

Required Minimum Distribution Form



- For additional information call **(800) 539-FUND**
- Send completed form to: **Victory Funds**, P.O. Box 182593, Columbus, OH 43218

For use with Traditional IRA, Rollover IRA, SIMPLE IRA Sep IRA Accounts Only

I. PARTICIPANT INFORMATION

Name (First, Middle Initial, Last)	Social Security Number		
Street Address	City	State	Zip Code
Date of Birth Month ____ Day ____ Year ____	Daytime Telephone Number (____) ____ - ____		

II. BENEFICIARY INFORMATION

If your primary beneficiary is your spouse, and he/she is more than 10 years younger, your RMD may be calculated using the Joint Life Expectancy Table.

If your primary beneficiary is not your spouse, or your spouse is less than 10 years younger, Uniform Lifetime table will be used to calculate your RMD.

If you wish to use the Joint Life Expectancy for your RMD calculation, please certify that you qualify by checking the box below:

- My sole primary beneficiary is my spouse who is more than 10 years younger than me (If not checked, the Uniform Lifetime table will be used to determine the required minimum distribution).

Spouse's Date of Birth ____ - ____ - ____
Month Day Year (4 digits)

III. REQUIRED MINIMUM DISTRIBUTION (RMD)

- I have calculated my RMD for 20___. Please distribute \$_____ for 20___.
 Please calculate my 20__ RMD and recalculate it every year thereafter.
 No Distribution. I waive my minimum distribution from this account and will take it from another IRA until I notify you in writing otherwise.

IV. FUND DISTRIBUTION INSTRUCTIONS (If no selection is made, the fund with the largest balance will be used to withdraw your RMD. You will need to notify us of any changes to this selection or the selection you choose below)

Fund Name	Account Number	Amount

V. DISTRIBUTION INSTRUCTIONS

Check **ONLY** one and provide start date

- Annually
 Quarterly
 Monthly

Start Date	MM	DD	YYYY

*If you choose the systematic withdrawal plan, you must meet the fund minimum. If it does not meet the minimum, we will initiate an annual systematic withdrawal plan if that amount will meet your required minimum. Please see your prospectus for additional information.

VI. FEDERAL AND STATE TAX WITHHOLDING (Form W-4P/OMB No31545-0415)

- Withhold federal income tax at the rate of ____% {10% or greater. 99% maximum}
 Do not withhold federal income tax from my distribution.*

I understand that I am still liable for the payment of federal income tax on the amount received. I also understand that I may be subject to federal income tax penalties under the estimated tax payments rules if my payments of the estimated tax and withholding are insufficient.

- Do not withhold state income tax from my distribution.* (if applicable in your state).

*Note: If you do not check any of the above boxes, the minimum percentage will automatically be withheld for both federal and state income tax when applicable.

(Please sign on the reverse)

VII. PAYMENT METHODS

- By check mailed to my address of record. Deposit to my non-retirement account.
(Default Method) Fund Name: _____
Account Number: _____
- Wire or ACH: *If you are adding or changing bank instructions, a medallion signature guarantee is required
- Alternate Address*: _____

*Note: If you select this option, a medallion signature guarantee is required.

Please attach wire or ACH instructions, if applicable. You must attach a voided check or savings deposit slip for wire/ACH deposits. **If these payment instructions are replacing existing instructions, a Medallion Signature Guarantee is required.**

NOTE: A Medallion Signature Guarantee may be required for your distribution. A signature guarantee may be executed by a bank, broker-dealer, a credit union, a national securities exchange or a savings association. A guarantee by a notary public is not acceptable. The authorized officer who guarantees the signature must sign in capacity and the words "signature guaranteed" must appear with the required stamp.

VIII. CONDITIONS APPLICABLE TO DISTRIBUTIONS

The Participant/Beneficiary hereby authorizes the distribution from the IRA and certifies that it is in accordance with the provisions of the IRA plan. I am solely responsible for determining the amount and the appropriate calculation method for my required minimum distribution ("RMD"). The Internal Revenue Service could modify the regulations which may require that I refigure my RMD. I acknowledge that the Custodian cannot provide me with legal advice and I agree to consult with my own tax professional when I need tax advice. If I am over 70½, I accept full responsibility for withdrawing from my IRA the minimum amount required. I indemnify the Custodian, its agents, successors and affiliates from any and all claims the undersigned may have or hereafter claim to have with respect to the distributions or in the event I fail to meet the minimum distribution requirements. The elections made on this document are irrevocable.

IX. ACKNOWLEDGEMENT & ACCOUNTHOLDER SIGNATURE

I have read the **CONDITIONS APPLICABLE TO DISTRIBUTIONS** above. I hereby acknowledge receipt of the **NOTICE OF WITHHOLDING** on page 2 of this form.

IRA Holder/Beneficiary Signature:	Date:	Medallion Signature Guarantee (If Applicable):

X. NOTICE OF WITHHOLDING

The distributions you receive from your IRA are subject to Federal income tax withholding unless you elect not to have withholding apply. **If you do not check a box in section VI, taxes will be withheld at 10%.**

Withholding (Purpose of Form W-4-P). The IRA Owner must elect whether or not to have money withheld for federal income tax purposes and on what basis. You can make this election on this substitute Form W-4P or you could attach an actual Form W-4P. Unless elected otherwise, IRA distributions will have federal income tax withheld at a flat rate of 10%. You may use this form to elect to have no income tax withheld (except for payments to U.S. citizens delivered outside the U.S. or its possessions), to have 10% withheld, or to have more than 10% withheld. Check the box reflecting your choice in section VI. Generally, your election will apply to any later distributions from the same IRA. You may, however, revoke your previous exemption from withholding. Simply complete a new W-4P with your Custodian/Trustee. Copies of Form W-4P will not be sent to the IRS by the payer.

Statement of Income Tax Withheld from your IRA. By January 31 of next year, a statement will be mailed from your payer showing the total amount of your IRA payments and the total income tax withheld during the year.

Exemption from Income Tax Withholding. The election to be exempt from income tax withholding does not apply to any periodic payment or nonperiodic distribution that is delivered outside the U.S. or its possessions to a U.S. citizen or resident alien. Other recipients who have these payments delivered outside the U.S. or its possessions can elect exemption only if an individual certifies to the payer that the individual is not: (1) a U.S. citizen or resident alien, or (2) an individual to whom Section 877 of the Internal Revenue Code applies (concerning expatriation to avoid tax). The certification can be made in a statement to the payer under penalties of perjury.

For more information, please see Publication 505, Tax Withholding and Estimated Tax, available from most IRS offices.

Caution: Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see IRS Publication 505. It explains tax requirements and penalties in detail. You may be able to avoid quarterly estimated payments by having enough tax withheld from your IRA using Form W-4P.