

REQUIRED MINIMUM DISTRIBUTION (RMD) FORM

The Internal Revenue Service (IRS) requires that you begin receiving distributions from your Individual Retirement Account (IRA) by your required beginning date (April 1, following the year in which you become age 70 ½) and December 31 each year thereafter. The amount of the distribution is based on calculated life expectancies determined from predefined tables. Please note that the IRS may apply substantial penalty taxes should your minimum distribution not be made in time to comply with governmental regulations. Consult your tax advisor for assistance.

Please complete the information below if you have reached age 70 ½ and must request a distribution from your IRA. Complete one form for each IRA in the Auxier Funds (The Fund). Please print clearly or type all items except the signature.

Please complete all sections and mail the form to:

Regular Mail:
Auxier Funds
PO Box 588
Portland, ME 04112

Overnight:
Auxier Funds
3 Canal Plaza, Ground Floor
Portland, ME 04101

**If you have any questions,
please call 1-877-328-9437**

1. IRA REGISTRATION

Name: First _____ Middle _____ Last _____

Street Address _____ City _____ State _____ Zip _____
()

Daytime Telephone Number _____

Social Security Number (SSN) _____ Date of Birth _____ Account Number _____

2. DETERMINING YOUR REQUIRED MINIMUM DISTRIBUTION

We must have the following information in order to determine your RMD.

Please calculate my RMD based upon the following table in IRS Publication 590 Appendix C (Check only one. If no box is checked Table III will be used to calculate your RMD):

- Uniform Lifetime Table III:** For use by single and married owners whose spouses are not more than 10 years younger
- Single Life Expectancy Table I:** For use by beneficiaries
- Joint Life Expectancy and Last Survivor Expectancy Table II:** For use by owners whose spouses are more than 10 years younger and are the sole beneficiaries of their IRAs

Please provide spousal beneficiary information*

Name _____
Social Security Number (SSN) _____ Date of Birth _____

* By providing spousal beneficiary information above and signing on the reverse, I hereby revoke any prior designation of beneficiary to my IRA in the Fund that I may have made.

3. WITHHOLDING INSTRUCTIONS

(Substitute form W-4P (OMB No. 1545-0074))

The law requires that federal and, in certain states, state income tax be withheld from your IRA distribution unless you elect that withholding does not apply by checking the boxes below. If you elect not to have withholding apply to your distribution, you may be responsible for the payment of estimated taxes. **Note: You may wish to consult your tax advisor before waiving withholding as you may incur penalties for not paying enough tax during the year.**

If no box is checked, federal (10%) and possibly state income tax will be withheld.

Federal Tax Withholding:*

- Do not withhold for federal income tax.
- Withhold federal income tax at a rate of 10%, or _____ (other)% or \$ _____

State Tax Withholding:*

 (not available for all states)

- Do not withhold for state income tax.
- Withhold the applicable state income tax rate, or _____ (other)% or \$ _____

State Tax Withholding: State withholding may be required if you have elected to have federal income tax withheld.

***Your elections will remain in effect for all distributions until you revoke them. You may revoke the elections at any time by completing and returning a new federal W-4P and/or state equivalent election form.**

