



Retirement & Education Distribution Form

Thank you for choosing Transamerica. Use this form to request a distribution from your Transamerica Funds retirement plan or education savings account. For assistance please call Transamerica Fund Services, Inc. at 1-888-233-4339.

Section One – Account Type

- Traditional IRA
 Roth IRA
 Simple IRA
 Coverdell ESA
 SEP/SARSEP

Section Two – Account Registration

Legal Name of Owner or Custodian

Social Security Number

Date of Birth

Daytime Telephone Number

Legal Name of Minor (if applicable)

Social Security Number

Mailing Address (if different than residential address)

Email Address

City

State

Zip Code

Section Three – Type of Distribution (Coverdell ESA's excluded)

I certify that the reason for this distribution is:

- Normal Distribution** (I am over age 59 ½)
- Premature Distribution** (I am under age 59 ½ and am subject to a 10% premature distribution penalty tax or I am requesting withdrawal within the first 2 years after the date of the first contribution for my SIMPLE IRA plan and am subject to the 25% penalty tax on the amount withdrawn.)
- Premature Distribution with a Qualifying Event**
I am under age 59 ½, and am eligible for a distribution that is not subject to a 10% premature distribution penalty tax for the following reason (see **IRS Publication 590** for specific rules concerning exemptions to the 10% penalty tax):
 - Medical insurance (must have received unemployment compensation for more than 12 weeks; additional rules apply)
 - Permanent disability, as defined in the Internal Revenue Code Section 72(m)(7)
 - Qualified higher education expenses (tuition, fees, books, supplies, equipment; room and board if the student is enrolled at least as a half-time student)
 - First-time home buyer expenses (buying, building, or rebuilding) limited to \$10,000
 - Substantially equal periodic payment
 - IRS Levy (you must include a copy of the levy)
 - Medical expenses (exceeding 10% of adjusted gross income if you or your spouse was born prior to Jan 2 1951)
 - The distribution is a qualified reservist distribution
- Transfer pursuant to divorce decree** (Medallion Signature Guarantee stamp required)
- Transfer/Rollover Distribution**
Accepting retirement plan type _____ (check must be payable to accepting custodian, see section six)
 - **Death** (If a distribution is being taken due to the account owner's death, please complete the applicable form)
 - **Required Minimum Distribution** If you need to take a distribution to satisfy IRS Required Minimum Distribution requirements, you must complete the Required Minimum Distribution (RMD) Form.

Note: A divorce transfer of IRA assets pursuant to a court-approved divorce decree or property settlement is not a taxable distribution event (Internal Revenue Code Section 408(d)(6)). Assets awarded to the former spouse must be transferred to an IRA in the former spouse's name. A new IRA Application must be submitted if an IRA for the former spouse is not already established. If the assets are to be transferred to a new custodian, please provide a trustee acceptance letter from the new custodian. The former spouse may request from his/her IRA an immediate distribution by completing a Retirement Distribution Form.

Section Four – Distribution Instructions

- I elect to take a one-time distribution of \$ _____ or _____ %
- My systematic distribution should be of the following amount \$ _____ or _____ %

My distribution should be taken from the following account(s):

Fund and Account Number _____ \$ or % _____

Fund and Account Number _____ \$ or % _____

Fund and Account Number _____ \$ or % _____

Note: If no dollar amount or percentage is provided we will automatically default to the Pro-Rata amount for your withdrawal.

Frequency of systematic distributions:

- Monthly
- Quarterly
- Semi-Annually
- Annually

First payment to begin on _____ Month/Day

Note: The withdrawal may be made between the 3rd and the 28th only and will occur on the 20th if no selection is made. Systematic distributions by check will occur on the 20th of the month and should be received on or near the 1st of the following month.

Section Five – Withholding Instructions

Federal Withholding

If you DO NOT make a federal withholding election, 10% will be withheld and forwarded to the IRS. This is a federal requirement. If you elect to not have withholding, you are still liable for payment of federal income taxes on the taxable portion of your distribution. If federal tax is withheld, state tax will also be withheld if you reside in a state listed below.

- Withhold _____ % (10% minimum) as a federal income tax withholding election from my distribution.
- Do not withhold federal income tax from my distribution.

