



Muhlenkamp Fund

IRA Required Minimum Distribution 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 Required Minimum Distribution (RMD) from an existing Muhlenkamp Fund IRA. To be completed ONLY if the shareholder is age 70 1/2 or older. Does not apply to Roth IRAs. **Do NOT complete this form if the distribution reason is not a RMD. An IRA/Qualified Plan Distribution Request Form is available at www.muhlenkamp.com for other types of distributions.** If you have any questions please call (800)860-3863 and press "0" or visit www.muhlenkamp.com.

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 8 of this form.

I request my Required Minimum Distribution (RMD) 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.

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. IRA Assets Transferred During Year

Please select the box that applies to you.

During the year for which you are requesting your RMD, did you transfer or roll over retirement assets into your IRA/Qualified Plan account?

- No – Go to Section 3.
- Yes – Did you take this year’s RMD prior to transferring or rolling over assets from another custodian?
 - Yes – Go to Section 4.
 - No – Please enter in the box below the account value as of December 31st of the previous year for the account from which you transferred or rolled over assets. If no amount is provided we will use the dollar amount that was transferred or rolled over from your previous custodian to calculate your RMD.

ACCOUNT VALUE AS OF DECEMBER 31 OF PREVIOUS YEAR

3. First Time RMD Payout

Please select an item if this section applies to you.

Complete this section if this is your first RMD. If you have previously taken an RMD, please proceed to Section 4.

- **Special first-year rule:** You can delay taking the first distribution until April 1st of the year following the year in which you turn 70 1/2. If you choose to delay your first distribution, please note that you will be responsible for taking two distributions the following year; one by April 1st and the other before December 31st.
- If you would like to setup your future distribution that will follow this first time RMD payout, then go to Section 4 after completing this section.

- Please distribute my first RMD by April 1st (*select ONE box below*).
 - Please calculate and distribute immediately.
 - Please calculate and distribute on _____
mm/dd/yyyy
 - I have calculated the amount needed to meet my first RMD.

Please distribute \$ _____
INDICATE AMOUNT

Immediately

or

On _____
mm/dd/yyyy

4. Distribution Instructions

Select ONE of the three options to the right then complete the following 4-a or 4-b sections if instructed.

- I would like U.S. Bancorp Fund Services, LLC to calculate my RMD. (Complete Section 4-a below).
- I have calculated my RMD. (Complete Section 4-b).
- I will be taking the RMD amount from an IRA/Qualified Plan at another financial institution and hereby relieve U.S. Bancorp Fund Services, LLC of this responsibility (valid until revoked). If checking this box, proceed to Section 8.

4-a. Life Expectancy Calculation Method (calculation completed by U.S. Bancorp Fund Services, LLC)

Please select the method you would like used for your Life Expectancy Calculation. Failure to designate a Life Expectancy Calculation Method will result in distributions being made using the Uniform Life Table.

- Uniform Life Table (Standard IRS Method)
- Joint Life and Last Survivor Expectancy. This option can only be used if your spouse is your sole beneficiary and your spouse is more than 10 years younger than you.

My spouse's full date of birth is: _____
DATE OF BIRTH (mm/dd/yyyy)

Please select how you would like to receive your RMD.

- I wish to have my current year RMD distributed immediately upon receipt of this Form. (A distribution fee of \$25.00 applies)
- I wish to have my current year RMD distributed on a systematic basis (Systematic Withdrawal Plan).

MONTH TO BEGIN YEAR TO BEGIN DAY OF THE MONTH*

Frequency (check one): Monthly Quarterly Semi-Annually Annually

4-b. My Own Calculation (I have calculated the amount to be distributed)

- Please distribute \$ _____ immediately upon receipt of this Form. (A distribution fee of \$25.00 applies)
- I wish to establish distributions in the amount of \$ _____ on a systematic basis (Systematic Withdrawal Plan).

MONTH TO BEGIN YEAR TO BEGIN DAY OF THE MONTH*

Frequency (check one): Monthly Quarterly Semi-Annually Annually

* If the day of the month you selected falls on a weekend or holiday, your redemption will occur on the next business day. Systematic distributions cannot be made between December 29th - December 31st. If you do not indicate a month and day for your periodic distribution(s), they will begin on or about the 5th day of the current month. If you do not indicate a frequency, your distribution(s) will be made annually on December 5th.

5. 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 Overnight Mail (A \$15 fee will apply)
- Deposit distribution proceeds directly into:
 - my existing Muhlenkamp Fund non-IRA account number _____, or
ENTER NON-IRA ACCOUNT NUMBER
 - 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 6. 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 6. 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

6. Bank Information

- Add Bank Information (*attach voided check*)
- My existing bank information is no longer valid. Please use new information below. (*attach voided check*).

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 Prospectus.

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

7. Tax Withholding Election

Federal taxes will automatically be withheld from distributions at the rate of 10%, unless you check one of the boxes below:

- 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.

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

8. 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 OWNER

DATE SIGNED

IF NOT IRA 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 \$50,000.
- 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.

9. Checklist

- Did you tape a voided check or preprinted savings deposit slip to the space provided in Section 6, if applicable?
- Did the IRA 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 page one of this form.