

Send to:

Morningstar Investment Services, Inc.
PO Box 61252
King of Prussia PA 19406-0883

IRA Distribution Request

Overnight to:

Morningstar Investment Services, Inc.
c/o PFPC, Inc.
760 Moore Road
King of Prussia PA 19406-1212

Use this form to withdraw a lump sum or initiate/update systematic distributions from IRA and Roth IRA accounts. The shares underlying the portfolio will be sold (redeemed) at the next net asset value calculated after the request has been received and accepted. All required documentation must be received in good order before the distribution request will be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required for the IRA owner/beneficiary or spouse. If you have any questions, please contact Morningstar Investment Services at 877-626-3227.

Customer Information

Please print.

Name of Account Owner	Date of Birth	Social Security or Tax Identification Number
Street Address		
City	State	Zip Code
Daytime Telephone Number	Evening Telephone Number	
Morningstar Managed Portfolios Account Number		

Section I

Distribution request for: Traditional IRA SEP IRA Rollover IRA Roth IRA (proceed to Section II)

Reason for Distribution

Check a circle to indicate the reason for your distribution, as Morningstar Investment Services must report all IRA distributions to the IRS. If a reason is not provided, your distribution could be improperly reported or delayed. Distributions will be liquidated from the funds in the manner best suited to rebalance the account.

- Normal Distribution – If you are the participant and age 59½ or older.
- Early (premature) distribution – Participant is under age 59½ and the distribution is due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, or other reason.
- Substantially equal periodic payments within the meaning of section 72(t) of the Internal Revenue Code.
- Death – If you are a beneficiary contact Shareholder Services regarding additional document requirements.
- Permanent Disability – You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.
- Transfer Incident to Divorce or Legal Separation – Contact Shareholder Services regarding additional document requirements.
- Removal of Excess – You must complete Sections III and V (Excess Contribution Election and Distribution) in their entirety.
- Other _____
(Please complete the appropriate Traditional/SEP IRA transfer form to request a transfer of assets or direct rollover to a qualified plan.)

Section II

(A or B will apply)

A. Non-Qualified Distribution Request for Roth IRA

Participant has not met the 5-year holding requirement. Check the circle that applies.

- Normal Distribution – If you are the participant and age 59½ or older.
- Early (premature) distribution – Participant is under age 59½ and the distribution is due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, or other reason.
- Substantially equal periodic payments within the meaning of section 72(t) of the Internal Revenue Code.
- Death – If you are a beneficiary contact Shareholder Services regarding additional document requirements.
- Permanent Disability – You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.
- Transfer Incident to Divorce or Legal Separation – Contact Shareholder Services regarding additional document requirements.
- Removal of Excess – You must complete Section III and V (Excess Contribution Election) in their entirety.
- Other _____
(Please complete the appropriate Roth IRA transfer form to request a transfer of assets.)

B. Qualified Distribution Request for Roth IRA

This Roth IRA distribution satisfies the 5-year holding period requirement. All required documentation must be received in good order before the distribution request will be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required for the IRA owner/beneficiary or spouse.

The distribution is made under the following reason (check one):

- You are the participant and age 59½ or older.
- Death - If you are a beneficiary contact Shareholder Services regarding additional document requirements.
- Permanent Disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.

*Revocation - refer to the Disclosure Statement regarding your revocation rights.

Section III

Excess Contribution Election

Participant has not met the 5-year holding requirement. Check the circle that applies.

Amount of excess: \$ _____
(Must be Completed)

Tax year for which excess contribution was made: _____
(Must be Completed)

Earnings will be removed with the excess contribution if corrected before the Federal income tax-filing deadline (including extensions), pursuant to Internal Revenue Code Section 408(d)(4) and Internal Revenue Service ("IRS") Publication 590. The IRS may impose a 10% early distribution penalty on the earnings if you are under age 59 1/2.

For the purpose of the excess contribution, we will calculate the net income attributable to that contribution (Net Income Attributable or "NIA") using the method provided by IRS Notice 2000-39. This method calculates the NIA based on the actual earnings and losses of the IRA during the time it held the excess contribution. Please note that a negative NIA is permitted and, if applicable, will be deducted from the amount of the excess contribution.

Excess contributions (plus or minus the NIA) that are distributed by your Federal income tax return due date (plus extensions) will be considered corrected, thus avoiding an excess contribution penalty.

You may be subject to an IRS penalty of 6% for each year the excess remains in the account.

