



**INDIVIDUAL RETIREMENT ACCOUNT
(IRA)
REQUEST FOR DISTRIBUTIONS**

Complete the IRA Request for Distributions Form to request a one time or Automatic distribution from your IRA. If you have any questions regarding this form, please call Shareholder Services at 1-888-345-1898.

PART I: INVESTOR INFORMATION (*DENOTES REQUIRED INFORMATION)

Owner's Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number* _____

Street Address (Physical Address)* _____ Apt # _____ City* _____ State* _____ Zip Code* _____

Daytime Phone* _____ ESA Account/Plan Number* _____

Account Number _____

**PART II: BENEFICIARY INFORMATION (*DENOTES REQUIRED INFORMATION)
(Complete only if requesting a death distribution)**

Beneficiary's Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number* _____

Street Address (Physical Address)* _____ Apt # _____ City* _____ State* _____ Zip Code* _____

Daytime Phone* _____ Evening Phone _____

PART III: DISTRIBUTION ALLOCATION

Name of Investment	Investment
Commonwealth Australia/New Zealand Fund	\$ _____ or _____ %
Commonwealth Africa Fund	\$ _____ or _____ %
Commonwealth Japan Fund	\$ _____ or _____ %
Commonwealth Global Fund	\$ _____ or _____ %
Commonwealth Real Estate Securities Fund	\$ _____ or _____ %
Federated Prime Cash Obligations Money Market Fund	\$ _____ or _____ %
	TOTAL: \$ _____ or _____ %

PART IV: DISTRIBUTION METHOD AND TYPE

Select either a **One Time** or **Automatic Distribution**. Provide details about the distribution(s) you are requesting to assist us in meeting federal regulations for tax reporting.

One Time Distribution

Traditional (SEP) or SIMPLE IRA Distribution

Please redeem the entire account OR Please redeem \$ _____

I am: at least age 59½ and this is a normal distribution.
 under age 59½ and this is a premature distribution; I am aware of the IRS 10% penalty.

If distribution is from a SIMPLE IRA, have at least 2 years elapsed since establishment?

Yes No

Please redeem \$ _____. I am under age 59½; this premature distribution is exempt from the IRS 10% penalty because:

- it will be used to pay medical expenses in excess of 7.5% of my adjusted gross income.
- it will be used to pay medical insurance premiums during a period of unemployment.
- it will be used for qualified higher education expenses.
- it will be used for qualified first time home purchase expenses (\$10,000 lifetime limit).
- it is part of a Substantially Equal Period Payment under Internal Revenue Code 72(t).
- it is a disability as defined under Internal Revenue Code Sec. 72(m)(7).
- it is a direct rollover to an Eligible Employer-Sponsored Plan (Code G).
- it is a death distribution.

***Note: See Part III for specified allocation.**

Required Minimum Distribution

- Please redeem \$ _____ for my Required Minimum Distribution. I am at least 70½ years old.
- Please calculate my Required Minimum Distribution according to the new IRS distribution regulations and redeem that amount
 - One Time or Annually in _____ of each year* or Monthly* or Quarterly*
 - *(Automatic Distributions are processed on the 25th of each month).*
- Spousal. Beneficiary is 10 years or younger (please provide information).

Name* (First, M.I., Last)

Date of Birth*

Social Security Number*

Return of Excess Contribution Plus Earnings

In what year was the contribution made?

Current Year Prior Year

Excess Contribution Amount: \$ _____

Earnings Attributable to Excess: \$ _____

PART IV: DISTRIBUTION METHOD AND TYPE-CONTINUED

Convert my Traditional IRA to a Roth IRA

Convert: All Shares Dollar Amount: \$ _____ Percentage: _____ %

To: A new Roth IRA *(Complete and enclose an IRA New Account Form)*

My existing Roth IRA

***Note: See Part III for specified allocation.**

Roth IRA Distribution – *If this is not a qualified distribution, an IRS penalty applies to the earnings portion of your distribution.*

Has the 5-year holding period been met? Yes No/Don't Know

Please redeem the entire account OR Please redeem \$ _____

I am: at least age 59½ and this is a normal distribution.

under age 59½ and this is a premature distribution; I am aware of the IRS 10% penalty.

Please redeem \$ _____ . I am under age 59½;

this premature distribution is exempt from the IRS 10% penalty because:

it will be used to pay medical expenses in excess of 7.5% of my adjusted gross income.

it will be used to pay medical insurance premiums during a period of unemployment.

it will be used for qualified higher education expenses.

it will be used for qualified first time home purchase expenses (\$10,000 lifetime limit).

it is part of a Substantially Equal Period Payment under Internal Revenue Code 72(t).

it is a disability as defined under Internal Revenue Code Sec. 72(m)(7)

it is a death distribution.

***Note: See Part III for specified allocation.**

Recharacterize my Contribution

Recharacterize my contribution of \$ _____ for tax year _____ from my Roth account.

To: A new Traditional IRA *(Complete and enclose an IRA New Account Form)*

My existing Traditional IRA

***Note: See Part III for specified allocation.**

Recharacterize my Conversion

Recharacterize my Conversion for tax year _____

To: A new Traditional IRA *(Complete and enclose an IRA New Account Form)*

My existing Traditional IRA

***Note: See Part III for specified allocation.**

All shares will be recharacterized unless you enter a specific dollar amount \$ _____

Return of Excess Contribution Plus Earnings

In what year was the contribution made?

