

# Request for IRA Distribution

*William Blair*

Account Number

For assistance with this form, please call 1-800-635-2886 or 1-800-742-7272.

**Return your completed application to:**

William Blair Funds  
P.O. Box 219137  
Kansas City, MO 64121-9137

**Our overnight mail address is:**

William Blair Funds  
430 W. 7th Street, Suite 219137  
Kansas City, MO 64105-1407

## 1. IRA OWNER INFORMATION

Owner's Name

Social Security Number

Street Address and Apartment or P.O. Box Number *(If mailing address is a post office box, a street address is also required by the Patriot Act. APO and FPO addresses will be accepted.)*

City

State

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address (Optional)

Birth Date (Month, Day, Year)

Country of Residence

## 2. TYPE OF DISTRIBUTION

- |   |  |
|---|--|
| <input type="checkbox"/> Early (Under age 59 1/2) — with no known exception (Check this option if no other option applies.) | <input type="checkbox"/> Return (By tax-filing deadline) of contribution made in current or prior year. Are you under age 59 1/2? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Early (Under age 59 1/2) — with no known exception (From SIMPLE IRA in first 2 years)              | <input type="checkbox"/> Return (After tax-filing deadline) of excess contribution — under age 59 1/2? <input type="checkbox"/> Yes <input type="checkbox"/> No                            |
| <input type="checkbox"/> Early (Under age 59 1/2) — exception applies (Other than disability or death)                      | <input type="checkbox"/> Transfer to another IRA (Not reportable) — Note: Required Minimum Distributions may not be transferred.   |
| <input type="checkbox"/> Disability (Under age 59 1/2 — Certification of disability may be required)                        | <input type="checkbox"/> From a Rollover (Conduit) IRA made payable, or transferred, to a qualified retirement plan (Reportable)   |
| <input type="checkbox"/> Death (Death certificate or its equivalent must be attached.)                                      | <input type="checkbox"/> Divorce — transfer to IRA of spouse or former spouse, under a decree of divorce or legal separation (Not reportable)  |
| <input type="checkbox"/> Normal (Age 59 1/2 or older)   |  |

### 3. DISTRIBUTION ELECTION

- Total Balance (To close IRA) Amount \$ \_\_\_\_\_
- Partial Payment of \$ \_\_\_\_\_
- Return of Contribution —  
Amount \$ \_\_\_\_\_ plus earnings of \$ \_\_\_\_\_ (If applicable)
- Single Life Expectancy Payout —  
My date of birth is \_\_\_\_\_
- Joint Life Expectancy Payout —  
My date of birth is \_\_\_\_\_
- Recalculate our joint life expectancy each year (Spouse beneficiary only)
- Reduce our joint life expectancy by one each year
- Recalculate my life expectancy and reduce my beneficiary's life expectancy by one each year
- Recalculate my spouse beneficiary's life expectancy and reduce my life expectancy by one each year
- Other \_\_\_\_\_

### 4. DISTRIBUTION INSTRUCTIONS

Please distribute my payment in the following manner (select one):

- Periodic Distribution:** Please pay cash distributions in substantially equal payments.

\$ \_\_\_\_\_ Monthly    \$ \_\_\_\_\_ Quarterly    \$ \_\_\_\_\_ Annually

- Single Distribution:** I wish to withdraw \$ \_\_\_\_\_ from my account. I understand that this withdrawal will take place the day this request is received in good order by the transfer agent.

Please choose a distribution method from the following:

- Transfer or deposit the amount(s) to my existing non-retirement account number:

\_\_\_\_\_

**Fund Name and Class**

**Account Number**

- Send distribution amount(s) to my current address of record.
- Electronic transfer (ACH) to bank account (attach voided check below).

Payable To:     IRA Owner     Beneficiary     Successor Trustee/Custodian     Other

\_\_\_\_\_

**Owner's Name**

**Social Security Number**

\_\_\_\_\_

**Street Address and Apartment or P.O. Box Number**

\_\_\_\_\_

**City**

**State**

**Zip Code**

#### Please tape a voided check here.

*The Check must be imprinted with  
The name of the Banking Institution  
Name of Bank Account Owners  
Address of Banking Institution  
Encoded Bank Account Number*

*Please Note: Starter checks or mutual fund/investment checks are not acceptable.  
If you do not have a personalized check please call Investor Services.*

## 5. FUND ALLOCATION

Please provide your choice of fund distribution below:

Fund Names	N Shares:		I Shares:		Amount enclosed or to be forwarded by current custodian		
	Fund Share Class	Fund #	Fund Share Class	Fund #			
Growth Fund	<input type="checkbox"/> N Shares	268	<input type="checkbox"/> I Shares	1752	\$	OR	%
Large Cap Growth Fund	<input type="checkbox"/> N Shares	1765	<input type="checkbox"/> I Shares	1781	\$	OR	%
Mid Cap Growth Fund	<input type="checkbox"/> N Shares	1846	<input type="checkbox"/> I Shares	1845	\$	OR	%
Mid Cap Value Fund			<input type="checkbox"/> I Shares	2786	\$	OR	%
Small-Mid Cap Core Fund			<input type="checkbox"/> I Shares	6200	\$	OR	%
Small-Mid Cap Growth Fund	<input type="checkbox"/> N Shares	1475	<input type="checkbox"/> I Shares	1474	\$	OR	%
Small Cap Growth Fund	<input type="checkbox"/> N Shares	1762	<input type="checkbox"/> I Shares	1778	\$	OR	%
Small Cap Value Fund	<input type="checkbox"/> N Shares	2893	<input type="checkbox"/> I Shares	2894	\$	OR	%
Global Leaders Fund	<input type="checkbox"/> N Shares	2153	<input type="checkbox"/> I Shares	2154	\$	OR	%
International Leaders Fund	<input type="checkbox"/> N Shares	2270	<input type="checkbox"/> I Shares	2271	\$	OR	%
International Growth Fund	<input type="checkbox"/> N Shares	317	<input type="checkbox"/> I Shares	1747	\$	OR	%
International Small Cap Growth Fund	<input type="checkbox"/> N Shares	1526	<input type="checkbox"/> I Shares	1525	\$	OR	%
Emerging Markets Leaders Fund	<input type="checkbox"/> N Shares	2156	<input type="checkbox"/> I Shares	2157	\$	OR	%
Emerging Markets Growth Fund	<input type="checkbox"/> N Shares	1836	<input type="checkbox"/> I Shares	1835	\$	OR	%
Emerging Markets Small Cap Growth Fund	<input type="checkbox"/> N Shares	2258	<input type="checkbox"/> I Shares	2257	\$	OR	%
Emerging Markets Debt Fund			<input type="checkbox"/> I Shares	6202	\$	OR	%
China Growth Fund			<input type="checkbox"/> I Shares	2747	\$	OR	%
Macro Allocation Fund	<input type="checkbox"/> N Shares	2263	<input type="checkbox"/> I Shares	2262	\$	OR	%

## 6. WITHHOLDING ELECTION

IRA distributions are subject to federal income tax withholding at a flat rate of 10% unless you elect not to have withholding apply, or elect to have an additional amount withheld. The withholding notice is printed on the bottom of this page.

Do not withhold federal income tax from my IRA distributions.

Withhold federal income tax of \_\_\_\_\_% (at least 10%) from my IRA distributions.

## 7. SIGNATURES

I certify that, to the best of my knowledge, the information provided on this form is true and correct, and may be relied on by the Trustee/Custodian. I understand that this transaction may be subject to fees, taxes, and/or penalties. Due to the important tax consequences of this transaction, I agree to seek the advice of a legal or tax professional, as needed. The Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction. I will not hold the Trustee/Custodian liable for any adverse consequences that may result from this transaction.

Signature of IRA Owner/Beneficiary

Date (Month, Day, Year)

Authorized Signature of Trustee/Custodian

Date (Month, Day, Year)

**Signature Guarantees.** Signature guarantees must be obtained from a bank that is a member of the FDIC, from a brokerage firm that is a member of the NASD or an exchange, or from an eligible guarantor who is a member of, or a participant in, a signature guarantee program. Your redemption request must include a signature guarantee if any of the following situations apply:

- You wish to redeem shares having a value of \$75,000 or more in a single transaction;
- Your account registration has changed; or
- You want a check in the amount of your redemption to be mailed to a different address from one on your account applications (address of record).

**A notary public is not an acceptable guarantor.**

**Signature guarantees, if required, must appear on the written redemption request and on any endorsed stock certificate or power of attorney.**

**Affix Signature Stamp Here**

**Official Stamp should bear name of bank or firm and signature of officer and his/her title.**

## 8. WITHHOLDING CERTIFICATE

### Withholding Certificate for IRA Distributions

Substitute Form W-4P  
Department of the Treasury  
Internal Revenue Service

OMB No.  
1545-0415

**Paperwork Reduction Act Notice** — This information is needed to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3405 and 6109 and their regulations. Failure to provide this information may result in inaccurate withholding on your distribution(s). You can use this form to choose to have no income tax withheld from the distribution or to have an additional amount of tax withheld.

**Basic Information About Withholding from IRAs** — Generally, withholding applies to distributions made from individual retirement arrangements (IRAs).

**IRA Distributions** — Distributions from IRAs will have income tax withheld at a flat 10% rate unless you specify an additional amount to be withheld. You can specify an additional amount to be withheld by checking the second box in the Withholding Election section above and indicating how much you want withheld. You can elect to have no income tax withheld from your distribution by checking the first box. Generally, your election to have no tax withheld will apply to any later distribution from your IRA.

**Exemption from Withholding** — Check the first box in the Withholding Election section if you do not want any tax withheld from your distribution.

The election to be exempt from income tax withholding does not apply to any distribution that is delivered outside the United States or its possessions, to a U.S. citizen or resident alien.

Other recipients who have these distributions delivered outside the United States 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 the penalties of perjury. A non resident alien who elects exemption from withholding under section 3405 is subject to withholding under section 1441.

*Caution: There are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub 505. It explains the estimated tax requirements and penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your IRA using this form.*

**Revoking the Exemption from Withholding** — If you want to revoke your previously filed exemption from withholding, check the second box in the Withholding Election section above.

**Statement of Income Tax Withheld from your IRA** — By January 31 of next year, you will receive a statement from your payer showing the total amount of your IRA distribution and the total income tax withheld during the year.