



Beneficiary Payout Form for IRA Assets

FOR ADDITIONAL INFORMATION PLEASE CALL TOLL FREE 1-800-241-9772

MAIL TO: MONETTA FUNDS

c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

OVERNIGHT MAIL TO: MONETTA FUNDS

c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., Floor 3
Milwaukee, WI 53202-5207

>>Please contact your local state tax department for inheritance tax waiver filing requirements prior to completing this form.

1 DECEASED SHAREHOLDER ACCOUNT INFORMATION

<input type="text"/>		<input type="text" value="XXX-XX"/>
NAME (AS IT APPEARS ON ACCOUNT)		SOCIAL SECURITY NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH (MM/DD/YYYY)	DATE OF DEATH (MM/DD/YYYY)	STATE OF RESIDENCE
<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCOUNT NUMBER	ACCOUNT NUMBER	ACCOUNT NUMBER

2 BENEFICIARY INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME OF BENEFICIARY / TRUST / ESTATE	SOCIAL SECURITY / TAX ID NUMBER	DATE OF BIRTH (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	
STREET ADDRESS	PHONE NUMBER	
<input type="text"/>		
CITY / STATE / ZIP CODE		

3 DISTRIBUTION OPTIONS

Please select one of the following distribution options and proceed to Section 4 to select a payout method.

- Option 1 - Lump sum distribution**
- Option 2 - Distributions over your life expectancy** (If a non-spouse beneficiary - non recalculated. If a spouse beneficiary - recalculated.)
Distributions must begin by December 31 of the year following the account owner's date of death. Payments must continue until the account(s) reaches a zero balance. A completed and signed IRA Application is required.
- Option 3 - Distributions over a 5 year period**
Only available for a Roth IRA or if the account owner passed away prior to their required beginning date.* The account(s) must be at a zero balance by December 31 of the fifth year following the account owner's date of death. A completed and signed IRA Application is required.
- Option 4 - Surviving Spouse Only - Transfer to an IRA in your name**
Existing IRA number _____.
If you do not have an existing IRA, a completed and signed IRA Application is required.

*Required beginning date is April 1 following the year the account owner would have reached the age of 70 ½.

Note: If a beneficiary has not been designated and/or the assets are payable to the deceased account owner's Estate, the Estate, as beneficiary, has ONLY the following three distribution options: (1) Lump sum distribution, (2) Distributions over a 5 year period, or (3) Distributions over the life expectancy of the decedent - non-recalculated. Note that for options (2) and (3), the Estate must remain OPEN until the account has a zero balance.

If there are one or more non-spouse beneficiaries of the qualified trust, distributions may be taken over the life expectancy of the oldest beneficiary of the trust.

4 PAYOUT OPTIONS (select one)

Based on the distribution option I selected in Section 3, please payout the assets using the following method:

- Check(s) to the address provided in Section 2.
 - Regular Mail** **Overnight Mail: A \$15 fee will apply**
- Deposit distribution(s) directly to my existing Non-IRA account # _____ OR open a new Non-IRA for the distribution(s). A New Account Application is required for new accounts.
- Wire Redemption. Please attach a pre-printed, voided check or a pre-printed deposit slip in Section 6 (A \$15 wire fee will apply).
- Automated Clearing House (ACH). Please attach a pre-printed, voided check or a pre-printed deposit slip in Section 6 (ACH transfers take 2-3 days).
- Alternate payee and/or address other than address of record.

PAYEE NAME

PAYEE ADDRESS

5 SYSTEMATIC DISTRIBUTIONS* (select one)

If you selected Distribution Option 2 or 3 in Section 3, please indicate the frequency with which you would like distributions to be made. If you do not indicate a Start Month and Start Day, distributions will begin on or about the 5th day of the current month. If you do not indicate a frequency, distributions will be made annually on December 5.

- | | | |
|--|---|---|
| <input type="checkbox"/> Annually | <input style="width: 100%; height: 25px;" type="text"/>
<small>START MONTH</small> | <input style="width: 100%; height: 25px;" type="text"/>
<small>START DAY</small> |
| <input type="checkbox"/> Semi-Annually | <input style="width: 100%; height: 25px;" type="text"/>
<small>START MONTH</small> | <input style="width: 100%; height: 25px;" type="text"/>
<small>START DAY</small> |
| <input type="checkbox"/> Quarterly..... | <input style="width: 100%; height: 25px;" type="text"/>
<small>START MONTH</small> | <input style="width: 100%; height: 25px;" type="text"/>
<small>START DAY</small> |
| <input type="checkbox"/> Monthly | <input style="width: 100%; height: 25px;" type="text"/>
<small>START MONTH</small> | <input style="width: 100%; height: 25px;" type="text"/>
<small>START DAY</small> |

* Systematic distributions cannot be made between December 29 - December 31.

6 BANK INFORMATION (optional)

- Add Bank Information - Please attach a pre-printed voided check or pre-printed deposit slip if you selected to receive your distribution(s) via wire or ACH in Section 4.

