



# IRA DISTRIBUTION REQUEST FORM

FOR EDUCATION SAVINGS ACCOUNTS

Complete and return this form to: Northern Funds Center, P.O. Box 75986, Chicago, IL 60675-5986 or fax this form to: **312-557-0411**.

**Questions?** See the IRA Distribution Request Form Guide or call the Northern Funds Center at **800-595-9111** weekdays from 7:00 a.m. to 5:00 p.m. Central time.

Please print all information.

## 1 PROVIDE YOUR INVESTOR INFORMATION

NAME		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE NUMBER (DAYTIME)		TELEPHONE NUMBER (EVENING)
SOCIAL SECURITY NUMBER		DATE OF BIRTH

## 2 INDICATE YOUR REASON FOR DISTRIBUTION

### CHOOSE ONE:

- ☐ Qualified Education Expenses
- ☐ Non-qualified Distribution
- ☐ Rollover to another Coverdell ESA Account
- ☐ Excess Contribution Distribution
  - ☐ Current Year
  - ☐ Prior Year

\_\_\_\_\_  
Date Excess Contribution was Made

- ☐ Rollover to a Qualified Family Member  
Please include a completed ESA application  
(available on **[northerntrust.com/funds](http://northerntrust.com/funds)**).

- ☐ Beneficiary

Please include:

- A certified copy of the owner's death certificate
- Beneficiary's signature, Medallion guaranteed (See Step 6.)
- A completed ESA application  
(available on **[northerntrust.com/funds](http://northerntrust.com/funds)**).

### 3 PROVIDE YOUR DISTRIBUTION INSTRUCTIONS

#### A. ONE-TIME DISTRIBUTION

☐ Distribute the amount indicated below withdrawn and paid as instructed in Step 4.

ACCOUNT NUMBER	AMOUNT
	Select One:
	<input type="checkbox"/> Dollars <input type="checkbox"/> Shares <input type="checkbox"/> Percentage
_____	_____
_____	_____
_____	_____
_____	_____

#### B. PERIODIC DISTRIBUTIONS

☐ I want to establish an automatic distribution plan based on the information below.

ACCOUNT NUMBER	AMOUNT	FREQUENCY	START DATE
	Select One:	Select One:	(Please choose a start date no later than the 29th; if no date is selected, the 1st will be used.)
	<input type="checkbox"/> Dollars <input type="checkbox"/> Shares <input type="checkbox"/> Percentages	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### C. EXCESS CONTRIBUTION

☐ Please redeem my excess contribution of \$ \_\_\_\_\_ from account number \_\_\_\_\_

Excess Contribution Date \_\_\_\_\_

☐ Please calculate and withdraw any earnings in addition to the excess contribution amount.

☐ The excess contribution amount I have indicated above includes earnings that I have calculated.

*Note: If neither box is checked, the Custodian will calculate any earnings and withdraw them in addition to the excess contribution amount.*

#### 4 SELECT YOUR METHOD OF PAYMENT

##### A. BY CHECK:

☐ Payable to me and sent to the address of record.

☐ Payable to a different name or mailing address. *(Medallion Signature Guarantee may be required. See Step 6.)*

If you wish to have your distribution check made payable to someone other than yourself or mailed somewhere other than the address of record, complete the following. If recipient is a public charity, check here ☐

NAME

ADDRESS

CITY

STATE

ZIP

##### B. BY TRANSFER TO MY BANK AS FOLLOWS: *(Medallion Signature Guarantee may be required. See Step 6.)* **A preprinted, voided check is required.**

NAME ON BANK ACCOUNT

BANK NAME

BANK ADDRESS

ACCOUNT NUMBER

ROUTING NUMBER

☐ Checking Account ☐ Savings Account

JOHN DOE  
123 MAPLE STREET  
ANYWHERE, USA 12345

\$

VOID

PLEASE TAPE A PRE-PRINTED VOIDED CHECK OR DEPOSIT SLIP HERE.

**STARTER CHECKS AND COUNTER CHECKS WILL BE REJECTED**

**Important:** For checking accounts, a voided check is required, preprinted with bank account registration/owner names. For savings accounts a deposit slip with information necessary to complete electronic funds transfer including routing number, account number and bank account registration/owner name is required. An official bank letter from your financial institution may be accepted in lieu of a voided check/deposit slip, provided that it is on a bank letter head with: the routing number, account number and bank account registration/owner name(s) appear on the document that is signed by a bank official, providing their name & title. You must be an owner of the bank account in order for the bank account to be added.

**If the owner of the bank account listed above is not an owner of the fund account in section 1, a signature is required to authorize the use of the requested bank instructions.**

##### Bank Account Owner

SIGNATURE

PRINTED NAME

DATE (MM/DD/YYYY)

SIGNATURE

PRINTED NAME

DATE (MM/DD/YYYY)

**5** SIGN YOUR NAME

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- ☐ I certify that I am the proper party to direct or receive payments from this ESA and that all information provided by me is true and accurate. No tax advice has been given to me by the Custodian. All decisions regarding this withdrawal are my own. I expressly assume responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Custodian shall in no way be held responsible.

YOUR SIGNATURE

PRINTED NAME

DATE

**6** MEDALLION SIGNATURE GUARANTEE

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You can obtain a Medallion Signature Guarantee from a commercial bank or trust company, a member firm of a national stock exchange, or from an eligible guarantor institution as defined by the Securities and Exchange Commission.

**A MEDALLION SIGNATURE GUARANTEE IS REQUIRED IF ANY OF THE BELOW SITUATIONS APPLY:**

- Payment is equal to or greater than \$100,000
- Electronic payment is to a bank account not on file
- The payment recipient is someone other than the account owner
- Payment is being sent to an address that is different from the address of record
- Funds are being transferred to another Northern Funds account that is not registered to the account owner

**SIGNATURE GUARANTEED BY:**

**AFFIX SIGNATURE GUARANTEED STAMP**

NAME OF BANK OR FIRM

SIGNATURE OF OFFICER AND TITLE