



Muhlenkamp Fund

IRA/Qualified Plan Distribution Request Form

Mail To:

Muhlenkamp Fund
c/o U.S. Bancorp Fund Services, LLC
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To:

Muhlenkamp Fund
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., 3rd Floor
Milwaukee, WI 53202-5207

Use this form to request a distribution from an existing Muhlenkamp Fund IRA/Qualified Plan. Distribution reasons may include: Normal Distribution, Premature Distribution, Code 72(t), Death, Excess Contribution Removal, Conversion to Roth IRA, Recharacterization, Divorce, or Coverdell ESA. **Do NOT complete this form if request is for a Required Minimum Distribution (RMD), instead please complete the IRA Required Minimum Distribution Form.**

If you have any questions, please call (800)860-3863 and press "0".

1. Account Information

Please complete the following information as it appears on your Muhlenkamp Fund account statement.

Note: If the address listed below is different than the address currently listed in our records, we will change all accounts under your Social Security number to reflect your new address. All future correspondence will be sent to the new address until you advise us otherwise. Distributions to a new address will require a signature guarantee in Section 7 of this form.

ACCOUNT NUMBER _____ XXX - XX - SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (mm/dd/yyyy) _____

ACCOUNT REGISTRATION _____

STREET ADDRESS OR P.O. BOX _____ APT/SUITE _____

CITY _____ STATE _____ ZIP CODE _____

() DAYTIME PHONE NUMBER _____ () EVENING PHONE NUMBER _____

2. Type of Distribution

Please select only ONE of the following.

I request a distribution from my Retirement Account. I understand that it is my responsibility to determine that amounts distributed from my account are made in compliance with all Internal Revenue Service (IRS) regulations. I understand that a distribution fee may apply per the Fund's prospectus. **We recommend that you consult with your professional tax adviser prior to requesting the distribution.**

- Normal Distribution.** I have reached age 59 ½.
- Premature Distribution.** I am under age 59 ½. I understand that I may be responsible for paying a 10% premature withdrawal penalty in addition to normal income tax for an early withdrawal. **To claim an exception from the premature distribution penalty, you should file IRS Form 5329.**
- 72(t) Substantially Equal Periodic Payments.** (under IRS Code Section 72(t)(2)(A)(iv)). *Please see your professional tax adviser for guidance.*
- Death Distribution.** Death Distribution for Inherited IRA Accounts and Death Distribution for Roth IRA Accounts.
- Excess Contribution Removal.** I am withdrawing the excess contribution I made and any earnings attributable to such contribution. Earnings will be removed with the excess contribution if corrected before the Federal income tax-filing deadline, pursuant to Internal Revenue Code Section 408(d)(4) and IRS Publication 590. The IRS may impose a 10% premature withdrawal penalty on the earnings if you are under age 59 ½.
- Conversion to Roth IRA.** Conversion from a Traditional, SEP, or SIMPLE IRA. The deadline for a conversion is December 31st. Conversions are not allowed from a SIMPLE IRA within two years of the initial SIMPLE contribution.
If you are 70 ½ years of age or older, your Required Minimum Distribution (RMD) must be distributed prior to the conversion. (Check ONE below)
 - Please distribute my current year RMD before the conversion.
 - I will satisfy my current year RMD from an IRA at another financial institution.
- Recharacterization.** This is a recharacterization of a current or prior year Traditional or Roth IRA contribution, or a recharacterization of a conversion to a Roth IRA. *The deadline for a prior year recharacterization is the due date of your federal tax return, including extensions (generally October 15th).*
- Divorce.** By checking this box, I represent that the transfer is payment to a former spouse pursuant to a decree of divorce or Qualified Domestic Relations Order (QDRO). *Please contact a shareholder services representative to determine what additional documents are required.*
- Coverdell ESA Distribution.** Distributions not used for qualified education expenses may be subject to a penalty. No tax withholding is permitted.

3. Distribution Instructions

ONE-TIME DISTRIBUTION

Select ONE method of distribution from either the "One-Time Distribution" selections or from the "Systematic Withdrawal Plan" option.

- I wish to liquidate my entire account.
 I wish to make a one-time distribution of \$ ENTER DOLLAR AMOUNT or ENTER NUMBER OF SHARES shares, and the distribution should be paid out immediately.
 I wish to convert \$ ENTER DOLLAR AMOUNT or ENTER NUMBER OF SHARES shares to my Roth IRA account. (Check ONE box below)
 Check this box if a new Roth IRA account needs to be established. (An IRA Application must be included with this form).
 Check this box if the conversion is to an existing Roth IRA Account. INDICATE EXISTING ROTH IRA ACCOUNT NUMBER
 I wish to recharacterize \$ ENTER DOLLAR AMOUNT of my conversion dated DATE (mm/dd/yyyy) or my contribution for tax-year YEAR (yyyy).
 I wish to withdraw the excess contribution of \$ ENTER DOLLAR AMOUNT made for the tax year YEAR (yyyy) and any earnings attributable to such contribution (select ONE box below if you are removing excess contributions). *
 I wish to have my excess contribution and my earnings distributed to my address of record.
 I wish to have my excess contribution and any earnings applied to my IRA/Qualified Plan contribution for tax-year YEAR (yyyy).
 I wish to have my excess contribution applied to my IRA/Qualified Plan contribution for tax-year YEAR (yyyy), and my earnings distributed to my address of record.
 I wish to have my excess contribution and any earnings applied to my Non-IRA account. (Check a box below)
 Apply excess contribution to a new non-IRA Muhlenkamp Fund account. (Account Application must be included with this form).
 Apply the excess contribution to this existing Non-IRA Account. INDICATE EXISTING ACCOUNT NUMBER
*Earnings must remain in the account if the excess contribution is removed after October 15th following the year in which the contribution was made.

