

**INDIVIDUAL RETIREMENT ACCOUNT
(IRA)
REQUEST FOR DISTRIBUTIONS**



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)

Owner's Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number* _____

Street Address (Physical Address)* _____ Apt # _____ City* _____ State* _____ Zip Code* _____

Daytime Phone* _____ Evening Phone _____

U.S. Citizen Resident Alien (Country)

PART II: BENEFICIARY INFORMATION (COMPLETE ONLY IF REQUESTING A DEATH DISTRIBUTION)

Beneficiary's Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number* _____

Street Address (Physical Address)* _____ Apt # _____ City* _____ State* _____ Zip Code* _____

Daytime Phone* _____ Evening Phone _____

U.S. Citizen Resident Alien (Country)

PART III: ACCOUNT INFORMATION

FUND CHOICE:

Name of Investment	Class A Shares	Institutional Shares	Class C Shares
Dividend Capture Fund	\$ _____	\$ _____	\$ _____
Global Select Markets Fund	\$ _____	\$ _____	\$ _____
Real Strategies Fund	\$ _____	\$ _____	\$ _____
Situs Fund	\$ _____	\$ _____	\$ _____
Balanced Allocation Fund	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____

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 Distribution

Traditional (SEP) or SIMPLE IRA Distribution

Please redeem the entire account OR Please redeem \$ _____

I am: at least age 59½ and this is a normal distribution.
 under age 59½ and this is a premature distribution; I am aware of the IRS 10% penalty.

If distribution is from a SIMPLE IRA, have at least 2 years elapsed since establishment?

Yes No

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).
- it is a disability as defined under Internal Revenue Code Sec. 72(m)(7).
- it is a direct rollover to an Eligible Employer-Sponsored Plan (Code G).
- it is a death distribution.

***Note: See Part III for specified allocation.**

Required Minimum Distribution

- Please redeem \$ _____ for my Required Minimum Distribution. I am at least 70½ years old.
 - Please calculate my Required Minimum Distribution according to the new IRS distribution regulations and redeem that amount
 - One Time or Annually in _____ of each year* or Monthly* or Quarterly*
- *(Systematic Distributions are processed on the 25th of each month).*
- Spousal. Beneficiary is 10 years or younger (please provide information).

Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number* _____

Return of Excess Contribution Plus Earnings

In what year was the contribution made?

Current Year Prior Year

Excess Contribution Amount: \$ _____

Earnings Attributable to Excess: \$ _____

Convert my Traditional IRA to a Roth IRA

Convert: All Shares Dollar Amount: \$ _____ Percentage: _____ %

To: A new Roth IRA (Complete and enclose an IRA New Account Form)

My existing Roth IRA

Fund Name

Account Number

PART IV: DISTRIBUTION METHOD AND TYPE-CONTINUED

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: at least age 59½ and this is a normal distribution.

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).

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 Prior Year

Excess Contribution Amount: \$ _____

Earnings Attributable to Excess: \$ _____

PART V: DISTRIBUTION INSTRUCTIONS

I wish to withdraw my entire account balance.

I wish to make a one-time, partial withdrawal of \$ _____ .

I wish to withdraw the requested amount on a pro rata basis across all investments.

I wish to withdraw the requested amount from my investments as indicated in the chart below.

(Indicate from which investments the withdrawal should be taken. Percentages must be in whole numbers, e.g., 33%, not 33 1/3%.)

Whether you provide the amount of your distributions or choose to have the amount calculated, please complete the Frequency of Distributions section. Automatic Distributions continue indefinitely unless you request cancellation.

Set Up Automatic Withdrawal for the Amount I Have Determined

I wish to set up Automatic withdrawals* in the amount of \$ _____ on a Monthly Quarterly Semi-Annual Annual basis.

I wish to withdraw the requested amount on a pro rata basis across all investments.

I wish to withdraw the requested amount from my investments as indicated in the chart below.

(Indicate from which investments the withdrawal should be taken. Percentages must be in whole numbers, e.g., 33%, not 33 1/3%.)

These are:

Normal Distributions

Distributions Due to Disability

Substantially Equal Periodic Payments that are exempt from the IRS 10% penalty under RS Code 72(t).

Special Election Options for Those 70-1/2 or Older:

I wish to make a one-time withdrawal of my required minimum distribution for (indicate year)_____.

I wish to have my required minimum distribution for (indicate year)_____ calculated by the Trustee/Custodian and distributed to me in equal installments on a Monthly Quarterly Semi-Annual Annual basis.

(If Annual is selected, indicate the month in which you would like the distribution processed:_____.)

I wish to have my required minimum distribution for (indicate year)_____ and all future years calculated by the Trustee/Custodian and distributed to me in equal installments on a Monthly Quarterly Semi-Annual Annual basis.

(If Annual is selected, indicate the month in which you would like the distribution processed:_____.)

Name of Investment	Withdrawal Amount or %
1.	\$ _____ or _____ %

PART VI: PAYMENT INSTRUCTIONS

** Denotes that a **New Technology Medallion Signature Guarantee** is required.

By Mail

Mail check(s) to the address of record

Make check(s) payable to someone other than the account owner (Indicate 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 Clearing House (ACH) based on the:

ACH instructions already established for my IRA

Bank Account Information below **

Wire transfer my One Time Distribution (not available for Automatic Distributions) to my bank based on the:

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 12345	Date _____	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 Number

_____ Bank Address

_____ ABA Routing Number

_____ City

_____ State _____ Zip

_____ Name(s) on Bank Account

_____ Bank Account Number

*** 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 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):

X _____ 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 charter 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:

Regular Mail Delivery
 Huntington Funds
 P.O. Box 6110
 Indianapolis, IN 46206-6110

Overnight Delivery
 Huntington Funds
 2960 N. Meridian Street Suite 300
 Indianapolis, IN 46208