

ACCOUNT HOLDER INFORMATION

I request distribution from my Retirement Account as indicated above. I understand that it is my responsibility to determine that amounts distributed from my account shall be made in compliance with all Internal Revenue Service (IRS) regulations, including required minimum distribution rules and the internal death benefit rule, as applicable.

TYPE OF DISTRIBUTION

One Time Distribution

Periodic Distribution Start Date:

Monthly Quarterly Semi-Annual Annual

WITHDRAWAL AMOUNT (Select One)

Gross Amount

Total Distribution

Required Minimum Distribution (Based on the uniform lifetime table in IRS regulations. Custodian will automatically distribute RMD until instructed to stop.)

REASON FOR WITHDRAWAL (See back of page for more information)

Normal (over 59 1/2)	Divorce	Refund of Excess Contribution
Early (Premature)	Medical Expenses	Tax Year
Death Benefit	Higher Education Expenses	Amount
Disability	First Time Home Purchase (not exceeding lifetime of \$10,000)	

METHOD OF DISTRIBUTION

Check mailed to Address of Record

Wire Transfer*

Deposit into Non-IRA Shelton Funds Account

ACH Transfer*

Account #:

Please attach a voided check as it is required. ACH instructions will not be established without a voided check.

FEDERAL INCOME TAX WITHHOLDING

20 % will be automatically withheld

Signature required on page 2

REQUIRED SIGNATURES

I certify that all information in this Distribution Request is accurate, and agree to hold Ultimus Fund Solutions harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result from the election I have made. I have been advised to consult my tax advisor regarding any questions about this Distribution Request. **If signature guarantee is required, this form must be signed in the presence of the person guaranteeing your signature and submitted via mail.**

Owner Signature

Date

Please mail completed form to:

**Shelton Funds
Attn: Mailroom
4221 N. 203rd St. Ste
100 Elkhorn, NE 68022**



Medallion Signature Guarantee Stamp

TYPE OF DISTRIBUTION

Early

(Premature - subject to penalty tax)

Before the age of 59 1/2. Account holder understands that they may be responsible for paying a 10% premature withdrawal penalty (25% from a SIMPLE IRA if within 2 years of initial SIMPLE participation) in addition to normal income tax for early withdrawal. Converted Roth: Distribution within 5 years from conversion date may be subject to 10% premature withdrawal penalty.

(Premature - not subject to penalty tax before age 59 1/2)

- Where medical expenses are in excess of 7.5% of adjusted gross income.
- Used for health insurance premiums and you received unemployment compensation for at least 12 weeks.

Early

Disability*

Permanent or long-term disability only. Be sure to attach a current physician's statement of your disability.

Death*

Please attach a copy of the Participant's death certificate. Other forms may be required. Please contact a customer service representative for more information.

Excess*

Withdrawing excess contributions made during a specific calendar year. Account holder understands that they are responsible for any tax filing requirements because they have over contributed to their account.

Divorce*

When selecting this option Account holder represents that the distribution is payment to a former spouse incident to a decree of divorce. Be sure to attach a certified copy of divorce decree.

Regular Distribution

Account holder has reached age 59 1/2. Roth or Conversion Roth: Distributions within 5 years may be subject to 10% premature withdrawal penalty.

Required Minimum Distribution

Account holder has reached age 70 1/2 and is required to begin receiving minimum distributions. Does not apply to Roth and Roth Conversion IRA's.

* IRS may require additional documentation.