

Send to:

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

Required Minimum Distribution Election Form**Overnight to:**

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

Use this form to request a required minimum distribution from your IRA account. Do not use this form for a ROTH IRA. If you have any questions, please contact Morningstar Investment Services at 877-626-3227.

Customer Information

Please print.

Name of Owner	Date of Birth	Social Security Number
Street Address		Telephone Number
City	State	Zip Code

Account Number (RMD amounts are calculated on the entire account balance including all of the underlying investments in your IRA account.)

Type of Account Traditional IRA Rollover IRA SEP IRA

Account balance on 12/31, last year, if the account was custodied elsewhere. \$ _____

Calculation Method

Before making any decision regarding your RMD, we urge you to consult your tax advisor or tax attorney.

The required minimum distribution (RMD) amount is determined by Internal Revenue Service (IRS) regulations. These regulations are explained in IRS Publication 590, Individual Retirement Arrangements which incorporate updated Life Expectancy Tables. Each RMD will be calculated based on the Uniform Lifetime Table, unless the following exception applies to you and you have indicated so by checking the box below.

My sole primary beneficiary is my spouse who is more than 10 years younger than I am. I elect to calculate the RMD based on the life expectancy from the Joint and Last Survivor Table. Beneficiary date of birth _____
MM/DD/YYYY

Distribution Type

Select one distribution type.

- Current Year Distribution Only: Calculate and distribute my current year required minimum distribution immediately upon receipt of this form. I understand that I am responsible for contacting Morningstar to request any future year RMD amounts.
- Systematic Distribution: Calculate and distribute the required minimum distribution amount for this and all subsequent years. If you elect this option we will continue to calculate and distribute your RMD amount for subsequent years until such time that you notify us to discontinue the payments.

Begin systematic distributions on: _____ (MM/DD/YYYY)

Frequency (choose one): Monthly Quarterly Semi-Annually Annually

Note: If a frequency is not selected, your RMD will be distributed annually.

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

Note: If a day of month is not selected, the distribution will begin on the 10th of the next available month.

- If you are turning 70½ and this is your first RMD it may be distributed either in the year you turn 70½ or by April 1 of the following year (this request must be received between January and April 1st). Please calculate and distribute my prior year deferred required minimum distribution amount immediately. If you elect this option we will calculate and distribute your prior year required distribution amount upon receipt. We will also calculate and distribute your current year amount and all subsequent years until such time that you notify us to discontinue the payments.

Distribute my current and future year RMD amount by systematic distributions beginning on: _____ (MM/DD/YYYY)

Frequency (choose one): Monthly Quarterly Semi-Annually Annually

Note: If a frequency is not selected, your RMD will be distributed annually.

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

Note: If a day of month is not selected, the distribution will begin on the 10th of the next available month.

- Distribute a one time fixed amount (must be equal to or greater than calculated RMD amount): \$ _____ immediately upon receipt of this form. I understand that I am responsible for contacting Morningstar to request any future year RMD amounts. If over \$50,000, a Medallion signature guarantee is required.

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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.

Your payment method will remain in force until we receive written notice from you requesting a change.

- Send check to my address of record.
- Regular Mail Overnight Mail (\$10 fee - not available for systematic distributions)
- Purchase funds into my non-retirement Morningstar Managed Portfolios account number: _____
(Because this amount is subject to change, this is not available for systematic distributions.)
- 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 - not available for systematic distributions)

 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

- Send check to a different address (A Medallion signature guarantee is required.)

 Address

 City

 State

 Zip Code
Withholding Election

Distributions from IRA's are subject to federal income tax withholding unless you affirmatively elect NOT to have withholding apply to such payments. Generally, such distributions are subject to 10% withholding unless you elect to have an additional amount withheld or elect to have no withholding. You may make a withholding election by selecting one of the options below. Your election will remain in effect for any subsequent distributions unless you change or revoke it by providing us with a new election. Please select one of the following:

- Do *not* withhold federal income tax
- Withhold 10% federal income tax
- Withhold _____% federal income tax (must be greater than 10%).

Federal income tax *will* be withheld from any distribution subject to the IRS withholding rules if you do not complete and return the election form or if you have not previously elected out of withholding. Tax will be withheld on the gross amount of these payments even though you may be receiving amounts that are not subject to withholding because they are excluded from gross income. This withholding procedure may result in excess withholding on the payments. If you elect to have no federal taxes withheld from your distribution payments, or if you do not have enough federal income tax withheld from your 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.

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Signature/s

Owners/Participant 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, Morningstar Managed Portfolios, or the 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, Morningstar Managed Portfolios, 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. I have read and understand and agree to be legally bound by the terms of 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.



Owner/Participant Signature

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 Signature Guarantee. The medallion signature guarantee stamp must include the words SIGNATURE GUARANTEED, MEDALLION GUARANTEED, and otherwise comply with the medallion program requirements.