



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

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.

Signature of Account holder

____/____/____
Date