



NEW CENTURY  
PORTFOLIOS

**IRA Distribution Form**

**1** Name and  
Address  
(Please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone ( ) \_\_\_\_\_

Fund Name \_\_\_\_\_

Account Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth / / \_\_\_\_\_

**2** Distribution  
Instructions

- Total Distribution – liquidate the account(s) indicated above
  - Federal Withholding \$ \_\_\_\_\_ or \_\_\_\_\_%
- Partial Distribution – Distribute \$ \_\_\_\_\_
  - Federal Withholding \$ \_\_\_\_\_ or \_\_\_\_\_%
- Periodic Distributions – Distribute \$ \_\_\_\_\_ on the last business day of :
  - Each month
  - March, June, September, and December (Quarterly)
  - October (Annually)
  - Federal Withholding \$ \_\_\_\_\_ or \_\_\_\_\_%

### **3 Special Instructions**

### **4 Your Signature**

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I direct New Century Portfolios to make distributions in the manner I have indicated on this form and I assume sole responsibility for the tax consequences of this election. I recognize that none of the New Century Portfolios, their distributor, custodian, Ultimus Fund Solutions LLC, or their directors, trustees or employees will be liable for any loss, damage or expense as a result of acting upon my instruction. I assume sole responsibility for notifying New Century Portfolios in the event of any changes involving my beneficiary selection as it may have an impact on my current and future RMD amounts.

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Signature of Account holder

/ /  
Date