

IRA CHARITABLE 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 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.

DISTRIBUTION INFORMATION

WITHDRAWAL AMOUNT

REASON FOR WITHDRAWAL

(See back page for more information)

Start Date: / /
mm/dd/yy

- 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.)

- Normal (over 59 1/2)
- Premature
- Death Benefit
- Required Minimum Distribution

- Frequency: One-Time Monthly
 Quarterly Annually

SPECIAL PAYMENT INSTRUCTIONS

_____		_____	
Name of Charity		Federal ID Number	

Street Address (no P.O. Box)			
_____		City	State Zip Code
Send Check to: <input type="checkbox"/> IRA Holder <input type="checkbox"/> Charity			

CHARITABLE DISTRIBUTION REQUIREMENTS (To be a qualified charitable distribution, all questions must be answered 'YES')

1. Will you have reached the age of 70 ½ or older as of the date of this distribution?..... YES NO
2. Does the Distribution meet the deductibility requirements under Internal Revenue Code Section 170, and do you certify that you will receive no additional benefit from the receiving organization in return for this charitable contribution?..... YES NO
 Does this distribution consist entirely of pre-tax assets from the IRA?..... YES NO
3. Will the amount of the charitable distribution from this IRA, when combined with all other qualified charitable IRA distributions you may be taking in the current year, be \$100,000 or less?..... YES NO
4. Is the receiving organization a church, educational organization, medical organization, private foundation, or other charitable organization under Internal Revenue Code Section 170(b)(1)(A)?..... YES NO

FEDERAL INCOME TAX WITHHOLDING (If no box is checked 10% will be automatically withheld)

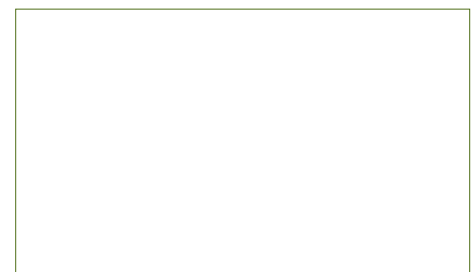
- Do Not Withhold Federal Income Tax
- 10% Standard Withholding
- \$ _____ To Be Withheld
- _____% To Be Withheld

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. If you have any questions, please call Shelton Capital Management at (800) 955-9988.

Thank you for your prompt attention to this matter. Please note that this form is NOT valid without a medallion signature guarantee from a bank or brokerage firm.

_____		_____	
Signature of Owner		Date	
_____		_____	
Bank Signature Guarantee		Date	

Title and Name of Institution			



Affix Stamp Here

IRA CHARITABLE DISTRIBUTION FORM

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.

Early (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.

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.

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.