

IRA DISTRIBUTION FORM



ACCOUNT HOLDER INFORMATION

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 _____
 () / /
 mm/dd/yy

Daytime Phone _____ Birthdate _____ Email _____

Fund(s) Name for Withdrawal _____ Account Number(s) _____

TYPE OF DISTRIBUTION (Select all that apply)

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

WITHDRAWAL AMOUNT (Must Select One)

- Required Minimum Distribution (Based on the uniform lifetime table in IRS regulations. Custodian will automatically distribute RMD until instructed to stop.)
- Gross Amount \$ _____
- Total Distribution

REASON FOR WITHDRAWAL (Select One)

(See back page for more information)

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

FEDERAL INCOME TAX WITHHOLDING (Must Select One)

(Applies to all future periodic distributions if selected under "Type of Distribution")

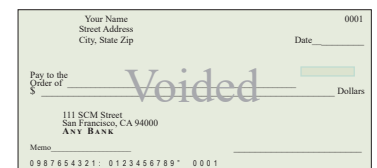
- Do Not Withhold Federal Income Tax
- 10% Withholding (consistent with standard IRS requirements)
- \$ _____ To Be Withheld
- _____ % To Be Withheld

METHOD OF DISTRIBUTION (Select one)

- Check mailed to Address of Record
- Deposit into 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 if bank instructions are not currently on file.

** medallion signature guarantee required



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. 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.

The distributions you receive from the Shelton Funds are subject to Federal income tax withholding unless you elect not to have withholding apply. You may elect to have any amount or percentage withheld, up to the full amount of each distribution. If you select "Periodic Distributions" your withholding selection will apply to all future distributions until you provide us with alternative withholding instructions. Withholding will only apply to the portion of your distribution that is included in your income subject to Federal income tax. Thus, for example, there will be no withholding on the return of your own nondeductible contributions to the IRA. By executing this form, you are providing us with specific withholding instructions as marked in the section "Federal Income Tax Withholding" and acknowledge having received this required notice. If you elect not to have withholding apply to your distribution payments, or if you do not have enough Federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Signature _____

Date _____

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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.

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.