John Doe
Jane Doe
123 Main Street
Anytown, USA 12345

58239

VOID

Pay to the order of _____ \$ _____
 _____ DOLLARS

Memo _____ Signed _____

⑆ 1 2 3 4 5 6 7 ⑆ 1 2 3 4 5 6 7 8 5 6

Account Type:

- Checking
- Savings

* We are unable to credit your account via ACH if it is a mutual fund or pass-through ("further credit to") account.

7 TAX WITHHOLDING ELECTION

Per IRS regulation (Code Section 3405(d)(1); Temporary Regulation 35.3405-1, question A-2), federal taxes will automatically be withheld from all distributions at a rate of 10%, unless you check one of the boxes below (state withholding may also apply).

- Do not withhold taxes. I understand that I am responsible for payment of any federal or state taxes on my distribution(s).
- Please withhold _____% (minimum 10%) from my distribution(s) (state withholding may also apply).

For systematic distributions, your withholding election indicated above will remain in effect until you revoke or change your withholding election, which you may do at any time by submitting a signed letter of instruction.

- Residents of Arkansas and California only: Please check if you wish to opt out of state withholding.

8 REQUIRED MINIMUM DISTRIBUTION (RMD)

If the deceased account owner was over the age of 70 ½ and had elected to have their annual RMD paid out on a systematic basis, any remaining RMD payments scheduled for the year of their passing will be paid out from the Inherited IRA as a death distribution. This applies to all beneficiary types. If the RMD was not being paid out on a systematic basis, please select the appropriate box below (does not apply to Roth IRAs).

- Please pay out the deceased account owner's final RMD from the account(s) as a death distribution using the distribution method I selected in Section 4.
- Please pay out the deceased account owner's final RMD from the account(s) as a death distribution using the following distribution method:
 - Check to the address provided in Section 2.
 - Regular Mail** **Overnight Mail: A \$15 fee will apply**
- Deposit distribution(s) directly to my existing Non-IRA account # _____ OR open a new Non-IRA for the distribution(s). A New Account Application is required for new accounts.
- Wire Redemption. Please attach a pre-printed, voided check or a pre-printed deposit slip in Section 6 (A \$15 wire fee will apply).
- Automated Clearing House (ACH). Please attach a pre-printed, voided check or a pre-printed deposit slip in Section 6 (ACH transfers take 2-3 days).
- Alternate payee and/or address other than address of record.

PAYEE NAME

PAYEE ADDRESS

- Do not pay out the deceased account owner's final RMD from the account(s) as a separate death distribution.

Note: *If an RMD option is not selected above, and a systematic plan did not exist on the deceased account owner's account, U.S. Bancorp Fund Services, LLC will not pay out the deceased account owner's final RMD. You will be responsible for ensuring that the final RMD requirement is met.*

If the RMD is missed or not taken for any year, for any reason, the Internal Revenue Service will impose a 50% penalty over and above the amount that should have been distributed.

9 TAX IDENTIFICATION NUMBER (TIN) VERIFICATION (Estate Beneficiary Only)

For an Estate beneficiary: Please indicate below if a TIN was issued for the Estate of the deceased account owner.

- I/We confirm that a TIN was not issued for the Estate.
- A TIN was issued for the Estate of _____. The TIN is _____.

10 SIGNATURE AND MEDALLION SIGNATURE GUARANTEE

✓ I have received and understand the prospectus for my mutual fund. I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have legal capacity to initiate requests on the selected accounts.

✓ I understand that my mutual fund account may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my state's abandoned property laws.

✓ I, the undersigned, authorize and request that U.S. Bancorp Fund Services, LLC, make the above distribution(s) from the account(s) listed in Section 1. I certify that all information in this distribution request is accurate, and I agree to hold the Fund, its advisor, and U.S. Bancorp Fund Services, LLC, any affiliate, and/or directors, trustees, employees, and agents harmless for any actions taken as a result of the information that I have provided. The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the distribution(s) herein specified. I have been advised to consult my tax advisor regarding any questions about this distribution request.

✓ 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 and dividends, or the IRS has notified me that I am no longer subject to backup withholding, and
- (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 withholding.

Please select the appropriate box to confirm your relationship to the account.

- Beneficiary Executor / Personal Representative / Administrator of the Estate Trustee of the Trust
 Other _____

X

SIGNATURE*

DATE SIGNED

- Beneficiary Executor / Personal Representative / Administrator of the Estate Trustee of the Trust
 Other _____

X

SIGNATURE*

DATE SIGNED

MEDALLION SIGNATURE GUARANTEE

Note to Financial Institution: Please verify that the surety limit of your Medallion Signature Guarantee is equal to or greater than the value of this transaction request.

***All signatures must be Medallion Signature Guaranteed.** A Medallion Signature Guarantee can be obtained from a bank, savings association, credit union, a member firm of a domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. We suggest you contact your financial institution to verify the documentation required to obtain a Medallion Signature Guarantee for this specific situation.

A notary public is NOT an acceptable guarantor.