



877.807.4122 | SMEADCAP.COM

Form Instructions

Subscriptions may also be made by calling the telephone number above.

To: Smead Funds

C/O BFDS
PO Box 55968
Boston MA 02205-5968

Attn: Smead Funds

C/O BFDS
30 Dan Road Suite 55968
Canton, MA 02021-2809

There may be penalties for withdrawing certain investments before their maturity (i.e., certificates of deposit or annuities). Please contact your current custodian or plan administrator prior to submitting this form to determine the applicable time frames and penalties, if any, or if you need a signature guarantee in Section Six to order this transfer. UMB Bank, n.a. will initiate your request upon receipt of this form.

Section 1 | INVESTOR INFORMATION

NAME (AS IT APPEARS ON YOUR ACCOUNT REGISTRATION)

MUTUAL FUND NAME AND ACCOUNT NUMBER

ADDRESS

CITY / STATE / ZIP

DAYTIME PHONE NUMBER

DATE OF BIRTH

SOCIAL SECURITY NUMBER

I request a distribution from my Retirement Account as indicated above. I understand that it is my responsibility to determine that amounts distributed from my account shall be made in compliance with all Internal Revenue Service (IRS) regulations, including required minimum distribution rules and the death benefit rules, as applicable.

We suggest that you contact your tax consultant to review which of the following choices is most appropriate to your situation.

Section 2 | TYPE OF DISTRIBUTION

CHOOSE ONE OF THE FOLLOWING ACCOUNT TYPES:

- Normal:** I have reached age 59 ½. Roth IRA distributions within 5 years of conversion or initial contribution may be subject to 10% premature withdrawal penalty.
Please complete Sections B, D, and E. Section C may apply if installment payments are desired.
- Required Minimum Distribution:** I have reached age 70 ½ and am required to begin receiving minimum distributions.
Please complete Sections A, B, C, D, and E. Does not apply to Roth IRAs.
- Early - Premature:** Before age 59 ½. I understand that I may be responsible for paying a 10% premature withdrawal penalty (25% if from a SIMPLE IRA and within 2 years of the initial SIMPLE contribution) in addition to normal income tax for early withdrawal. Roth IRA distributions within 5 years may be subject to 10% premature withdrawal penalty.
Please complete Sections B, D, and E.
- Early - Premature-Exempt:** Substantially equal payments before age 59 ½ under section 72(t) of the Internal Revenue Code.
Please complete Sections B, C, D, and E.

**Type of Distribution (continued)**

Conversion to Roth IRA: From a Traditional, SEP, or SIMPLE IRA (conversions are not allowed from a SIMPLE IRA within 2 years of the initial SIMPLE contribution). If over 70 ½ years of age, RMD must be distributed prior to conversion.

Please complete Sections B, D, and E and attach a completed Roth IRA application if you do not have a Roth IRA account.

Excess: I am withdrawing the excess contribution I made in in the amount of \$. I understand that I am responsible for any tax filing requirements because I have over-contributed to my account.

Please complete Sections B, D, and E.

Death (Beneficiary IRA): Please attach a copy of the Participant's death certificate. (Other forms may be required. Please contact a shareholder services representative for more information.)

Please complete Sections B, D, and E. Section C may apply if installment payments are desired.

Divorce: By checking this box I represent that the transfer is payment to a former spouse pursuant to a decree of divorce or a QDRO. Please attach a certified copy of the final filed divorce decree and/or QDRO.

A completed IRA application for the former spouse will be required if no account currently exists.

Disability: Permanent or long-term disability only. Please attach a current physician's statement of your disability referencing the distribution as eligible under section 72(m)(7) of the Internal Revenue Code.

Please complete Sections B, D, and E. Section C may apply if installment payments are desired.

Recharacterization: Of a Conversion to a Roth IRA or of a current or prior year Traditional or Roth IRA contribution (prior year recharacterizations are only allowed through the due date of your federal tax return including extensions, generally October 15th).

Please complete Sections B, D (do not withhold taxes), and E.

A TO BE COMPLETED ONLY IF YOU ARE AGE 70 ½ OR OLDER AND REQUIRED TO TAKE A MANDATORY DISTRIBUTION (RMD) FROM A RETIREMENT ACCOUNT. Does not apply to Roth IRAs. Please indicate your preference below | Select One

I will be taking the required minimum distribution amount from an IRA/Qualified Plan at another financial institution and hereby relieve UMB Bank, n.a. of this responsibility (valid until revoked).

If checking this box, ONLY complete Section E.

I elect to take my required minimum distribution by December 31, .

Please complete Sections B, C, D and E.

B METHOD OF DISTRIBUTION | Select One

I wish to receive periodic payments of \$ per draw.

Please complete Sections B-1, C, D, and E

I wish to make a one-time liquidation of shares or \$ dollars in cash.

Please complete Sections B-1, D and E.

I wish to liquidate my entire account.

Please complete Sections B-1, D and E.

I wish to have my Required Minimum Distribution calculated and distributed on a systematic basis. If this account opened with a transfer of assets / rollover, provide the previous year's 12/31 value here \$.

Please complete sections B-1, C (C-1 and C-2), D, E.



B: Method of Distribution (continued)

I wish to have my current year Required Minimum Distribution paid out immediately upon receipt of this request. If this account opened with a transfer of assets / rollover, provide the previous year's 12/31 value here \$.

Please complete Sections B-1, C-2, D, and E.

I wish to convert shares or \$ dollars to my existing Roth IRA account # .

Check this box if a new Roth IRA account needs to be established.

Please complete Sections D and E.

I wish to have my excess contribution applied to my IRA / Qualified Plan contribution for tax year .

