



Applicants must complete all sections of this form.

Please return this application to:

Chiron Capital Allocation Fund

P.O. Box 588

Portland, ME 04112

Chiron Capital Allocation Fund — IRA Distribution Election Form

For Assistance Call: 877-9-CHIRON

GENERAL INFORMATION

This form should be used to request periodic withdrawals from your IRA or SEP-IRA, including required minimum distributions at age 70½ or dividend distributions. Please complete all sections and mail form to:

Chiron Capital Allocation Fund
P.O. Box 588
Portland, ME 04112

Please print clearly or type all items except signature.

1 IRA REGISTRATION

NAME: FIRST MIDDLE LAST
STREET ADDRESS
CITY STATE ZIP
SOCIAL SECURITY NUMBER DAYTIME TELEPHONE
DATE OF BIRTH EXISTING CHIRON CAPITAL ALLOCATION FUND ACCOUNT NUMBER

2 TYPE OF DISTRIBUTION

1. Normal Distribution

- I am between ages 59½ and 70½, or
I am 70½ and older
Disability: I am under age 59½ and disabled.
Death: Attach a certified copy of the death certificate.

Beneficiary Elections

Beneficiaries of IRAs may elect how to receive the proceeds. Find the section that describes the timing of the death of the IRA holder (before or after the required beginning date, 70½). Then find the section that describes the type of beneficiary you are (non-spouse or spouse) and select one of the available options by checking the applicable box.

Death Before Required Beginning Date (RBD) (70½)

Nonspouse Beneficiary

- 5-Year Payments — I elect to deplete the IRA balance by December 31 of the year containing the 5th anniversary of the IRA holder's death.
Life Expectancy Payments — I elect to deplete the IRA balance by taking payments over my own life expectancy.*
Total Distribution — I elect to receive the entire IRA plan balance in a single sum.

Spouse Beneficiary

- 5-Year Payments — I elect to deplete the IRA balance by December 31 of the year containing the 5th anniversary of the IRA holder's death.
Life Expectancy Payments — I elect to deplete the IRA balance by taking payments over my own life expectancy.*

- Total Distribution — I elect to receive the entire IRA plan balance in a single sum.
Rollover or Transfer — I elect to roll over or transfer the IRA balance into my own IRA. (Available only to spouse beneficiary).

Death on or After RBD

Nonspouse Beneficiary

- Continue Distributions — I elect to continue to receive the required minimum distribution under the applicable distribution period.*
Total Distribution — I elect to receive the entire IRA plan balance in a single sum.

Spouse Beneficiary

- Continue Distributions — I elect to continue to receive the required distributions under the applicable distribution period.
Rollover or Transfer — I elect to roll over or transfer the IRA balance into my own IRA. (Available only to spouse beneficiary).
Total Distribution — I elect to receive the entire IRA balance in a single sum.

* (Additional amounts may be withdrawn)

2. Premature Distribution

I understand that if I am under age 59½ and taking a premature distribution, I may be subject to an early withdrawal penalty.

3. Required Minimum Distribution

BENEFICIARY NAME DATE OF BIRTH

- Spouse Non-Spouse

4. Substantial Equal Periodic Payments (SEPP)

3 ACCOUNT INFORMATION

List only the account(s) from which you would like the distributions taken. This is not to be completed if you are requesting dividend distributions under Section 5.

Table with 3 columns: Fund Name, Account Number, Percent of Distribution. Total 100%

4 WITHHOLDING INSTRUCTIONS

(Substitute Form W-4P/OMB No. 1545-0074) Dept. of Treasury, IRS

The distributions you receive from your IRA are subject to Federal income tax withholding unless you waive withholding. You may waive withholding on your IRA distribution by returning a signed and dated IRS Form W-4P, Withholding Certificate for Pension or Annuity Payments, or this substitute Form W-4P to your IRA Trustee or Custodian listed above. If you waive withholding on your IRA distribution, or if you do not have enough Federal income tax withheld from your IRA 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. You may waive state income tax withholding to the extent permitted by law. You are responsible for determining and paying all Federal, and if applicable, state and local taxes on distributions from all IRAs you own. If you do not waive withholding or elect an alternative withholding amount, ten percent will be withheld from your nonperiodic IRA distribution. Your election is valid until you revoke it. You may change your withholding election by completing another Form W-4P or substitute. Also note, if you are a U.S. citizen or resident alien receiving an IRA distribution that is delivered outside the United States or its possessions, withholding is required. That is, you may not waive withholding. If you are a non-resident alien you may not use Form W-4P to withhold income tax or to waive withholding. A foreign person should refer to IRS Publication 515 and to Form W-8BEN.

Election: Unless a previous withholding election is in place, you indicate a different withholding amount below, or you waive withholding by indicating your election below, ten percent will be withheld from your IRA distribution.
Effective Date: _____

- Do **NOT** withhold Federal income tax from my distribution.
- Do **NOT** withhold state income tax, unless required.
- Withhold as indicated below.
_____ % (at least 10%) Federal income tax, and _____ % state income tax (if indicated), and (if indicated) an additional amount \$ _____ Federal income tax and \$ _____ state income tax (if permitted).

5 METHOD OF DISTRIBUTION

- A. Fixed amount of \$ _____.
- B. **Systematic Distributions (Liquidations for systematic distribution will be made on the 5th of the month. Allow 30 days to establish).**
Select the frequency and method of calculation for Systematic Distributions (choose one):
 - Monthly
 - Quarterly _____ (Beginning month)
 - Annually _____ (Month)

6 METHOD OF PAYMENT

- Send my distribution checks to my address of record.
- Send my distribution checks to an address other than my address of record.*

STREET ADDRESS _____

CITY STATE _____ ZIP _____

- Invest my distributions into my existing non-retirement Chiron Capital Allocation Fund account(s).

Fund Name	Account Number	Percent of Distribution
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total 100%

- Deposit my distribution checks directly into my checking account via ACH. In order for us to make ACH deposits into your checking account, you must attach a voided check or pre-encoded deposit slip.

BANK'S NAME _____ ACCOUNT NUMBER _____

NAME ON ACCOUNT _____

ABA NUMBER _____

7 PARTICIPANT/BENEFICIARY AUTHORIZATION

The Participant/Beneficiary hereby authorizes the distributions from the IRA to the undersigned and certifies that it is in accordance with the provisions of the IRA plan. If I am over 70½, I accept full responsibility for withdrawing from my IRA the required minimum distribution.

In the case of a distribution due to death, I certify that I am the eligible beneficiary authorized to make these elections. I understand these elections are irrevocable. The Trustee or Custodian, or any future Trustee or Custodian, can rely on these elections. I certify that the Trustee or Custodian has given no tax advice to me and that all decisions regarding the election(s) are my own. I expressly assume responsibility for any adverse consequences that may arise from the election(s) and I agree that the Trustee or Custodian shall in no way be responsible for those consequences.

PARTICIPANT/BENEFICIARY SIGNATURE _____ DATE _____

Signature Guaranteed By:*

NAME OF BANK OR FIRM _____

SIGNATURE OF OFFICER _____ TITLE _____

(Place Stamp Here)

* A signature guarantee is required if 1) you request a distribution to be sent to an address other than the address of record, 2) the check is not made payable to registered owner, 3) a new checking account is being used for your proceeds.