- A. The excess is being corrected *before* your Federal income tax-filing deadline (including extensions):
 - Remove excess plus/minus net income attributable. Distribute according to my instructions in Section V – Mailing Instructions
 - Remove excess plus/minus net income attributable. Re-deposit into my retirement account as a current year contribution.
- B. The excess is being corrected *after* your Federal income tax-filing deadline (including extensions). Earnings on the excess contribution will remain in the account:

Does not apply to non-deductible contributions.

 - Remove Excess. Distribute according to my instructions in Section V – Mailing Instructions
 - Remove Excess. Re-deposit into my retirement account as a current year contribution
- C. You may be able to redesignate the excess contribution to a later tax year. Please consult a tax advisor to review your specific situation and to determine your best course of action.

If you should decide to redesignate the excess contribution to a later year, DO NOT return this form to us.

Section IV

Distribution type

All checks will be made payable to the registered account owner.

One-Time

Partial Withdrawal \$ _____
Amount to Withdraw from Account

Full Withdrawal. Please withdraw the entire amount from my Morningstar Managed Portfolios Account.

Systematic

Amount: \$ _____

Frequency: Monthly Quarterly Semi-Annually Annually

Processing Date: 10th 20th Distributions will be sent out the following business day.

Beginning Month: _____ If a date is not selected, the withdrawal will occur on the 10th of the next available month.

Please be aware that client-initiated transactions may incur redemption fees from the underlying mutual funds. While most funds will not charge a fee on investment advisor initiated transactions, it is possible that portfolio changes initiated by Morningstar Investment Services could also create redemption fees from some underlying mutual funds.

Section V

Method of Payment

Check a circle to indicate how you wish to receive your distribution payment. If no option is selected, a check will be sent to your address of record. ACH credits may take up to five business days from the date of transaction.

By check to my address of record. If over \$50,000.00, a Medallion signature guarantee is required.

- Regular Mail Overnight Mail (\$10 Fee)

By check to a third party. A Medallion signature guarantee is required.

- Regular Mail Overnight Mail (\$10 Fee)

Payee Name _____

Address _____

City _____

State _____

Zip Code _____

Send to my bank of record. If over \$50,000.00, a Medallion signature guarantee is required.

- by ACH (Please allow 5 business days) by Wire (\$10 Fee)

Send to the bank noted below. A Medallion signature guarantee is required. Please verify all information with your bank.

- by ACH (Please allow 5 business days) by Wire (\$10 Fee)

Bank Name _____

Bank Routing Number _____

Name(s) on Bank Account _____

Bank Account Number _____

Account type:

- Checking Savings

If your bank is not a member of the Federal Reserve, you must obtain the following information from your bank. There may be a delay in receiving an ACH through a correspondent bank.

Correspondent Bank Name _____

Correspondent Bank Routing Number _____

Your Bank's Account Number at the Correspondent Bank _____

Section VI

Tax Withholding Election

Check a circle to indicate whether you wish to have federal income tax withheld.

- Purchase funds into my existing non-retirement mutual fund account in the same fund family.

Account Number _____

- I elect not to have federal taxes withheld.

Note: Even if you elect not to have Federal Income Tax withheld, you are liable for payment of Federal Income Tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment ruled if your payments of estimated tax and withholding, if any, are not adequate.

- Withhold 10% Federal Income Tax
- Withhold _____% Federal Income Tax (must be greater than 10%)

If no circle is checked, Morningstar Investment Services is required to withhold 10% from the gross distribution.

Signature/s

All account owners must read, sign and date this form.

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that the Custodian, the Fund, or any agent of either of them has given no tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, Mutual Fund, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form. This form may only be used for one account. If you have another account from which you wish to take distributions, please fill out a separate form.

I hereby certify that the number shown on this form is my correct tax payer identification number.

▶ _____
Owner/Trust/Business/Custodian Signature

Date

Medallion signature guarantee *

▶ _____
Co-Owner/Trustee/Authorized Person Signature (if applicable)

Date

Medallion signature guarantee *

* The Medallion Signature Guarantee may be executed by banks, broker dealers, credit unions, national securities exchanges and savings associations which participate in STAMP, SEMP or NYSE-MSP. A notary public is not a substitute for a Medallion Signature Guarantee. The Medallion Signature Guarantee stamp must include the words "SIGNATURE GUARANTEED, MEDALLION GUARANTEED" and otherwise comply with the medallion program requirements. Please check your fund prospectus or with your fund as to whether a signature guarantee is required.