



IRA Distribution Form

When complete please return to **Clipper Fund, PO Box 219167, Kansas City, MO 64121-9167.**
For overnight mail: **Clipper Fund, 430 W 7th Street, Suite 219167, Kansas City, MO 64105-1407.**
For assistance please call **Investor Services at 1-800-432-2504.**

TO ENSURE PROPER PROCESSING, PLEASE PRINT CLEARLY IN CAPITAL LETTERS USING BLACK INK

A. IRA HOLDER INFORMATION

Owner's Name (First, MI, Last)

Residential Street Address

Suite/Apartment

City

State

Zip Code

Daytime Telephone Number

Social Security Number

Date of Birth

Check here if you are changing the address for the IRA accounts under your social security number. Your signature must be certified with a 2000/Medallion Guarantee Stamp in section H, to redeem money to this new address.

B. ACCOUNT INFORMATION

Please indicate the fund(s) and account(s) you wish to take a distribution from. I understand the distribution instructions selected in section D will apply to all funds and accounts listed here.

Fund Number

Account Number

Fund Number

Account Number

C. REASON FOR DISTRIBUTION

Choose One:

Normal Distribution – I am 59 ½ years of age or older.

Premature Distribution

I am under the age of 59 ½ and not taking substantially equal payments. I understand that I may be subject to a 10% penalty unless an IRC 72(t) exception applies or the distribution is rolled over within 60 days of receipt to another IRA or retirement plan. For distributions from a SIMPLE IRA, I understand that the penalty will increase to 25% if taken within the first two years of my participation in the plan. If an IRC 72(t) exception applies you may need to complete IRS Form 5329 when you file your tax return.

Direct Rollover to Another Institution - Complete alternate address under section F.

Return of Excess – \$ _____ Date of Contribution – ____/____/____ Tax Year of Contribution – _____

D. DISTRIBUTION INSTRUCTIONS

Complete A or B:

A. One Time Distribution

Dollar amount: \$ _____

Share amount: _____

Entire Balance

*Systematic Distribution option (B) on next page

DISTRIBUTION INSTRUCTIONS (continued)

B. Set up a **systematic withdrawal plan**. Transactions will occur on the 25th of the current month unless otherwise specified below. If you do not indicate a frequency, the distribution will be made annually.

1. In the amount of: \$ _____ or _____ or _____ %
Fixed dollar amount Fixed share amount Annual percentage

2. Start making withdrawals: Upon receipt of this request or Beginning in the month of _____

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

4. Choose a day of the month: _____

12/18

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.
- Mail check to an alternate address or a third party. **Your signature must be certified with a 2000/Medallion Guarantee Stamp in section H.**

Name of Payee

Address

City State Zip Code

- ACH transfer to bank account. If you are establishing or changing your bank instructions, please complete section G. **Your signature must be certified with a 2000/Medallion Guarantee Stamp in section H.**
- Wire transfer to bank account. **There is a \$5 fee for this service. Wire is not available on systematic distributions.** If you are establishing or changing your bank instructions, please complete section G. **Your signature must be certified with a 2000/Medallion Guarantee Stamp in section H.**
- Transfer the distribution into the Clipper non-retirement account listed below. If this is a new account, please attach a completed Clipper Account Application. If you are transferring shares to a Clipper account registered to someone other than, or in addition to, yourself, **your signature must be certified with a 2000/Medallion Guarantee Stamp in section H.**

Fund Number

Account Number

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. SIGNATURE

By signing this form, I authorize UMB Bank and its service agents to redeem shares from my Clipper IRA. I understand that Clipper Fund does not provide IRA distribution tax advice and that I am responsible for the payment of any taxes.

The undersigned individual authorizes the withdrawal specified above and the withholding election completed above. The undersigned acknowledges that the box checked under section C (above) is correct. 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, and to file Form 5329 to claim any exemption from the early withdrawal penalty.

Your signature must be certified with a 2000/Medallion Guarantee Stamp* if you are requesting any of the following:

- A distribution by check of greater than \$100,000.
- Adding or changing bank instructions.
- A distribution to an address other than the address of record.
- A distribution to any address of record changed within 30 days.
- A distribution to someone other than the IRA holder.
- A distribution to an account registered other than, or in addition to, the IRA holder (e.g. Joint Tenant).

*You may obtain a 2000/Medallion Guarantee Stamp from most banks, brokerage firms or other financial institutions. If a request requires a 2000/Medallion Guarantee Stamp, it will not be valid if this stamp is missing or illegible. No other forms of signature verification will be accepted.

Signature of IRA Owner

Date

Place 2000/Medallion Guarantee Stamp Here

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, MD, NE, VA	<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.
IA, KS, ME, MA, NC, OK, OR, VT	<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.