

## 1. Instructions


### Questions?

1-800-OAKMARK  
(625-6275)

### Hours:

Monday - Friday  
8:00am - 6:00pm ET

### Please complete this form online, then print, sign and mail it to us.

- Use this form if you are age 70 ½ or older and want to take an RMD from your Traditional, SEP or SIMPLE IRA account.
- For all other IRA distributions, including distributions from a Roth IRA, use the [IRA Distribution Form](#).
- To redeem from your Oakmark regular, taxable account, use the [Redemption Request Form](#).
- The paperclip image  indicates that additional documentation is required with this form.

### Regular Mail:

Oakmark Funds  
P.O. Box 219558  
Kansas City, MO 64121-9558

### For Overnight Delivery:

Oakmark Funds  
330 West 9th Street  
Kansas City, MO 64105-1514

## 2. Existing Account Information

To redeem from another account, please complete and attach an additional form.

Account Number

Social Security Number

Account Owner's Name (First, Middle Initial, Last)

Date of Birth (MM/DD/YYYY)

## 3. Contact Information

Primary Phone Number

Secondary Phone Number

Email Address

## 4. RMD Election

IRA redemptions can have tax implications. Please consult a tax advisor to ensure you have a full understanding of the tax implications and IRS regulations prior to initiating a redemption. For more information, consult IRS Publication 590.

\* By choosing one of these options, you assume responsibility for calculating your own RMD.

### Check one box:

- One-time RMD.\*** Distribute \_\_\_\_\_. You must submit a new RMD Form each year. Go to [Section 5](#).
- One-time Life Expectancy RMD.\*\*** Oakmark will calculate your total Oakmark RMD. You must submit a new RMD Form each year.

### Select one option

- Distribute based on the Uniform Lifetime Table (for use by unmarried owners, married owners whose spouses are not more than 10 years younger, and married owners whose spouses are not the sole beneficiaries of their IRAs).
- Distribute based on the Single Life Expectancy Table (for use by beneficiaries).
- Distribute based on the Joint Life and Last Survivor Expectancy Table (for use by owners whose spouses are more than 10 years younger and are the sole beneficiaries of their IRAs). My spouse's birth date is:

\_\_\_\_\_  
MM/DD/YYYY

## 4. RMD Election *continued*

\*\* Please note:

Oakmark uses the following formula to calculate the life expectancy distribution: Value of IRA / Life Expectancy Factor = Minimum Withdrawal Amount. The IRA value used to calculate the distribution is equal to the value as of December 31<sup>st</sup> of the year preceding the distribution year.

If you have chosen the One-time Life Expectancy RMD above and have IRAs at other custodians, you may aggregate some or all of your Required Minimum Distributions (RMDs) and take a distribution from this Oakmark IRA. Please supply the value as of December 31st of the year preceding the distribution year for those IRAs you wish to include in Oakmark's RMD calculation. **This distribution will be calculated on a one-time basis only.** If you do not provide the year-end value for all IRAs you wish to include, the calculation may be incorrect and you may be subject to a 50% excise tax on the amount not distributed as required.

IRA Value as of 12/31	IRA Value as of 12/31	IRA Value as of 12/31	IRA Value as of 12/31	Total

- Ongoing Systematic RMD.\*** Redeem a total amount of \_\_\_\_\_. Oakmark will send this amount each year according to the payment schedule you specify below. If you choose more than one month, Oakmark will divide the proceeds.
- Ongoing Systematic Life Expectancy RMD.\*\*** Oakmark will calculate your total Oakmark RMD each year and send the proceeds according to the payment schedule you specify below. If you choose more than one month, Oakmark will divide the proceeds.

**Select one option**

- Distribute based on the Uniform Lifetime Table (for use by unmarried owners, married owners whose spouses are not more than 10 years younger, and married owners whose spouses are not the sole beneficiaries of their IRAs).
- Distribute based on the Single Life Expectancy Table (for use by beneficiaries).
- Distribute based on the Joint Life and Last Survivor Expectancy Table (for use by owners whose spouses are more than 10 years younger and are the sole beneficiaries of their IRAs). My spouse's birth date is:

\_\_\_\_\_  
MM/DD/YYYY

Please complete this section if you have chosen a Systematic RMD above. Transactions will occur on the 15th of the month or the next business day, unless otherwise specified below. Please allow at least 10 business days from receipt of this form to set up the plan.

Transactions should occur on the \_\_\_\_\_ day of the month.

All Months **or**  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

## 5. Method of Distribution

**Check one box:**

I have chosen a Life Expectancy RMD above. Take the applicable RMD amount from each Fund in my account.

Take the RMD amount I specified above or the total calculated RMD amount from only the following Fund(s):

Fund Name	Share Class	Percentage must total 100%
_____	_____	<input type="text"/> %
_____	_____	<input type="text"/> %
_____	_____	<input type="text"/> %
_____	_____	<input type="text"/> %

## 6. Income Tax Withholding

**If you do not make an election below, we are required to withhold 10% from the amount distributed for payment of federal taxes.** If you elect not to have withholding apply, you will still be liable to pay federal income tax on the taxable portion of the distribution and may be required to pay estimated taxes. You may incur penalties if your withholding and estimated tax payments are not sufficient. If applicable, we will also withhold your required state tax if you have elected to have federal taxes withheld. Your election will remain in effect until you revoke it by notifying us in writing. Any election or revocation will be effective no later than 30 days after such notice has been received.

