

# ACCOUNT DISTRIBUTION FORM



## ACCOUNT HOLDER INFORMATION

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

P.O. Box 87  
Denver, CO  
80201-0087

MAIN (800) 955-9988  
FAX (303) 534-5627  
info@sheltoncap.com

Full Name	_____		Social Security Number	_____	
Street Address (no P.O. Box)	_____				
City	_____	State	_____	Zip Code	_____
( )	/	/			
Daytime Phone	_____	Birthdate	_____	Email	_____
Fund Name	_____	Account Number	_____		

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

- One Time Distribution
- Periodic Distribution: Start Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ mm/dd/yy
- Monthly     Quarterly     Semi-Annual     Annual

## WITHDRAWAL AMOUNT

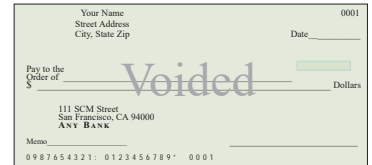
- Gross Amount \$ \_\_\_\_\_
- Total Distribution

## METHOD OF DISTRIBUTION

- Automated Check mailed to Address of Record
- Credit to Non-IRA Shelton Funds Account  
Account No: \_\_\_\_\_
- ACH Transfer\*
- Fed Fund Wire Transfer\*\*
- Mail to Secondary Address:\*\*  
\_\_\_\_\_  
\_\_\_\_\_

\* Please attach a voided check, **medallion signature guarantee required**

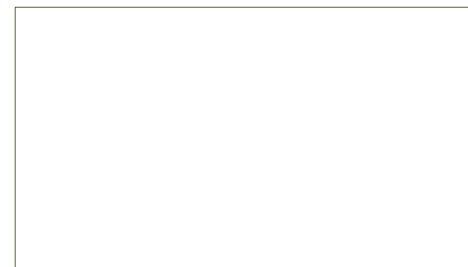
\*\* **medallion signature guarantee required**



## REQUIRED SIGNATURES

I certify that all information in this Distribution Request is accurate, and agree to hold Gemini Fund Services, LLC 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.

Signature of Owner	_____	Date	_____
Signature of Joint Owner	_____	Date	_____
Bank Signature Guarantee	_____	Date	_____
Title and Name of Institution	_____		



Affix Stamp Here (If Required; See section above)