



## 5 METHOD OF DISTRIBUTION

- A.  **Fixed amount of \$\_\_\_\_\_.**
- B.  **Systematic Distributions (Liquidations for systematic distribution will be made on the 5th of the month. Allow 30 days to establish).**

Select the frequency and method of calculation for Systematic Distributions (choose one):

- Monthly
- Quarterly \_\_\_\_\_ (Beginning month)
- Annually \_\_\_\_\_ (Month)

## 6 METHOD OF PAYMENT

- Send my distribution checks to my address of record.
- Send my distribution checks to an address other than my address of record.\*

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

- Invest my distributions into my existing non-retirement Penn Mutual Asset Management Funds account(s).

Fund Name	Account Number	Percent of Distribution
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total 100%**

- Deposit my distribution checks directly into my checking account via ACH. In order for us to make ACH deposits into your checking account, you must attach a voided check or pre-encoded deposit slip.

BANK'S NAME \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

NAME ON ACCOUNT \_\_\_\_\_

ABA NUMBER \_\_\_\_\_

## 7 PARTICIPANT/BENEFICIARY AUTHORIZATION

The Participant/Beneficiary hereby authorizes the distributions from the IRA to the undersigned and certifies that it is in accordance with the provisions of the IRA plan. If I am over 70½, I accept full responsibility for withdrawing from my IRA the required minimum distribution.

In the case of a distribution due to death, I certify that I am the eligible beneficiary authorized to make these elections. I understand these elections are irrevocable. The Trustee or Custodian, or any future Trustee or Custodian, can rely on these elections. I certify that the Trustee or Custodian has given no tax advice to me and that all decisions regarding the election(s) are my own. I expressly assume responsibility for any adverse consequences that may arise from the election(s) and I agree that the Trustee or Custodian shall in no way be responsible for those consequences.

PARTICIPANT/BENEFICIARY SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Signature Guaranteed By:\***

NAME OF BANK OR FIRM \_\_\_\_\_

SIGNATURE OF OFFICER \_\_\_\_\_ TITLE \_\_\_\_\_

(Place Stamp Here)

\* A signature guarantee is required if 1) you request a distribution to be sent to an address other than the address of record, 2) the check is not made payable to registered owner, 3) a new checking account is being used for your proceeds.