



IRA DISTRIBUTION REQUEST FORM

FOR ALL IRA TYPES INCLUDING TRADITIONAL, ROTH, AND SEP IRAS

Complete and return this form to: Northern Funds Center, P.O. Box 75986, Chicago, IL 60675-5986 or fax this form to: **312-557-0411**.

Questions? See the IRA Distribution Request Form Guide or call the Northern Funds Center at **800-595-9111** weekdays from 7:00 a.m. to 5:00 p.m. Central time.

Please print all information.

1 PROVIDE YOUR INVESTOR INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER (DAYTIME) _____ TELEPHONE NUMBER (EVENING) _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

2 INDICATE YOUR REASON FOR DISTRIBUTION

TYPE OF IRA

- Traditional Roth SEP

CHOOSE ONE:

Normal – Age 59 1/2 or older

Premature Distribution – Under Age 59 1/2

If you are eligible to take a premature distribution without penalty, please consult IRS Publication 590. Available at www.irs.gov, this provides additional eligibility requirements for premature distributions.

Required Minimum Distribution – Age 70 1/2 or older

Check here if spouse is more than 10 years younger
Spouse's Date of Birth _____

Charitable Contribution – Age 70 1/2 or older

Excess Contribution Distribution

- Current Year
 Prior Year

Divorce

Please include:

- A copy of the divorce decree
- Owner's signature Medallion guaranteed (See Step 7.)
- A completed Traditional or Roth IRA application (available on northerntrust.com/funds).

Death

Please include:

- A certified copy of the owner's death certificate
- Have your signature Medallion guaranteed (See Step 7.)
- A completed Traditional or Roth IRA application (available on northerntrust.com/funds).

Date(s) Excess Contribution was Made

3 SELECT YOUR DISTRIBUTION OPTION

A. ONE-TIME DISTRIBUTION

- I want the amount indicated below withdrawn based on instructions provided in Step 4.
- I want a Required Minimum Distribution (RMD).
 - I have calculated my RMD based on the RMD Calculation Worksheet, which is the amount indicated below.
 - Please calculate my RMD for me.

| ACCOUNT NUMBER | AMOUNT |
|----------------|--|
| | Select One: |
| | <input type="checkbox"/> Dollars <input type="checkbox"/> Shares <input type="checkbox"/> Percentage |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

B. PERIODIC DISTRIBUTION

- I want to establish an automatic distribution plan based on the information below.
- I want to establish an automatic distribution plan for a Required Minimum Distribution (RMD).
 - I have calculated my RMD based on the RMD Calculation Worksheet, which is the amount indicated below.
 - Please calculate my RMD for me. Recalculate annually until otherwise notified.

| ACCOUNT NUMBER | AMOUNT | FREQUENCY | START DATE |
|----------------|--|--|--|
| | Select One: | Select One: | (Please choose a start date no later than the 29th; if no date is selected, the 1st will be used.) |
| | <input type="checkbox"/> Dollars <input type="checkbox"/> Shares | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

C. DIVIDENDS/CAPITAL GAINS DISTRIBUTION

- I want to take a distribution by having my dividends and/or capital gains distributed in cash. This request applies to all accounts listed below.
Check all that apply: All dividends All short-term capital gains All long-term capital gains

ACCOUNT NUMBER

D. EXCESS CONTRIBUTION

- Please redeem my excess contribution of \$ _____ from account number _____
- Please calculate and withdraw any earnings in addition to the excess contribution amount.
- The excess contribution amount I have indicated above includes earnings that I have calculated.

Note: If neither box is checked, Northern Funds will calculate any earnings and withdraw them in addition to the excess contribution amount.

4 SELECT YOUR METHOD OF PAYMENT

A. BY CHECK:

Payable to me and sent to the address of record.

If you wish to have your distribution check made payable to someone other than yourself or mailed somewhere other than the address of record, complete the following. (Medallion Signature Guarantee may be required. See Step 7.)

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

If recipient is a public charity, check here

B. BY TRANSFER TO MY BANK AS FOLLOWS: *(Medallion Signature Guarantee may be required. See Step 7.)*

NAME ON BANK ACCOUNT _____

BANK NAME _____

BANK ADDRESS _____

ACCOUNT NUMBER _____

BANK ROUTING NUMBER _____

C. BY TRANSFER TO MY NORTHERN FUNDS ACCOUNT AS FOLLOWS: *(Medallion Signature Guarantee may be required. See Step 7.)*

My existing non-IRA Northern account.

FUND NAME _____

ACCOUNT NUMBER _____

A new Northern Funds account. Please attach a new account application (available on northerntrust.com/funds).

5 INDICATE YOUR TAX WITHHOLDING

Excluding Roth IRAs, a 10% income tax will be withheld from each distribution unless one of the following boxes is checked:

Do not withhold income tax.

Withhold _____ % income tax.

Withhold \$ _____ from account number _____ .

Withhold \$ _____ split evenly amongst all accounts.

6 SIGN YOUR NAME

YOUR SIGNATURE _____

PRINTED NAME _____

DATE _____

7 MEDALLION SIGNATURE GUARANTEE

You can obtain a Medallion Signature Guarantee from a commercial bank or trust company, a member firm of a national stock exchange, or from an eligible guarantor institution as defined by the Securities and Exchange Commission.

MEDALLION SIGNATURE GUARANTEE IS REQUIRED IF:

- Payment is equal to or greater than \$100,000
- Electronic payment is to a bank account not on file
- The payment recipient is someone other than the account owner
- Payment is being sent to an address that is different from the address of record
- Funds are being transferred to another Northern Funds account that is not registered to the account owner

SIGNATURE GUARANTEED BY:

AFFIX SIGNATURE GUARANTEED STAMP

NAME OF BANK OR FIRM

SIGNATURE OF OFFICER AND TITLE