SYSTEMATIC WITHDRAWAL PLAN

I wish to take periodic distributions in the amount of \$ from my Muhlenkamp Fund IRA/Qualified Plan Account as follows:

Frequency: Monthly Quarterly Semi-Annually Annually

START DATE (Month/Year) DAY(S) OF THE MONTH*

* If the day of the month you selected falls on a weekend or holiday, your redemption will occur on the next business day.

4. Delivery Instructions

Select ONE method of delivery of the distribution proceeds.

- Send a check to the address of record currently on my account.
by Regular Mail or by Overnight Mail (A \$15 fee will apply)
 Deposit distribution proceeds directly into:
 my existing Muhlenkamp Fund non-IRA account number ENTER NON-IRA ACCOUNT NUMBER, or
 open a new Muhlenkamp Fund non-IRA account for distributions (a new Account Application must be attached).
 ACH(Automated Clearing House): Electronic Funds Transfer to the bank instructions currently on my account. No fee applies. If you are establishing or changing your bank instructions, please attach a voided check in Section 5. You must obtain a signature guarantee if establishing or changing your bank instructions.
 Wire Redemption: Wire distribution proceeds to the bank instructions currently on my account. (A \$15 wire fee applies). If you are establishing or changing your bank instructions, please attach a voided check in Section 5. You must obtain a signature guarantee if establishing or changing your bank instructions.
 Alternate payee and/or address other than the address of record. You must obtain a signature guarantee if having the redemption proceeds payable to a third party or sent to an address that is currently not listed on the account.

FIRST NAME OF PAYEE M.I. LAST NAME

STREET ADDRESS OR P.O. BOX APT/SUITE

CITY STATE ZIP CODE ZIP + 4

5. **Bank Information**

Please attach a voided check or a preprinted savings deposit slip.

We are unable to draft from or credit to your account via ACH if it is a mutual fund or pass-through ("for further credit") account.

Adding or changing bank information may require a signature guarantee per the Fund's prospectus.

Add Bank Information (attach voided check)

My existing bank information is no longer valid. Please use new information below. (attach voided check).

PLEASE TAPE TO THIS SPACE A
VOIDED CHECK OR A PREPRINTED
SAVINGS DEPOSIT SLIP

6. **Tax Withholding Election**

Please select a withholding election by checking ONE of the following.

Federal taxes will automatically be withheld from distributions at the rate of 10%, unless you check one of the boxes below: *Certain Roth IRA distributions may not be subject to withholding.*

Do not withhold taxes. I understand that I am responsible for payment of any federal or state taxes on my distribution(s).

Please withhold _____% (minimum 10%) from my distribution(s). State withholding may also apply.

For Systematic Withdrawal Plan distributions, your withholding election indicated above will remain in effect until you revoke or change your withholding election, which you may do at any time.

Residents of Arkansas and California only: Please check if you wish to opt out of state withholding.

7. **Signature**

I, the undersigned, authorize and request that U.S. Bancorp Fund Services, LLC, make the above distribution(s) from the account listed in Section 1. I certify that all information in this distribution request is accurate, and I agree to hold the Fund, its advisers, and U.S. Bancorp Fund Services, LLC, any affiliate, and/or directors, trustees, employees, and agents harmless for any actions taken as a result of the information that I have provided. The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the distribution(s) herein specified. I have been advised to consult my tax adviser regarding any questions about this distribution request.

SIGNATURE OF IRA/QUALIFIED PLAN OWNER

DATE SIGNED

IF NOT IRA/QUALIFIED PLAN OWNER, PRINT NAME AND CAPACITY (IF APPLICABLE)*

DATE GUARANTEED

SIGNATURE GUARANTEE

**If someone other than the registered account owner is signing this request, we will require the capacity of the signer to process the transaction. Please provide one of the following as the signer's capacity: Administrator, Conservator, Guardian, Executor, Personal Representative, Appropriate Person by Small Estate Affidavit, or Power of Attorney.*

Note to Financial Institution: Please verify that the surety limit of your signature guarantee is equal to or greater than the value of this transaction request.

Your signature must be guaranteed if you are requesting any of the following:

- A distribution greater than \$100,000.
- Adding or changing banking instructions.
- A distribution to an address other than the address of record.
- A distribution to any address of record changed within the last 15 days per the Fund's prospectus.
- A distribution made payable to a third party.
- A distribution to an account registered other than, or in addition to, the IRA holder (i.e. RMD being distributed to a Joint Tenant account).

If required, the signatures must be guaranteed by a bank, savings association, credit union, a member firm of a domestic stock exchange, or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. A notary public is NOT an acceptable guarantor.

8. **Checklist**

- Did you indicate the type of distribution and select the distribution instructions?
- If you are selecting a Wiring Redemption or an Electronic Funds Transfer, did you tape a voided check to the space provided?
- Did the IRA/Qualified Plan owner or authorized individual sign this form?
- Did you obtain a signature guarantee, if needed?
- Send this form and any attachments by mail to U.S. Bancorp Fund Services, LLC at the address indicated on the upper corner of page one of this form.