



IRA Beneficiary Claim Form

A. INSTRUCTIONS

- This form is to be used by the beneficiary of an IRA to claim assets after the death of the shareholder. In order to process your request, your signature must be certified with a **2000/Medallion Guarantee Stamp**. These instructions are not intended as tax or legal advice. Information regarding distribution options can be found in IRS Publication 590, which is available from your local IRS form distribution center or online at www.irs.gov. Because your personal financial circumstances are unique, and because of the possibility of tax penalty for failure to comply with IRS regulations on IRA distributions, we recommend that you consult your professional tax advisor prior to choosing a distribution option.
- Please review the last page of this form for general information regarding state withholding. Please consult a tax advisor concerning your state's minimum requirement, if any.
- To ensure proper processing, please print clearly in capital letters using black ink.
- When complete please return to **Clipper Fund, P.O. Box 55468, Boston, MA 02205-5468**. For overnight mail: **Clipper Fund, 30 Dan Rd, Canton, MA 02021-2809**.
- For assistance please call **Investor Services at 1-800-432-2504**.

B. DECEASED SHAREHOLDER INFORMATION

Deceased Owner's Name (First, MI, Last)

Account Number(s)

Social Security Number

Date of Birth

*
Date of Death

*If the decedent had attained age 70 ½ prior to death, he/she may have been taking annual Required Minimum Distributions (RMD) from his/her account. Please call Investor Services for instructions to distribute any RMD not satisfied prior to death. There may be IRS penalties for an RMD that is not taken in accordance with applicable law. An RMD may be subject to Federal and State Withholding.

C. BENEFICIARY INFORMATION

Beneficiary's Name (First, MI, Last)

Residential Street Address

Suite/Apartment

City

State

Zip Code

Daytime Telephone Number

Social Security Number

D. DISTRIBUTION OPTIONS

Choose One:

Treat as Own – Only available to sole spouse beneficiaries.

If electing to treat the IRA as your own and you currently do not have an IRA of the same type with the Clipper Funds, please submit a new IRA application along with this form. If you do have an IRA of the same type with the Clipper Funds, please provide the account number below:

5 Year Rule – Only available before the Required Beginning Date.

The 5 year rule is an option by which the beneficiary may take distributions in any amount at any time, as long as the beneficiary totally depletes his/her portion of the account by December 31st of the year containing the fifth anniversary of the account holder's death. Please submit a new IRA application along with this form. **If you would like to set up systematic redemptions, please contact Investor Services.**



DISTRIBUTION OPTIONS (continued)

Single Life Expectancy – These are distributions based on the single life expectancy of either the beneficiary or the (deceased) account holder. The amount may be recalculated or non-recalculated depending on circumstances such as beneficiary relationship and the age of the deceased account holder. Please submit a new IRA application along with this form. If you would like to set up systematic distributions, please complete numbers 1 and 2 below and section F.

1. Start date*: _____/_____/_____. (Generally, distributions must start by December 31st of the year following the death of the account holder however, if you are a spouse beneficiary, there may be alternate start dates you may choose from. All beneficiary types should review IRS rules regarding Inherited IRAs.)

* We will use the day of the month you have indicated in your start date for future distributions unless you select another date by calling investor services.

2. Frequency of withdrawals:
 All Months or Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

Lump Sum – Full liquidation. Please also complete section F.

E. W-4P TAX WITHHOLDING ELECTION

Federal Taxes:

(If no election is made, 10% will be withheld.)

Do NOT withhold federal taxes.

*Withhold federal taxes at a rate of:

*Minimum 10%, maximum 100%. Whole numbers, no dollar amounts. Note that if there is federal withholding, certain states require that there also be state withholding.

Percentage	
	%

State Taxes: See "State Tax Withholding" on the last page of this form for more information.

Do NOT withhold state taxes unless required by law.

Withhold state taxes at the applicable rate.

Maryland Only:

Voluntary election – Withhold at a rate of:

Percentage	
	%

*For systematic distributions, the federal tax withholding election indicated above will remain effective until you change it. You may change or revoke your federal tax withholding election at any time.

F. DELIVERY INSTRUCTIONS

Choose One:

Standard mail to the address of record.

Overnight mail to the address of record. **There is a \$25 fee for domestic service.**

Mail check to an alternate address or a third party.

Delivery method: Standard mail
 Overnight mail. **There is a \$25 fee for domestic service.**

Name of Payee

Address

_____ _____ _____
City State Zip Code

ACH transfer to bank account. Please indicate your bank account in section G.

Wire transfer to bank account. **There is a \$5 fee for this service. Wire is not available on systematic distributions.** Please indicate your bank account in section G.

G. BANKING INSTRUCTIONS

Please complete this section if you wish to transfer funds electronically to your bank.

Bank Account Registration

Name of Banking Institution

Telephone Number of Banking Institution

ACH Routing Number

Bank Account Number

WIRE Routing Number (If different than ACH routing number)

Please Indicate: Checking Savings

Please tape a voided check here.

***The Check must be imprinted with:
The name of the Banking Institution
Name of Bank Account Owners
Address of Banking Institution
Encoded Bank Account Number***

***Please Note: Starter checks or mutual fund/investment checks are not acceptable.
If you do not have a personalized check please call Investor Services.***

H. ADDITIONAL INSTRUCTIONS

Empty box for additional instructions.

I. SIGNATURE

The undersigned individual authorizes the withdrawal specified above and the withholding election completed above. It is the undersigned's responsibility to determine correctly the amount of tax that may be due based on all IRA accounts the undersigned may own (including those unknown by or not under the control of the Custodian). The undersigned agrees to indemnify and hold harmless the Custodian and its agents and service providers, including Clipper Fund from any losses or expenses incurred if such information is not correct. The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the withdrawal specified above.

Substitute Form W-9

I certify under penalty of perjury that:

1. The number shown on this application is my correct Taxpayer Identification number, **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person or a U.S. Resident Alien.

You must cross out item number 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications above to avoid backup withholding.

Signature

Capacity (e.g. Beneficiary, Executor)

Date



STATE TAX WITHHOLDING

If your state requires withholding, Clipper Fund will withhold **at least** the required minimum state tax, regardless of your election. Clipper Fund does not withhold state taxes for all states.

State of residence	State tax withholding options
AR, CA, DE, IA, KS, MD, NC, OK	<ul style="list-style-type: none"> • State withholding is voluntary whether or not you choose to withhold federal taxes.
MS	<ul style="list-style-type: none"> • State withholding is voluntary on Normal Distributions. • State withholding is mandatory on Premature Distributions and Excess Contribution Returns.
ME, MA, NE, OR, VT, VA	<ul style="list-style-type: none"> • If you choose federal withholding, you will also be subject to your state's minimum withholding rate unless you request otherwise. • If you do NOT choose federal withholding, state withholding is voluntary.
DC	<ul style="list-style-type: none"> • State withholding is voluntary on partial distributions. • State withholding is mandatory on full liquidations.
MI	<ul style="list-style-type: none"> • MI requires state income tax of at least your state's minimum requirements regardless of whether or not federal income tax is withheld. • Tax withholding is not required if you meet certain MI requirements governing pension and retirement benefits. Please reference the MI W-4P form for additional information about calculating the amount to withhold from your distribution. • Contact your tax advisor or investment representative for additional information about MI requirements.

This tax information is for informational purposes only and should not be considered legal or tax advice. Always consult a tax or legal professional before making financial decisions.

We do not provide tax or legal advice and will not be liable for any decision you make based on this or other general tax information we provide.