State Withholding

If federal withholding is applied to your distribution(s) above, you are required to make a state withholding election if you are a resident of one of the following states: *Arkansas, California, Connecticut, District of Columbia, Delaware, Iowa, Kansas, Maine, Maryland, Massachusetts, Michigan, Mississippi, Nebraska, North Carolina, Oklahoma, Oregon, Vermont, or Virginia*. These states will allow you to provide written instruction to opt out of state withholding. While we are unable to provide tax advice, you may contact Transamerica Customer Service with any additional questions regarding this option.

NOTE: The states listed above may change as a result of changing legislation. Transamerica does not withhold state taxes for states not listed above. If you are a resident of Georgia or Louisiana, you can request withholding, but it is not required.

- Withhold the state-calculated income tax for my state.
- Withhold \$ _____ (in whole dollars) for state income tax.
- Do not withhold state income tax from my distribution.

Section Six – Payment Options

- Deposit my withdrawal directly into my bank account.**
- Send me a check to the address of record.** Systematic withdrawal distributions will be made on the 20th of the month.
- Deposit my distribution into my existing non-retirement mutual fund account(s), listed below:**

Fund Number and Account Number	\$ or %
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Fund Number and Account Number	\$ or %
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Fund Number and Account Number	\$ or %
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- Establish a new non-retirement mutual fund account** in my name in the fund(s) indicated on the attached Transamerica Funds New Account Application.
- Send check to optional addressee.** (The Signature Guarantee in Section Eight must be completed if you elect this option.)

Payee

Mailing Address

City	State	Zip Code
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- Send check to another IRA/Employer Plan** (A Letter of Acceptance or Medallion Signature Guarantee is required for this type of request).

Custodian Name	IRA/Qualified Plan Number
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Custodian Address

Section Seven – Electronic Bank Link (optional)

By checking one of the boxes below, I authorize money to be transferred between my financial institution and Transamerica Funds.

- I have attached a pre-printed voided check or savings account deposit slip with my bank information.
- Use the bank information available on my account.

NOTE: If the Transamerica Funds account holder's name does not appear on the enclosed check, an original Securities Transfer Agents Medallion Program (STAMP2000) Signature Guaranteed letter from the bank account owner and the Transamerica Funds account owner, authorizing use of the bank information will be required. Also, if the account owner does not have a void check or deposit slip they may also submit a letter on bank letterhead with the routing and account number, the account type, and the names of the registered bank account owners. This letter must be signed by a branch manager and must have a Medallion Signature Guarantee stamp. Due to your bank's requirements, please allow up to 30 days for the Electronic Bank Link to begin.

Section Seven – Electronic Bank Link (optional) (cont.)

Attach voided check or savings deposit slip here (Please use clear tape. Do not staple.)



Section Eight – Signature

Neither Transamerica nor its agents or representatives may provide tax, investment or legal advice. Anyone to whom this material is promoted, marketed, or recommended should consult with and rely on their own independent tax and legal advisors and financial professional regarding their particular situation and the concepts presented therein.

I certify that I am the account owner and that all information provided is correct, including my Social Security Number. I expressly assume full responsibility for all tax implications of this distribution, and acknowledge that no tax advice was provided to me by the IRA Custodian or Transamerica Fund Services.

Signature _____

Date _____

A Signature Guarantee (STAMP2000) is required if:

- Your withdrawal is more than \$100,000.
- The withdrawal by check is made payable to someone other than the account owner.
- Your check is to be mailed to an address other than the address of record.
- You request a withdrawal by check within 10 days of a change of address.
- You request a withdrawal to your bank account within 10 days of electing a bank link update.

Signature Guarantee (STAMP2000)

Name of Signing Officer (please print) _____

Date _____



Retirement and Education Distribution Form

Section Nine – Submitting this Form

This form may be faxed to 888-329-4339. If this form includes a Signature Guarantee, Mail the completed and signed form to Transamerica Fund Services:

Regular Mail

Transamerica Fund Services, Inc.
P.O. Box 219945
Kansas City, MO 64121-9945

Overnight

Transamerica Fund Services, Inc.
330 W. 9th Street
Kansas City, MO 64105