File IRS Form 5329; the TA will take no action.

I wish to recharacterize \$ dollars of my Conversion dated or my Contribution for tax year .

Please complete Sections D (do not withhold taxes) and E.

B-1

PAYEE OPTIONS ARE AS FOLLOWS | Select One

(If you fail to designate a frequency, distributions will be made annually on December 1st)

Please send a check to the address of record on my account.

Deposit directly to my existing NON-IRA account #

OR open a new NON-IRA account for distributions. **(A new account application must be attached.)**

Wire Redemption - **A medallion guarantee may be required** if banking instructions have not previously been established. A wire fee may apply.

Please attach a voided check and complete Sections D and E.

Electronic Funds Transfer - (No fee applies) **A medallion guarantee is required** if banking instructions have not previously been established. No fee applies.

Please attach a voided check, if establishing new bank instructions, and complete Sections C, D, and E.

Alternative payee and/or address other than address of record - **A medallion guarantee is required.**

Please use the space below for necessary information and complete Sections D and E.

Make check payable to:

NAME

ADDRESS

CITY/STATE/ZIP

C

TO BE COMPLETED BY SHAREHOLDERS REQUESTING INSTALLMENT DISTRIBUTIONS.

Sections C-1 & C-2 must be completed before any distribution may be made.



C-1

FREQUENCY | Select One

(If you fail to designate a frequency, distributions will be made annually on December 1st)

Annually - (Specify month and day)

Semi-Annually - (Specify month and day distribution should begin)

Quarterly - (Specify month and day distributions should begin)

Monthly - (Specify month and day distribution should begin)

(Future distributions will be made in the same manner)

C-2

PERIOD | Select One

(Failure to designate a periodic payment period will result in distributions made annually using the Uniform Lifetime Table)

Uniform Lifetime Table (Standard IRS Method)

Installment payments - payable over the joint life expectancy of myself and my spouse, who is 10 or more years younger than myself, recalculated annually (spouse must be named as your sole primary beneficiary).

SPOUSE'S BIRTH DATE

(Future distributions will be made in the same manner)

D

NOTICE OF WITHHOLDING ON RETIREMENT PLAN DISTRIBUTIONS | To Be Completed by All Shareholders

The distribution you receive from this retirement plan is subject to federal income tax withholding unless you elect not to have withholding apply.

Please indicate your withholding election and return this form to UMB Bank, n.a..

Yes - I would like to have federal income tax withheld from my distribution at a rate of 10%. (State withholding may also apply.)

Yes - Please withhold at a rate greater than 10%. The total withholding percentage should be %. (Must be greater than 10%.) (State withholding may also apply)

No - do not withhold taxes.

If the distribution is from a Qualified Employer retirement plan, other than a SEP or SIMPLE IRA, and is not your required minimum distribution, the distribution you receive from this Qualified Employer retirement plan is subject to a **mandatory** federal income tax withholding of 20%.



E

BENEFICIARY INFORMATION | If you need more space, please enclose a separate sheet of paper.

Primary

NAME	RELATIONSHIP	CITY/STATE/ZIP	SSN	DATE OF BIRTH	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME	RELATIONSHIP	CITY/STATE/ZIP	SSN	DATE OF BIRTH	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME	RELATIONSHIP	CITY/STATE/ZIP	SSN	DATE OF BIRTH	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Secondary

NAME	RELATIONSHIP	CITY/STATE/ZIP	SSN	DATE OF BIRTH	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME	RELATIONSHIP	CITY/STATE/ZIP	SSN	DATE OF BIRTH	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME	RELATIONSHIP	CITY/STATE/ZIP	SSN	DATE OF BIRTH	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

SIGNATURE OF SPOUSE

DATE

F

SIGNATURE

I have thoroughly reviewed and completed Sections A, B, C, and D as they apply to my distribution.

I understand that my account will be closed if I have chosen to distribute the entire account, and I hereby make the income tax withholding election as designated in Section D.

I certify that all information in this Distribution Request is accurate, and agree to hold UMB Bank, n.a. harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result from the election I have made. I have been advised to consult my tax advisor regarding any questions about this Distribution Request.

SIGNATURE OF RETIREMENT PLAN SHAREHOLDER

DATE SIGNED

AUTHORIZED SIGNATURE GUARANTEE

Law, provided that the individual giving the signature guarantee is authorized to do so. Institutions which usually are eligible to provide signature guarantees include commercial banks, trust companies, brokers, national securities exchanges, saving and loan associations, and credit unions. Please note that the institution will require you to provide them with a current account statement.)

*A notary public cannot provide a signature guarantee

G

U.S. CITIZENSHIP

U.S. Citizen, OR **Resident Alien**

Under penalty of perjury, I certify that (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I am exempt from FATCA reporting. (Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends.)

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup.



H

MEDALLION SIGNATURE GUARANTEE

A Medallion Signature Guarantee or Signature Guarantee is required to process an IRA distribution due to death request. To obtain a Medallion Signature Guarantee or Signature Guarantee, sign this form in the presence of an authorized person at a broker/dealer firm or at another financial institution, such as a bank or trust company. A notarization from a notary public does not meet Medallion Signature Guarantee or Signature Guarantee requirements.

Medallion Signature Guarantees must cover the amount of the requested transaction. There are several different guarantee amounts, so it is important to acquire a guarantee amount equal to or greater than the amount of the transaction(s).

To obtain a Medallion Signature Guarantee, sign this form in the presence of an authorized person at a broker/dealer firm or at another financial institution, such as a bank or trust company. A notarization from a notary public does not meet Medallion Signature Guarantee requirements.

PLACE MEDALLION SIGNATURE HERE