**Check one box:**

Do not withhold taxes.


Withhold taxes at the rate of \_\_\_\_\_ %.

## 7. Delivery Instructions

**A. Invest Proceeds**

Invest the proceeds in my existing non-retirement account(s):

Fund Name	Share Class	Account Number	Dollar Amount or Percentage
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %

Invest the proceeds in my new non-retirement account.  Complete and attach the [New Account Registration Form](#).

**B. Send Proceeds Via Mail**

**Check one box:**

Via Regular Mail. Proceeds should be received 7-10 business days after receipt of your request in good order.

Via Overnight Mail. **A \$25.70 overnight fee will be deducted from your account.** Proceeds should be received 2-3 business days after receipt of your request in good order.

## 7. Delivery Instructions *continued*

### B. Send Proceeds Via Mail *continued*

#### Select one option

- Make check payable to current name and address on file. You must obtain a medallion signature guarantee in [Section 10](#) if the address on file has changed within the last 30 days.
- Make check payable to another name and address or send check to another name and address. This option is not available for ongoing distributions. You must obtain a medallion signature guarantee in [Section 10](#). Please provide the payee and mail information:

\_\_\_\_\_  
Payee Name

\_\_\_\_\_  
Payee Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Mail Recipient (if different)

\_\_\_\_\_  
Mailing Address (if different)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

### C. Send Proceeds Electronically

#### Check one box:

- Via Automated Clearing House (ACH). Proceeds should be received 2-3 business days after receipt of your request in good order.
- Via Federal Funds Wire. This option is not available for ongoing distributions. **A \$5 wire fee will be deducted from your account.** Proceeds should be received 1-2 business days after receipt of your request in good order.

#### Select one option

- Send the proceeds to my bank account on file.
- Send the proceeds to a bank account I wish to add on file. You must obtain a medallion signature guarantee in [Section 10](#). Please see [Section 8](#) for additional requirements.
- Send the proceeds to a bank account that I do NOT wish to add on file. You must obtain a medallion signature guarantee in [Section 10](#). Please provide the bank information:


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

\_\_\_\_\_  
Bank Account Owner Name(s)

\_\_\_\_\_  
Bank ABA Number

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

## 8. Bank Information *Optional*

 You must attach a voided check with pre-printed routing and account numbers.

Complete this section if you would like to establish banking information and electronic transfers to and from your bank account or change your banking information. We will not accept starter checks or mutual fund money market checks.

The Oakmark account owner's name must be IDENTICAL to the bank account owner's name (first, middle initial and last). If the account owners' names are not identical (e.g. Oakmark IRA account and joint bank account), the Oakmark account owner must sign this form in [Section 9](#) and obtain a medallion signature guarantee stamp in [Section 10](#).

There must also be ONE name in common between the Oakmark account owner's name and the bank account owners' names. If there is no name in common, the Oakmark account owner and ALL bank account owners must sign this form in [Section 9](#) and obtain a medallion signature guarantee stamp in [Section 10](#) to authorize adding this bank information.

Please note that this banking information will be added to all accounts under your SSN.

#### Check one box:

- Add this new/additional bank information to my account(s).
- Replace the existing bank information on my accounts(s).

## 9. Signature(s) *Required*

I accept full responsibility for complying with all IRS requirements with respect to my Oakmark Funds - UMB Bank, N.A. IRA, including, but not limited to, required minimum distributions and tax-filing and record keeping requirements. I understand that I am responsible for any tax consequences, including penalties, which may result from elections I make or any distributions which I initiate. I hereby indemnify the Oakmark Funds, Harris Associates L.P., the Oakmark Funds' transfer agent and UMB Bank, N.A. (the "Custodian"), and any affiliate and any of their respective directors, trustees, employees, and agents if I fail to meet any such IRS requirements. I certify that the information provided on this form is true and accurate.

I authorize the Oakmark Funds, its affiliates and agents, to act on any instructions believed to be genuine for any transactions or services authorized on this form, including telephone options. By completing Section 8 I hereby authorize the Fund to initiate credits and/or debits to my account indicated in Section 8 and for the bank to honor all entries to my account.

Sign below exactly as your name appears in Section 2.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## 10. Medallion Signature Guarantee *If Required*

A STAMP2000 Medallion Signature Guarantee (MSG) stamp is required if the redemption proceeds are to be sent to the address on file that has changed within the last 30 days, made payable or mailed to someone other than the account owner, or sent to a bank account that is not on file. An MSG Stamp is also required if you are adding or changing bank information and the Oakmark and bank account owners' names do not match exactly or there is no name in common. You can obtain an MSG stamp from most commercial banks, trust companies, savings associations, credit unions and member firms of domestic stock exchanges. **A notary public cannot provide an MSG stamp.**

Place MSG Stamp Here

Place MSG Stamp Here

Place MSG Stamp Here

Place MSG Stamp Here

RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS