

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

Complete the **IRA Request for Distributions Form** to request a one time or systematic distribution from your IRA. If you have any questions regarding this form, please call Shareholder Services at 1-888-484-5766.

**PART I: INVESTOR INFORMATION (\*DENOTES REQUIRED INFORMATION)**

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

Street Address (Physical Address)\* \_\_\_\_\_ Apartment # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Daytime Phone\* \_\_\_\_\_ Evening Phone \_\_\_\_\_

**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)\* \_\_\_\_\_ Apartment # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Daytime Phone\* \_\_\_\_\_ Evening Phone \_\_\_\_\_

**PART III: ACCOUNT INFORMATION**

Name of Investment	Account Number (if known)
Centaur Total Return Fund	

**PART IV: DISTRIBUTION METHOD AND TYPE**

Select either a **One Time** or **Systematic 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 I may be subject to the IRS 10% penalty.

**Required Minimum Distribution**

Please redeem \$ \_\_\_\_\_ for my Required Minimum Distribution. I am at least 70½ years old.

**PART IV: DISTRIBUTION METHOD AND TYPE-CONTINUED**

**Return of Excess Contribution Plus Earnings**

In what year was the contribution made?

Current Year     Prior Year

Excess Contribution Amount: \$ \_\_\_\_\_

Earnings Attributable to Excess: \$ \_\_\_\_\_

**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

Fund Name

Account Number

Centaur Total Return Fund

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

**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

Fund Name

Account Number

Centaur Total Return Fund

**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

Fund Name

Account Number

Centaur Total Return Fund

Please recharacterize \$ \_\_\_\_\_    OR     Please recharacterize \_\_\_\_\_ shares

**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 \$\_\_\_\_\_.

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

**Set Up Systematic Withdrawal for the Amount I Have Determined**

- I wish to set up systematic withdrawals\* in the amount of \$\_\_\_\_\_ on a  Monthly  Quarterly  Semi-Annual  Annual basis.
- 15<sup>th</sup> day    OR     last business day

**Special Election Options for Those 70-1/2 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:\_\_\_\_\_.)
- 15<sup>th</sup> day    OR     last business day

Name of Investment	Withdrawal Amount or %
Centaur Total Return Fund	\$ _____ or _____ %

**PART VI: PAYMENT INSTRUCTIONS**

\*\* Denotes that a **New Technology Medallion Signature Guarantee Stamp** is required.

- By Mail**
  - Mail check(s) to the address of record
  - Mail check to an address other than the one on the account (Provide address below)\*\*

Street Address (Physical Address)\*                      Apartment #                      City\*                      State\*                      Zip Code\*

- By ACH**
  - Electronically deposit the redemption proceeds to the bank on record
  - Electronically deposit the redemption proceeds using new bank instructions (please attach a voided check).\*\*

Name of Bank: \_\_\_\_\_ Bank's Phone Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_ ABA Routing Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name(s) on Bank Account: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Account Type:    † Checking    † Savings

## 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.

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

## PART VIII: ACKNOWLEDGEMENT AND NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE

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 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

NEW TECHNOLOGY MEDALLION  
SIGNATURE GUARANTEE STAMP

## MAILING INSTRUCTIONS

Please send completed form to:

**Regular Mail Delivery**  
Centaur Total Return Fund  
P.O. Box 46707  
Cincinnati, OH 45246-0707

**Overnight Delivery**  
Centaur Total Return Fund  
225 Pictoria Dr, Suite 450  
Cincinnati, OH 45246