% excise tax on the amount not distributed as required.

\$ _____	_____	_____
12/31 Valuation	Fund Name	Account Number
\$ _____	_____	_____
12/31 Valuation	Fund Name	Account Number

\*\*Payments based on life expectancy will be determined from the IRS Uniform Lifetime Table. If your spouse is the sole beneficiary and is more than ten (10) years younger, the life expectancy factors used are adjusted, and the distribution is based on the IRS Joint Life and Last Survivor Expectancy Table. We use the following formula to calculate the distribution: **Value of SIMPLE IRA ÷ Life Expectancy = Minimum Withdrawal This Year.** The SIMPLE IRA account value used to calculate the distribution is equal to the value as of December 31<sup>st</sup> of the year preceding the year of distribution.

**STEP 4. PAYEE (choose *only* one)**

Invest distribution into my existing non-retirement account with the Funds:

_____	_____	\$ _____	or	_____ %
Fund Name	Account Number			
_____	_____	\$ _____	or	_____ %
Fund Name	Account Number			
_____	_____	\$ _____	or	_____ %
Fund Name	Account Number			
_____	_____	\$ _____	or	_____ %
Fund Name	Account Number			

- Establish a new non-retirement account with the Funds. I have attached a completed New Account Application.
- Make check payable to current name and address on file for the participant. (*Medallion Signature Guarantee required in Step 7 if this address has changed within the last 30 days.*)
- Make check payable to another payee, such as a beneficiary, spouse, etc. (*Medallion Signature Guarantee required in Step 7.*)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

- Systematic Withdrawal Plan only:** Send the proceeds by ACH electronic transfer to the bank checking account listed on the attached, voided check or preprinted deposit slip. (*Medallion Signature Guarantee required in Step 7 if you are adding your bank account for the first time and/or the names on the voided check do not match your account registration with the Funds.*)
- By direct deposit send proceeds by ACH electronic transfer to the bank account on file, or the bank account listed on the attached, voided check. (*Medallion Signature Guarantee required in Step 7 if you are adding your bank account for the first time.*)

**Tape your VOIDED check here.**

**WE CANNOT ESTABLISH BANKING SERVICES FROM STARTER CHECKS,  
CASH MANAGEMENT, BROKERAGE OR CREDIT CARD CONVENIENCE CHECKS.**

**STEP 5. INCOME TAX WITHHOLDING (Form W-4P)**

Please complete the section below for SIMPLE IRA Plans only. If you do not make an income tax withholding election below and elect to take a distribution from your SIMPLE IRA plan, we are required by the Internal Revenue Service to withhold 10% of your distribution. If you elect to have federal taxes withheld, and you live in a state that requires withholding on retirement distributions, we will also withhold your required state tax. You may elect not to have withholding apply to your distribution by checking the appropriate box below. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Your election will remain in effect until you revoke it. You may revoke your withholding election at any time by notifying us in writing (Natixis Funds, P.O. Box 219011 Kansas City MO 64121-9011). Any election or revocation will be effective no later than 30 days after such notice of such election or revocation has been received.

Please choose your withholding election:  Do not withhold taxes  
 Withhold taxes at the rate of \_\_\_\_\_%.

**STEP 6. SIGNATURE (required)**

The undersigned individual authorizes the withdrawal amount and type specified on this form. The undersigned acknowledges that the boxes checked under Type of Distribution (Step 2) and the Income Tax Withholding election made (Step 5) are correct. The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the withdrawal specified and when calculating minimum distribution payments determine the amount of federal and/or state tax which may be due based on all IRA accounts the undersigned may own (including those unknown by or not under the control of the Custodian). The undersigned understands that if an Income Tax Withholding election is not made in Step 5, the Custodian is required by federal regulations to withhold 10% of the requested distribution. The undersigned fully understands that he/she is responsible for determining that the minimum distribution requirements are met each year and that failure to meet the minimum distribution requirements may result in significant tax penalties. The undersigned agrees to indemnify and hold harmless the Custodian and its agents and service providers, including the Funds, from any losses, expenses or penalties incurred if the information the undersigned provided on this form is not correct.

As required by federal law, I certify under penalties of perjury (1) that the Social Security or Taxpayer Identification Number provided in Step 1 or Step 2 is correct, (2) that the IRS has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). (Note: if part (2) of this sentence is not true in your case, please strike out that part before signing.) I am exempt from FATCA reporting (4). The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

**X**

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

If acting in a special capacity (such as beneficiary, executor, etc.), the capacity must be indicated after your signature.

**STEP 7. MEDALLION SIGNATURE GUARANTEE**

A STAMP 2000 Signature Guarantee is designed to protect your account against fraudulent distributions. You can obtain a medallion signature guarantee from most commercial banks, trust companies, savings associations, credit unions and member firms of domestic stock exchanges. *We are unable to accept a guarantee from a notary public.*

**A MEDALLION SIGNATURE GUARANTEE IS REQUIRED IF:**

- The address on the account has changed within the last 30 days.
- The distribution amount exceeds \$100,000.
- The account owner or beneficiary has changed his/her name.
- Banking is being added for the first time.

**OR IF THE DISTRIBUTION IS SENT TO:**

- A different payee or address than what is listed on the account.
- A bank checking account where the names on the voided check do not match your account registration.
- A beneficiary.
- The recipient of a divorce settlement.

\_\_\_\_\_  
Name of Institution Providing Medallion Signature Guarantee

**X**

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

\_\_\_\_\_  
Title

Place Medallion Signature Guarantee Stamp Here: