INDIVIDUAL RETIREMENT ACCOUNT (IRA) REQUEST FOR DISTRIBUTIONS

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Huntington Funds®

Complete the **IRA Request For Distributions Form** to request a one time or systematic distribution from your IRA. If you have any questions regarding this form, please call Shareholder Services at 1-800-253-0412.

PART I: INVESTOR INFORMATION (*DENOTES REQUIRED INFORMATION)

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TOTAL:

	Date of Birth* City* ng Phone	State*	Security Number*
Eveni	ng Phone	State*	Zip Code*
NLY IF REQU			
NLY IF REQU			
	JESTING A DEATH DISTR	BUTION)	
	Date of Birth*	Social	Security Number*
Apt #	City*	State*	Zip Code*
Evenin	g Phone		
s	Institutional Shares		Class C Shares
	\$	\$	
	Evenin	Evening Phone s Institutional Shares	Evening Phone s Institutional Shares

\$

\$

\$

\$

Real Strategies Fund

Balanced Allocation Fund

Situs Fund

PART IV: DISTRIBUTION METHOD AND TYPE

Select either a One Time or Systematic Distribution .	Provide details about the distribution(s) you are requesting to assist us in meeting federal
regulations for tax reporting.	

🗌 One Time Di	stribution			
Traditional (SEI	P) or SIMPLE IRA Distribution			
Plea	se redeem the entire account OR	Please redeem \$		
I am:	\Box at least age 59½ and this is a normal	distribution.		
	\Box under age 59½ and this is a prematu	re distribution; I am aware of the IRS	S 10% penalty.	
If distri	bution is from a SIMPLE IRA, have at lea	st 2 years elapsed since establishmer	nt?	
	Yes No			
Plea	se redeem \$ I am under a	ge 591/2; this premature distribution i	s exempt from the	IRS 10% penalty because:
	it will be used to pay medical expen	ses in excess of 7.5% of my adjusted	l gross income.	
	it will be used to pay medical insura	nce premiums during a period of une	employment.	
	it will be used for qualified higher e	ducation expenses.		
	it will be used for qualified first time	e home purchase expenses (\$10,000	lifetime limit).	
	it is part of a Substantially Equal Pe	riod Payment under Internal Revenue	e Code 72(t).	
	it is a disability as defined under Inter	ernal Revenue Code Sec. 72(m)(7).		
	it is a direct rollover to an Eligible E	Employer-Sponsored Plan (Code G).		
	it is a death distribution.			
*Note: See Part	III for specified allocation.			
Required Minim	um Distribution			
🗌 Plea	use redeem \$for my Requi	red Minimum Distribution. I am at l	least 701/2 years old	
Plea	use calculate my Required Minimum Distri	ibution according to the new IRS dis	tribution regulation	s and redeem that amount
	One Time or Annually in	-	Monthly* or	Quarterly*
		processed on the 25 th of each month)	-	
	usal. Beneficiary is 10 years or younger (p			
Name* (Fir	st, M.I., Last)	Date of I	Birth*	Social Security Number*
	s Contribution Plus Earnings			
	5			
-	the contribution made?			
Current Year	Prior Year			
Excess Contribut	ion Amount: \$			
Earnings Attribut	able to Excess: \$			
Convert my Tra	ditional IRA to a Roth IRA			
Convert: All	Shares Dollar Amount: \$	Percentage:	%	
To: 🗌 A n	ew Roth IRA (Complete and enclose an Ib	RA New Account Form)		
☐ My	existing Roth IRA			
Fund Name	-		Account Number	

PART IV: DISTRIBUTION	METHOD AND	Type-Continued
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Roth IRA Distribution – If this is not a qualified distribution, an IRS penalty applies to the earnings portion of your distribution.
Has the 5-year holding period been met? Yes No/Don't Know
Please redeem the entire account OR Please redeem \$
I am: \Box at least age 59 ¹ / ₂ and this is a normal distribution.
\Box under age 59½ and this is a premature distribution; I am aware of the IRS 10% penalty.
Please redeem \$ I am under age 59½;
this premature distribution is exempt from the IRS 10% penalty because:
it will be used to pay medical expenses in excess of 7.5% of my adjusted gross income.
it will be used to pay medical insurance premiums during a period of unemployment.
it will be used for qualified higher education expenses.
it will be used for qualified first time home purchase expenses (\$10,000 lifetime limit).
it is part of a Substantially Equal Period Payment under Internal Revenue Code 72(t).
\Box it is a disability as defined under Internal Revenue Code Sec. 72(m)(7)
it is a death distribution.
*Note: See Part III for specified allocation.
Recharacterize my Contribution
Recharacterize my contribution of \$ for tax year from my Roth account.
To: A new Traditional IRA (Complete and enclose an IRA New Account Form)
My existing Traditional IRA
*Note: See Part III for specified allocation.
Recharacterize my Conversion
Recharacterize my Conversion for tax year
To: A new Traditional IRA (Complete and enclose an IRA New Account Form)
My existing Traditional IRA
*Note: See Part III for specified allocation.
All shares will be recharacterized unless you enter a specific dollar amount \$
Return of Excess Contribution Plus Earnings
In what year was the contribution made?
Current Year
Excess Contribution Amount: \$
Earnings Attributable to Excess: \$

Huntington Funds - IRA Distribution Form - 11/24/15

PART V: DISTRIBUTION INSTRUCTIONS				
I wish to withdraw my entire account balance.				
\Box I wish to make a one-time, partial withdrawal of \$ _				
I wish to withdraw the requested amount or	n a pro rata basis across a	ll investments.		
I wish to withdraw the requested amount fr (Indicate from which investments the withdrawal should	-			331/3%.)
Whether you provide the amount of your distributions or section. Automatic Distributions continue indefinitely up			complete the Freque	ency of Distributions
Set Up Automatic Withdrawal for the Amount I Have	e Determined			
I wish to set up Automatic withdrawals* in the amount	nt of \$ or	n a 🗌 Monthly 🗌 🤇	Quarterly 🗌 Semi-Ar	nnual 🗌 Annual basis.
I wish to withdraw the requested amount or	n a pro rata basis across a	ll investments.		
I wish to withdraw the requested amount fr	om my investments as in	dicated in the chart b	elow.	
(Indicate from which investments the withdrawal should	be taken. Percentages m	ust be in whole num	bers, e.g., 33%, not 3	31⁄3%.)
These are: Normal Distributions	Distributions Due to Di	sability		
Substantially Equal Periodic Pay		-	llty under RS Code 7	2(t).
Special Election Options for Those 70-½ or Older:				
□ I wish to make a one-time withdrawal of my required	minimum distribution fo	r (indicate year)		
☐ I wish to have my required minimum distribution for in equal installments on a ☐ Monthly ☐	Quarterly Semi-Ar	-		and distributed to me
(If Annual is selected, indicate the month in wh				
☐ I wish to have my required minimum distribution for	-	-		a Trustae/Custodian
and distributed to me in equal installments on a \square Mo			Annual basis.	e Trustee/Custodian
(If Annual is selected, indicate the month in wh			—	
Name of Investment	Wi	thdrawal Amount	or %	
1.	\$	or	%	
PART VI: PAYMENT INSTRUCTIONS				
** Denotes that a New Technology Medallion Signatur	re Guarantee is required			
🗌 By Mail				
☐ Mail check(s) to the address of record				
Make check(s) payable to someone other the	an the account owner (In	dicate payee below)	**	
Make check payable to:				
Mail check to an address other than the one	on the account (Provide	address below)**		
Street Address (Physical Address)*	Apt #	City*	State*	Zip Code*
Send to My Bank				
Send distributions to my bank by Automated C	Clearing House (ACH) ba	sed on the:		
ACH instructions already established for m	IY IRA	Bank Account Info	ormation below **	
Wire transfer my One Time Distribution (not a	-			
		, ,		

ACH instructions already established for my IRA Bank Account Information below **

PAYMENT METHOD

I authorize the Custodian to withdraw money from my mutual fund IRA and deposit to my bank account. I understand this privilege will be effective after the verification process.

Attach a voided check for your bank account.

Account Type:

Checking Savings

John and Jane Doe 123 Any Street Anytown, USA 1234:	Date5	1003
PAY TO THE ORDER OF	Tape your voided check or preprinted deposit slip here. Please do <u>not</u> use staples.	\$DOLLARS
BANK NAME BANK ADDRESS]
MEMO		

Enter your checking or savings account information:

Bank Name	Bank's Phone N	Bank's Phone Number ABA Routing Number	
Bank Address	ABA Routing N		
City	State	Zip	
Name(s) on Bank Account	Bank Account N	Jumber	

** Shareholder Services transfers your assets two business days before the date on which you want them credited to your bank account. On the first day, we initiate a withdrawal from your IRA account. On the second day, we instruct the Custodian to transfer the appropriate assets to the Automated Clearing House (ACH). The ACH then transfers the assets to your bank. On the third day, the assets are credited to your bank account.

PART VII: WITHHOLDING NOTICE AND ELECTION

Form W-4P OMB No. 1545-0415

Dept. of Treasury, Internal Revenue Service

Notice: The distributions you receive from your IRA are subject to federal income tax withholding unless you waive withholding. Generally, federal income tax withholding applies to the taxable part of your IRA distribution. Thus, for example, there will be no withholding on the return of your own nondeductible contributions from your Traditional IRA. You may waive withholding on your IRA distribution by signing and dating the IRS Form W-4P, *Withholding Certificate for Pension or Annuity Payments*, or this substitute Form W-4P and returning it to your IRA Trustee or Custodian listed above. If you waive withholding on your IRA distribution, or if you do not have enough federal income tax withheld from your IRA distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You may waive state income tax withholding to the extent permitted by law. You are responsible for determining and paying all federal, and if applicable, state and local taxes on distributions from all IRAs you own. If you do not waive withholding, ten percent will be withheld from your IRA distribution. Your election is valid until you revoke it. You may change your withholding election by completing another Form W-4P or substitute. Also note, if you are a U.S. citizen or resident alien receiving an IRA distribution that is delivered outside the United States or its possessions, withholding is required. That is, you may not waive withholding. If you are a non-resident alien you may not use Form W-4P to withhold income tax or to waive withholding. A foreign person should refer to IRS Publication 515 and to Form W-8BEN.

Election: Unless a previous withholding election is in place, you indicate a different withholding amount below, or you waive withholding by indicating your election below, ten percent will be withheld from you IRA distribution.

Effective Date: _

If no election is made, we are **REQUIRED** to withhold 10% Federal Income Tax.

Do NOT withhold federal income tax from my distribution.

Withhold as indicated below

__% (at least 10%) federal income tax, and _____ additional amount (if indicated).

IMPORTANT: If your address on record is a P.O. Box, we are required by law to withhold Federal Income Tax at the automatic rate unless we are provided with a residence address below:

Street Address	(Physical	Address)*
Street Huuress	(1 mysical	nuuress	,

Apt #

City*

State*

Zip Code*

PART VIII: ACKNOWLEDGEMENT AND NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE

By signing this *IRA Distribution Request Form*, I certify that the information I have provided is true and correct, and I authorize the Trustee/Custodian to distribute my IRA as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this distribution and I assume all responsibility for any consequences as a result of my actions. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my instructions, including payments made in error. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Trustee/Custodian. I also understand that if this distribution involves a SIMPLE IRA, special rules apply, and I assume responsibility for my actions regarding those issues.

Signature of IRA Owner (or other authorized person):

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Date:

*Note: Please sign your name exactly how it appears in the registration.

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program ("STAMP")
- Commercial banks which are members of the Federal Deposit Insurance Corporation ("FDIC")
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges
- Foreign branches of any of the above

Note: The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.



MAILING INSTRUCTIONS

Please send completed form to:

<u>Regular Mail Delivery</u> Huntington Funds P.O. Box 6110 Indianapolis, IN 46206-6110 <u>Overnight Delivery</u> Huntington Funds 2960 N. Meridian Street Suite 300 Indianapolis, IN 46208