

**ACCOUNT INFORMATION** (Form must be completely filled out to avoid delay in processing)

I request distribution from my 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.

**TYPE OF DISTRIBUTION** (Must Select One)

One Time Distribution      Periodic Distribution: (Start Date):  
Monthly      Quarterly      Annually

**WITHDRAWAL AMOUNT** (Must Select One)

Gross Amount      Total Distribution

**METHOD OF DISTRIBUTION**

Automated Check Mailed to Address of Record      Wire Transfer\*  
Credit to Non-IRA Shelton Funds Account      ACH Transfer\*  
Account #:

\*Please attach a voided check, medallion signature guarantee required if bank instructions are not currently on file

**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.

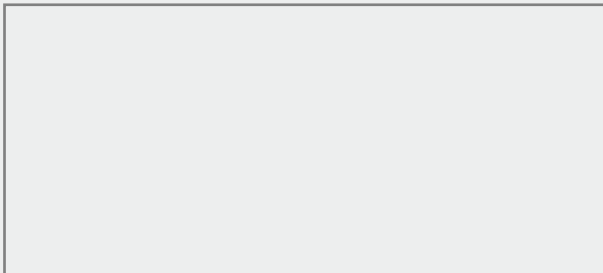
All registered owners must sign and may need to have their signatures guaranteed. **If signature guarantee is required, this form must be signed in the presence of the person guaranteeing your signature and submitted via mail.**

Owner Signature

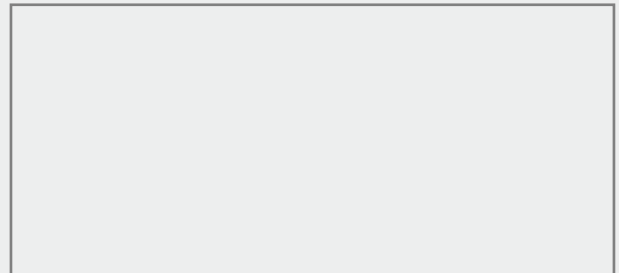
Date

Joint Owner Signature

Date



Medallion Signature Guarantee Stamp



Medallion Signature Guarantee Stamp

Please mail completed form to:  
Shelton Funds  
Attn: Mailroom  
4221 N. 203rd St. Ste 100  
Elkhorn, NE 68022