

# 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 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-Mid Cap Value Fund			<input type="checkbox"/> I Shares	2181	\$	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 ex China Growth Fund			<input type="checkbox"/> I Shares	2788	\$	OR	%
Emerging Markets Debt Fund			<input type="checkbox"/> I Shares	6202	\$	OR	%
China Growth Fund			<input type="checkbox"/> I Shares	2747	\$	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.**

**Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions**

Department of the Treasury  
Internal Revenue Service

**Give Form W-4R to the payer of your retirement payments.**

**2023**

<b>1a</b> First name and middle initial	Last name	<b>1b</b> Social security number
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Address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

<b>2</b> Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals) . . . . .	<b>2</b>	%
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<b>Sign Here</b>	<b>Your signature</b> (This form is not valid unless you sign it.) _____	<b>Date</b> _____
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**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to [www.irs.gov/FormW4R](http://www.irs.gov/FormW4R).

**Purpose of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**Caution:** If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

**2023 Marginal Rate Tables**

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
13,850	10%	27,700	10%	20,800	10%
24,850	12%	49,700	12%	36,500	12%
58,575	22%	117,150	22%	80,650	22%
109,225	24%	218,450	24%	116,150	24%
195,950	32%	391,900	32%	202,900	32%
245,100	35%	490,200	35%	252,050	35%
591,975*	37%	721,450	37%	598,900	37%

\* If married filing separately, use \$360,725 instead for this 37% rate.

## General Instructions (continued)

**Nonperiodic payments—10% withholding.** Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

**Note:** If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

### Eligible rollover distributions—20% withholding.

Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions: (a) qualifying “hardship” distributions, and (b) distributions required by federal law, such as required minimum distributions. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

## Specific Instructions

### Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security number.”

### Line 2

**More withholding.** If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

**Less withholding (nonperiodic payments only).** If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

**Suggestion for determining withholding.** Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

**Examples.** Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

**Example 1.** You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

**Example 2.** You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$24,850 but less than \$58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. The two rates differ. \$16,075 of the \$20,000 payment is in the lower bracket (\$58,575 less your total income of \$42,500 without the payment), and \$3,925 is in the higher bracket (\$20,000 less the \$16,075 that is in the lower bracket). Multiply \$16,075 by 12% to get \$1,929. Multiply \$3,925 by 22% to get \$863.50. The sum of these two amounts is \$2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the \$20,000 payment (\$2,792.50 divided by \$20,000). Enter “14” on line 2.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S.

commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.