



**CLEAR FORM >>** 

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: ACCOUNT OWNER INFORMATION				*Required Information
Owner's Name* (First, M.I., Last)		Date of Birth*	Social Security Numl	ber*
Street Address (Physical Address)*	Apt #	City*	State*	Zip Code*
Daytime Phone*		Account Number		
PART II: DISTRIBUTION INSTRUCTIONS				
Select either a <b>One Time or Automatic Distribution</b> . Prov	ide details ab	out the distribution(s) you are re	questing to assist (	us in meeting federal
regulations for tax reporting.				
☐ ONE TIME DISTRIBUTION				
☐ I wish to withdraw my entire account balance.				
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $		<del>.</del>		
OR				
$\ \square$ SET UP AUTOMATIC DISTRIBUTIONS* IN THE $A$	AMOUNT O	OF \$ ON A		
_ , _ \ , _	☐ Annual ba			
*Automatic Distributions are processed on the 25th of the n	nonth and co	ntinue indefinitely unless you rec	juest cancellation.	
TRADITIONAL (SEP), SIMPLE OR ROTH IRA DISTRI	IBUTION			
I am:				
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $				
under age 59½ and this is a premature distribution; I am				
☐ I am under age 59½; this premature distribution is exem	-	• •		
it will be used to pay medical expenses in excess o	f 7.5% of my	adjusted gross income.		
$\hfill \square$ it will be used to pay medical insurance premiums	during a perio	od of unemployment.		
$\square$ it will be used for qualified higher education expen	ises.			
$\ \square$ it will be used for qualified first time home purchas	se expenses (	\$10,000 lifetime limit).		
$\hfill \square$ it is a disability as defined under Internal Revenue	Code Sec. 72	(m)(7).		
$\hfill \square$ it is a direct rollover to an Eligible Employer-Sponso	ored Plan (Co	de G). Not applicable to ROTH IR	Α	
$\hfill \square$ This is a death distribution (Complete Beneficiary Inform	ation section)	).		

# 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

# PART II: DISTRIBUTION INSTRUCTIONS CONTINUED

SIMPLE IRA DISTRIBUTION  Have at least 2 years elapsed since establishment?  Yes No  ROTH IRA DISTRIBUTION  If this is not a qualified distribution, an IRS penalty appli				on. Has the 5-year hold	
PART III: BENEFICIARY INFORMATION (COMPLETE	ONLY IF REQUES	STING A DEATH DISTR	RIBUTION)		*Required Information
Beneficiary's Name* (First, M.I., Last)		Date of Birth*		Social Security Nu	mber*
Street Address (Physical Address)*	Apt #	City*		State*	Zip Code*
Daytime Phone*		Evening Phone			
PART IV: DISTRIBUTION ALLOCATION  NOTE: If no selection is made, the distribution will be processed.	ed pro rata acros:	s all funds.			
NAME				AMOUNT	
Commonwealth Australia/New Zealand Fund			\$	or	%
Africa Fund			\$	or	%
Commonwealth Japan Fund			\$	or	%
Commonwealth Global Fund			\$	or	%
Commonwealth Real Estate Securities Fund			\$	or	%
		TOTAL:	\$	or	%
PART V: PAYMENT INSTRUCTIONS  By Mail  Mail check(s) to the address of record  Make check(s) payable to someone other than the Signature Guarantee Stamp.  Make check payable to:		er (Indicate payee k	oelow) <b>Rec</b>	juires a New Techno	logy Medallion
☐ Mail check to an address other than the one on the a Guarantee Stamp.	ccount (Provid	e address below) <b>R</b>	equires a	New Technology Me	edallion Signature
Street Address (Physical Address)*	Apt #	City*		State*	Zip Code*

			1FN							

☐ Send to My Ban	k		
Send distributions	s to my bank by Automated Cleari	ng House (ACH) based on the:	
☐ Bank Account	Instructions Currently on File		
☐ Bank Account	Information below (Requires a N	lew Technology Medallion Signature Gu	arantee Stamp)
PAYMENT METHO I authorize the Custor effective after the ver	dian to withdraw money from my	mutual fund IRA and deposit to my bank a	ccount. I understand this privilege will be
☐ You must attach	a voided check for your bank	account.	
ACCOUNT TYPE:	☐ Checking ☐ Savings		
	John and Jane Doe 123 Any Street Anytown, USA 12345	Date	1003
	PAY TO THE ORDER OF	Tape your voided check or preprinted deposit slip here. Please do NOT use staples.	\$ DOLLARS
	BANK NAME BANK ADDRESS		
	MEMO		

### PART VI: 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):	

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 and is required only if adding bank information in Part V, paying someone other than the account owner or changing the account address.

<sup>\*\*</sup> Shareholder Services transfers your assets two business days before the date on which you want them credited to your bank account. On the first day, we initiate a withdrawal from your IRA account. On the second day, we instruct the Custodian to transfer the appropriate assets to the Automated Clearing House (ACH). The ACH then transfers the assets to your bank. On the third day, the assets are credited to your bank account.

### PART VI: ACKNOWLEDGEMENT AND NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP CONTINUED

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 charger 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.

NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP

#### 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 you IRA distribution.

Effective Date:				
If no election is made, we are REQUIRED to wi	thhold 10% Federal Inco	me 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 are provided with a residence address below:	O. Box, we are required b	y law to withhold Fed	eral Income Tax at the autom	natic rate unless we
Street Address (Physical Address)*	Apt #	 City*		Zip Code*