BMO FUNDS IRA DISTRIBUTION FORM

Traditional IRA, Roth IRA or SEP-IRA

BMO Global Asset Management

For help with this application, or for more information, call us toll-free at 1-800-236-FUND(3863) or 414-287-8555.

IMPORTANT: *Please be sure to complete all pages of this request.*

1. Account Information

Account Number

Name *(first, middle initial, last)*

Social Security Number | Birth Date

Email Address | Daytime Phone | Evening Phone

2. Distribution Reason

Choose One:

☐ **Normal Distribution.** I am age 59½ or older.

☐ **Premature Distribution.** I am less than age 59½. I understand that I may be subject to a 10% penalty unless the distribution is rolled over within 60 days of receipt to another IRA or retirement plan. *(Exceptions to the penalty may apply. Please consult a qualified tax advisor for more information.)*

☐ **Disability.** I am less than age 59½ and am permanently disabled. I have attached a copy of my valid Social Security Award Certificate.

☐ **Required Minimum Distribution for IRA Owner.** I must begin receiving my RMD no later than the first required distribution date after attaining age 70½ if I turned 70½ on or before 12/31/2019. If I turned 70½ after 12/31/2019 the Required Minimum Distribution Age is 72.

The Custodian will calculate the minimum distribution amounts for your IRA based on the information supplied herein. The Custodian, their agents and affiliates disclaim any liability with respect to the calculation of the required minimum distribution.

☐ **Substantially Equal Periodic Payments [as defined by IRC Section 72(t)].**

☐ **Rollover to a Qualified Plan** Used only to move an IRA into a Qualified Retirement Plan. Do not select if moving an IRA or Roth IRA into another IRA or Roth IRA. Complete section 4.D.

☐ **Excess Contribution.** I contributed an excess on _____ (date) for tax year _____ in the amount of $_____.
This excess is being removed (check one):

- ☐ The same year in which the excess occurred—but before my tax due date *(attach IRA excess contribution worksheet)*
- ☐ The year following the year the excess occurred—but before my tax due date *(attach IRA excess contribution worksheet)*
- ☐ After my tax due date (less than age 59½)
- ☐ After my tax due date (age 59½ or older)

☐ **Conversion to a Roth IRA** (to a non-BMO Funds Roth IRA only)

☐ **Qualified Charitable Distribution (QCD).** Minimum $100 per charity. You can not claim a charitable contribution deduction for any QCD not included in your income. It is your responsiblity to ensure that your IRA distribution complies with IRC Section 408 (d)(8). For more detailed information about QCD's, please consult your tax advisor or accountant for advice. Complete section 4.E.

3. Distribution Options

Please choose A or B:

☐ **A. Distribution Options**

Please redeem ☐ ALL – distribute the entire balance of all funds held in my account

☐ Partial amount of $ _____ (complete the section below)

Fund Name or Number	Withdrawal Amount* or Percentage*		
	$	OR	%
	$	OR	%
	$	OR	%
	$	OR	%
	$	OR	%
	$	OR	%
	$	OR	%
	$	OR	%

If you do not indicate an amount or percentage, we will prorate the distribution between all funds owned.

☐ **B. Installment Payments** ☐ Amount $ _____

☐ My required minimum distribution calculated based on the information in section 2

I would like distributions: ☐ monthly ☐ quarterly ☐ semi-annually ☐ annually

Begin distributions on *(date)*_____

If the date(s) you choose falls on a weekend or holiday, your automatic installment will occur on the next business day. If no date is chosen, your bank account will be debited on the 15th day of the month. This Systematic Withdrawal Plan ("Plan") is established solely for the owner's convenience and is governed by terms set forth in the prospectus, which may be amended from time to time, and by the rules of the Automated Clearing House. The Plan may be terminated or modified by the BMO Funds at any time without notice. You must contact BMO Funds U.S. Services (1-800-236-3863) to stop the Plan.

4. Distribution Method

A check will be paid to the address of record.

If you would like another distribution method, please check A, B, C, D or E and complete the following information:

☐ **A. Remit check payable as follows:**

To the Payee and address listed below (Medallion Guarantee Required):

_____

Name

_____

Address

_____ _____ _____

City State Zip Code

☐ **B. Deposit proceeds into my taxable BMO Funds account. BMO Funds Account number_____.**

