

[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 Number\*

Street Address (Physical Address)\*

Apt #

City\*

State\*

Zip Code\*

Daytime Phone\*

Account Number

## PART II: DISTRIBUTION INSTRUCTIONS

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**

- I wish to withdraw my entire account balance.
- I wish to make a one-time, partial withdrawal of \$ \_\_\_\_\_.

**OR**

**SET UP AUTOMATIC DISTRIBUTIONS\* IN THE AMOUNT OF \$ \_\_\_\_\_ ON A**

- Monthly
- Quarterly
- Semi-Annual
- Annual basis.

\*Automatic Distributions are processed on the 25th of the month and continue indefinitely unless you request cancellation.

### TRADITIONAL (SEP), SIMPLE OR ROTH IRA DISTRIBUTION

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.
- 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 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). Not applicable to ROTH IRA
- This is a death distribution (Complete Beneficiary Information 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 applies to the earnings portion of your distribution. Has the 5-year holding period been met?

- Yes  No  Don't Know

## PART III: BENEFICIARY INFORMATION (COMPLETE ONLY IF REQUESTING A DEATH DISTRIBUTION)

\*Required Information

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 IV: DISTRIBUTION ALLOCATION

**NOTE:** If no selection is made, the distribution will be processed pro rata across 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 _____ %
	<b>TOTAL:</b> \$ _____ or _____ %

## PART V: PAYMENT INSTRUCTIONS

**By Mail**

Mail check(s) to the address of record

Make check(s) payable to someone other than the account owner (Indicate payee below) **Requires a New Technology Medallion Signature Guarantee Stamp.**

Make check payable to: \_\_\_\_\_

Mail check to an address other than the one on the account (Provide address below) **Requires a New Technology Medallion Signature Guarantee Stamp.**

Street Address (Physical Address)\*

Apt #

City\*

State\*

Zip Code\*

## PART V: PAYMENT INSTRUCTIONS CONTINUED

**Send to My Bank**

Send distributions to my bank by Automated Clearing House (ACH) based on the:

Bank Account Instructions Currently on File

Bank Account Information below **(Requires a New Technology Medallion Signature Guarantee Stamp)**

### PAYMENT METHOD

I authorize the Custodian to withdraw money from my mutual fund IRA and deposit to my bank account. I understand this privilege will be effective after the verification process.

**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 _____	<div style="border: 2px solid purple; padding: 5px; text-align: center;">Tape your voided check or preprinted deposit slip here. Please do NOT use staples.</div>	\$ _____ _____ DOLLARS
BANK NAME BANK ADDRESS		
MEMO _____		

\*\* 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

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