Current Year Prior Year

Excess Contribution Amount: \$ _____

Earnings Attributable to Excess: \$ _____

PART V: DISTRIBUTION INSTRUCTIONS

I wish to withdraw my entire account balance.

I wish to make a one-time, partial withdrawal of \$ _____ .

I wish to withdraw the requested amount on a pro rata basis across all investments.

I wish to withdraw the requested amount from my investments as indicated in the chart below.

(Indicate from which investments the withdrawal should be taken. Percentages must be in whole numbers, e.g., 33%, not 33⅓%.)

Whether you provide the amount of your distributions or choose to have the amount calculated, please complete the Frequency of Distributions section. Automatic Distributions continue indefinitely unless you request cancellation.

Set Up Automatic Withdrawal for the Amount I Have Determined

I wish to set up Automatic withdrawals* in the amount of \$ _____ on a Monthly Quarterly Semi-Annual Annual basis.

I wish to withdraw the requested amount on a pro rata basis across all investments.

I wish to withdraw the requested amount from my investments as indicated in the chart below.

(Indicate from which investments the withdrawal should be taken. Percentages must be in whole numbers, e.g., 33%, not 33⅓%.)

These are: Normal Distributions Distributions Due to Disability

Substantially Equal Periodic Payments that are exempt from the IRS 10% penalty under RS Code 72(t).

Special Election Options for Those 70-½ or Older:

I wish to make a one-time withdrawal of my required minimum distribution for (indicate year) _____ .

I wish to have my required minimum distribution for (indicate year) _____ calculated by the Trustee/Custodian and distributed to me in equal installments on a Monthly Quarterly Semi-Annual Annual basis.

(If Annual is selected, indicate the month in which you would like the distribution processed: _____.)

I wish to have my required minimum distribution for (indicate year) _____ and all future years calculated by the Trustee/Custodian and distributed to me in equal installments on a Monthly Quarterly Semi-Annual Annual basis.

(If Annual is selected, indicate the month in which you would like the distribution processed: _____.)

Name of Investment	Investment
Commonwealth Australia/New Zealand Fund	\$ _____ or _____ %
Commonwealth Africa Fund	\$ _____ or _____ %
Commonwealth Japan Fund	\$ _____ or _____ %
Commonwealth Global Fund	\$ _____ or _____ %
Commonwealth Real Estate Securities Fund	\$ _____ or _____ %
Federated Prime Cash Obligations Money Market Fund	\$ _____ or _____ %
	TOTAL: \$ _____ or _____ %

PART VII: WITHHOLDING NOTICE AND ELECTION

Form W-4P OMB No. 1545-0415
Dept. of Treasury, Internal Revenue Service

Notice: The distributions you receive from your IRA are subject to federal income tax withholding unless you waive withholding. Generally, federal income tax withholding applies to the taxable part of your IRA distribution. Thus, for example, there will be no withholding on the return of your own nondeductible contributions from your Traditional IRA. You may waive withholding on your IRA distribution by signing and dating the IRS Form W-4P, *Withholding Certificate for Pension or Annuity Payments*, or this substitute Form W-4P and returning it to your IRA Trustee or Custodian listed above. If you waive withholding on your IRA distribution, or if you do not have enough federal income tax withheld from your IRA distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You may waive state income tax withholding to the extent permitted by law. You are responsible for determining and paying all federal, and if applicable, state and local taxes on distributions from all IRAs you own. If you do not waive withholding, ten percent will be withheld from your IRA distribution. Your election is valid until you revoke it. You may change your withholding election by completing another Form W-4P or substitute. Also note, if you are a U.S. citizen or resident alien receiving an IRA distribution that is delivered outside the United States or its possessions, withholding is required. That is, you may not waive withholding. If you are a non-resident alien you may not use Form W-4P to withhold income tax or to waive withholding. A foreign person should refer to IRS Publication 515 and to Form W-8BEN.

Election: Unless a previous withholding election is in place, you indicate a different withholding amount below, or you waive withholding by indicating your election below, ten percent will be withheld from your IRA distribution.

Effective Date: _____

If no election is made, we are **REQUIRED** to withhold 10% Federal Income Tax.

Do NOT withhold federal income tax from my distribution.

Withhold as indicated below

_____ % (at least 10%) federal income tax, and _____ additional amount (if indicated).

IMPORTANT: If your address on record is a P.O. Box, we are required by law to withhold Federal Income Tax at the automatic rate unless we are provided with a residence address below:

Street Address (Physical Address)*

Apt #

City*

State*

Zip Code*

PART VIII: ACKNOWLEDGEMENT AND NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP

By signing this *IRA Distribution Request Form*, I certify that the information I have provided is true and correct, and I authorize the Trustee/Custodian to distribute my IRA as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this distribution and I assume all responsibility for any consequences as a result of my actions. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my instructions, including payments made in error. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Trustee/Custodian. I also understand that if this distribution involves a SIMPLE IRA, special rules apply, and I assume responsibility for my actions regarding those issues.

Signature of IRA Owner (or other authorized person):

X _____ Date: _____

***Note:** Please sign your name exactly how it appears in the registration.

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program (“STAMP”)
- Commercial banks which are members of the Federal Deposit Insurance Corporation (“FDIC”)
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charter to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges)
- Foreign branches of any of the above

Note: The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.



MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery
 Commonwealth International Series Trust
 P.O. Box 46707
 Cincinnati, OH 45246-0707

Overnight Delivery
 Commonwealth International Series Trust
 225 Pictoria Drive, Suite 450
 Cincinnati, OH 45246