Deposit into BMO _____ Fund $ _____

Deposit into BMO _____ Fund $ _____

Deposit into BMO _____ Fund $ _____

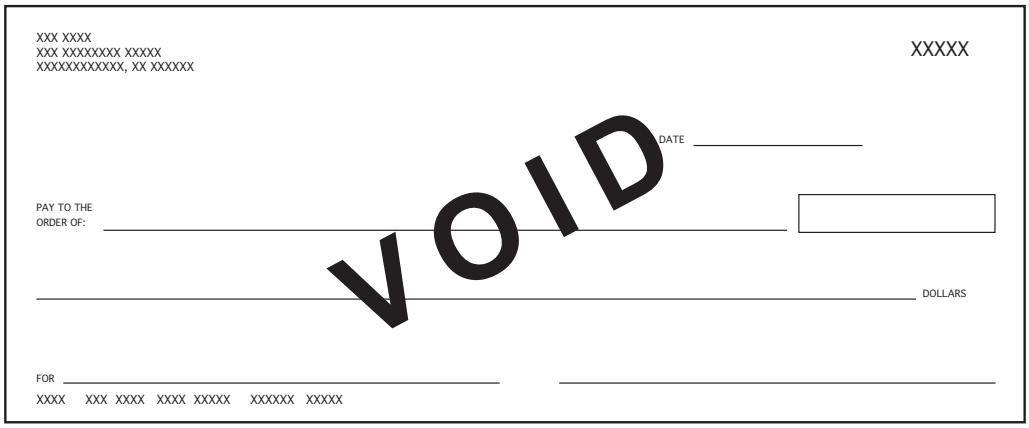
Deposit into BMO _____ Fund $ _____

4. Distribution Method *(continued)*

☐ **C. Send proceeds to my bank account (choose one below):**

- ☐ One time only. Wire the proceeds to my bank account. I realize there may be fees associated with sending the funds via Federal wire (Medallion Guarantee Required).
- ☐ Installment payments only. Send the funds via Automated Clearing House (ACH) on the _____ day of each distribution period listed in section 3 (Medallion Guarantee Required).
  - ☐ Checking ☐ Statement Savings

TAPE A PREPRINTED VOIDED CHECK OR PREPRINTED SAVINGS ACCOUNT DEPOSIT SLIP HERE – PLEASE DO NOT STAPLE.



☐ **D. Complete this only if this is a Direct Rollover to a Qualified Plan.** Signature Guarantee Required:

Send my direct rollover to the following Qualified Plan:

Name of Financial Institution or Custodian

Address

City | State | Zip Code

Name on Account | Financial Institution or Custodian Phone Number

Qualified Plan Account Number

Type of Qualified Plan this direct rollover is going into (contact plan administrator for any additional requirements):

☐ 401(k) ☐ 403(b) ☐ 457(b) ☐ 401(a) (Defined Benefit Plan to Purchase Service Credit)

☐ Other _____ (Do not select any IRAs or Roth IRAs)

NOTE: BMO Funds does not provide any certification of any after-tax amounts.

4. Distribution Method *(continued)*

☐ **E. Receiving Organization For Qualified Charitable Distribution**

A check(s) will be made payable to the qualifying charity(ies) and mailed directly to the charity address(es). **If an address is not provided, the check will be mailed to your address of record.** Failure to provide the total check amount for each receiving organization will result in equal allocation among the listed organizations.

NOTE: A Medallion Guarantee is required.

Qualified Charity Name

Attention | Total Check Amount

Address

City | State | Zip Code

Qualified Charity Name

Attention | Total Check Amount

Address

City | State | Zip Code

☐ To list more receiving organizations, check this box and attach a separate page.

5. Federal and/or State Withholding Election

Distributions from your BMO Funds IRA are subject to federal income tax withholding unless you elect not to have withholding apply. In addition, certain states also require state income tax withholding. We will withhold on your entire distribution (including any portion that may relate to nondeductible IRA contributions) unless you otherwise elect below. You may elect not to have withholding apply. You may be responsible for paying estimated tax if you elect not to have withholding apply or if you do not have enough income tax withheld from your distribution. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

If you fail to make an election, federal and, if applicable, state income tax will be withheld from your distribution. Federal income tax will be withheld from payments at the rate of 10% if no election is made.

Federal: ☐ I do not want federal income taxes withheld from my distribution.

☐ I do want federal income taxes withheld from my distribution in the amount of _____% or $ _____.

State Income Tax Withholding: Applicable only to **AR, CA, DC, DE, IA, KS, ME, MA, MI, MS, NE, NC, OK, OR, VT, VA**. In most cases, if federal taxes are withheld, mandatory, tax withholding will apply, unless you check one of the boxes below. Some states have additional provisions in order to opt out of automatic state tax withholding (e.g. Michigan) Consult with your tax advisor or refer to your state's tax laws for more information.

State: ☐ I do not want state income taxes withheld from my distribution.

☐ I do want state income taxes withheld from my distribution in the amount of $ _____.
(Refer to your state for minimum withholding amount)

6. Signature

I understand that a $10 maintenance fee per fund may be collected by redeeming sufficient shares from my account if I have not prepaid the fee for this calendar year.

I certify the accuracy of the distribution reason selected above and I authorize the transaction. I agree to the terms of this form. I understand that I am responsible for any consequences resulting from this distribution including taxes and penalties owed. I agree to indemnify and to hold the Custodian/Trustee harmless from any tax penalty or other liability resulting from this distribution. I acknowledge that the Custodian/Trustee cannot provide legal advice and I agree to consult with my own tax professional if I need advice.

_____ _____

Signature of IRA Owner Date

Medallion Guarantee

A medallion guarantee is required for any distribution which is either:

- sent to an address different from the address listed on the account statement, or
- made payable to someone other than the account owner, or
- sent to the address of record, if changed within the last 30 days, or
- sent to a bank account.

You may obtain a Medallion Guarantee from any guarantor institution, as defined by FINRA. These institutions include commercial banks, savings associations, trust companies and brokerage firms that participate in the program. The words "Medallion Guaranteed" along with the name of the guarantor institution must be stamped on this form and appear with the signature of an authorized person. Please note that a Notary Public is different from a Medallion Guarantee and is not acceptable.

7. Mailing Information

Regular Mail:

BMO Funds – U.S. Services
P.O. Box 219006
Kansas City, MO 64121-9006

Overnight Mail:

BMO Funds – U.S. Services
430 W 7th Street Suite 219006
Kansas City, MO 64105-1407