

**Regular Mail:**  
SunAmerica Mutual Funds  
c/o BFDS, PO Box 219186  
Kansas City, MO 64121-9186

**Express, Certified or Registered Mail:**  
SunAmerica Funds  
c/o BFDS, 330 W 9th St.  
Kansas City, MO 64105-1514

**SunAmerica  
Mutual Funds**

**800.858.8850 ext 6074** (phone)  
**816.218.0519** (fax)

SUNAMERICA MUTUAL FUNDS

# IRA DISTRIBUTION FORM

## 1 | ACCOUNT INFORMATION *(please print)*

Shareholder Name (first, middle initial, last)

Social Security #

\*Address

Date of Birth

City

State

Zip Code

Daytime Telephone

Account #

\* Shareholder signature must be Medallion guaranteed in Section 6 if the requested delivery address is not the address of record.

## 2 | TYPE OF DISTRIBUTION *(check one only)*

- Normal Distribution.** I am age 59½ or older.
- Premature Distribution.** I am under age 59½ and I am not permanently disabled. I intend to take a lump sum or partial distribution. I understand that the IRS may levy a 10% penalty on the amount of the distribution includable in income.
- Non-Penalized Premature Distributions.** *(check one of the following)*
- Disability Distribution.** I am under age 59½ and I am permanently disabled. I have attached substantiation of my eligibility for social security payments or a letter of confirmation from my physician.
  - Higher Education Expenses.** I am under age 59½ and request a distribution for qualified higher education expenses.
  - First-Time Home Purchase.** I am under age 59½ and request a distribution for expenses associated with a first-time home purchase (not to exceed \$10,000 lifetime cap).
  - Medical Expenses.** I am under age 59½ and request a distribution for medical expenses that exceed 7.5% of adjusted gross income.
  - Health Insurance.** I am under age 59½ and request a distribution for certain health insurance premiums while unemployed.
  - 72(t).** I am under age 59½ and request penalty-free distributions as described in IRC Sec. 72(t). Once initiated I must substantially equal periodic payments, based on life expectancy. I understand that if I modify the payment plan (other than by reason of death or disability) before the later of 5 years or my attainment of age 59½, the IRS may impose a retroactive penalty equal to 10% of distributions includable in income.
- Death Distribution.** I am the listed beneficiary and I have attached a certified copy of the death certificate and a completed account application. [The Beneficiary's signature must be Medallion guaranteed in Section 6.]

### 3 Method of Distribution *(check one only)*

- An immediate lump-sum distribution, closing the IRA.
- An immediate partial distribution from:
- Fund \_\_\_\_\_; \$ \_\_\_\_\_ or \_\_\_\_\_ Shares.
- Fund \_\_\_\_\_; \$ \_\_\_\_\_ or \_\_\_\_\_ Shares.
- Fund \_\_\_\_\_; \$ \_\_\_\_\_ or \_\_\_\_\_ Shares.
- Scheduled Systematic Withdrawals based upon (choose only one):
- Uniform Life Expectancy [Standard Required Minimum Distribution (RMD); SunAmerica will calculate]
  - Individual Life Expectancy [Standard minimum death distribution; SunAmerica will calculate]
  - Joint Life Expectancy [SunAmerica will calculate; use for RMD only if your spouse is both your sole designated beneficiary AND he or she is more than ten years younger than you.]

Name of Beneficiary	Date of Birth	Relationship
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- A scheduled partial distribution from:

Fund \_\_\_\_\_; \$ \_\_\_\_\_ or \_\_\_\_\_ Shares.

Fund \_\_\_\_\_; \$ \_\_\_\_\_ or \_\_\_\_\_ Shares.

Fund \_\_\_\_\_; \$ \_\_\_\_\_ or \_\_\_\_\_ Shares.

Indicate which month(s) you would like to receive payment:

- Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sep.  Oct.  Nov.  Dec.

I would like payments to begin on the: *(choose day)*  5th or  20th

of: *(indicate month)* \_\_\_\_\_, 20\_\_\_\_\_.

*(Scheduled distributions are only offered on the 5th or 20th, or next available business day of each month.)*

- Income Distributions *(choose one; age 59½ or older only)*
- I elect to receive dividends in cash.
  - I elect to receive dividends and capital gains in cash.

### 4 WITHHOLDING INFORMATION *(check one only)*

Withholding options apply to the methods of distribution in Section 2. *Please note that this does not apply to dividend income distributions.*

- Do Not Withhold for Income Tax  Withhold 10% (default) or \_\_\_\_\_% for Income Tax

## 5 PAYEE INFORMATION *(check one only)*

Check to be sent to Shareholder - name and address:

- Via US Mail free of charge.
- Via overnight delivery. A flat \$15 fee applies.

Payment to be electronically transmitted – Use the following payee account\* (Attach voided check):

- Via Automated Clearing House (ACH) to the following payee account free of charge.\*\*
- Via Federal Wire. A \$15 fee applies per fund.\*\*

**Requirements:** (1) your bank must be a member of the ACH system (please call your bank if you are unsure); (2) the bank account and mutual fund account must be registered identically, otherwise a Medallion Guaranteed signature is required by all parties.

**Bank Account Type:**  **Checking Account** - Please attach a "VOIDED" check or photocopy (no deposit slips).  
 **Savings Account**

John Doe 123 Main Street Anytown, USA 01234	123
_____ \$ _____	
123456789      6544321      123	
↓                      ↓                      ↓	
9 Digit Routing #    Account #            Check #	

\_\_\_\_\_  
Name(s) on Bank Account\*

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
9-digit ABA Routing Number (Please verify with your bank)

\_\_\_\_\_  
Bank Account Number

\* A Medallion signature guarantee is required in Section 6 if payment is directed to a joint account or if payment is directed, in whole or in part, to anyone other than the IRA owner.  
\*\* If no specific electronic transmission is chosen, funds will be sent via ACH.

## 6 SIGNATURE *(sign below)*

I hereby elect the assets held by the Custodian in the above-referenced Individual Retirement Account(s) be paid according to the instructions above. Although these distributions are made in accordance with the law, they are revocable and another plan may be substituted that is also in accordance with the law. Additional amounts may be distributed from time to time upon presentation to the Agent of the Custodian's written instructions in good order. I hereby release the Agent and Custodian and indemnify them from any and all claims arising from the Agent's or Custodian's actions hereunder.

\_\_\_\_\_  
Signature of Shareholder / Beneficiary

\_\_\_\_\_  
Date

Medallion Signature Guarantee (if required)**
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\*\* NOTE: The shareholder/beneficiary signature must be Medallion guaranteed if requesting distribution due to death, payment sent to an address other than the address of record, electronic payment to a joint bank account, or any distribution of \$100,000 or more. A Medallion guarantee can be obtained from a commercial bank, credit union, trust company or broker dealer firm that participates in any of the Medallion signature guarantee programs. See <http://www.sec.gov/answers/sigguar.htm> for more information.

**The SunAmerica Retirement Plans Department is available for assistance in completing this form. They can be reached at 800-858-8850, ext. 6074 Monday through Friday from 8:30 a.m. to 6:00 p.m. Eastern time.**