

IRA Withdrawal Authorization and Instructions for Distribution

Do not use this form for 70½ required distributions or Roth IRA distributions.
Call 1-800-228-2121 for assistance with this form.

PARTICIPANT INFORMATION

If you are a beneficiary, please complete and attach an application.

Type of Account Traditional IRA SEP-IRA

Name _____ Account Number _____

Street Address (PO Box is not sufficient) _____

Phone number (evening) _____ Phone number (day) _____

Date of Birth _____ SSN or TIN _____

US Citizen Resident Alien: Country of Origin _____ Non-Resident Alien: Country of Origin _____

REASON FOR DISTRIBUTION

- Normal Distribution** — If you are the participant and age 59½ or older.
- Early (premature) Distribution** — Participant is under age 59½ and the distribution is due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, or other reason.
- Substantially equal periodic payments within the meaning of section 72(t) of the Internal Revenue Code.**
- Death** — If you are a beneficiary contact Shareholder Services regarding additional document requirements.
- Permanent Disability** — You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.
- Transfer Incident to Divorce or Legal Separation** — contact Shareholder Services regarding additional document requirements.
- Removal of Excess Contribution** — Year of Excess Contribution
- Other** — _____ Revocation: refer to the Disclosure Statement regarding your revocation rights.

All required documentation must be received in good order before the distribution request will be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required for the IRA owner/beneficiary or spouse.

PAYMENT METHOD

All checks will be made payable to the registered account owner.

- Partial Distribution** — Amount \$ or shares
- Total Distribution of Account Balance**
- Fixed Amount** — Amount \$ Start date Frequency MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY
 - Mail to my address currently on file**
 - Mail to the following address:** _____
Medallion Signature Guarantee required.
- Purchase funds into my existing non-retirement mutual fund account** (Check will be made payable to shareholder of record.)
Account number _____ Fund name _____
- New Account** — attach completed application to purchase funds into a new mutual fund account
- Purchase funds into my existing non-retirement mutual fund account at another financial institution. (Medallion Signature Guarantee required.)**
(Check will be made payable to shareholder of record.)
Name of financial institution _____ Account Number _____
Address of financial institution _____

WITHHOLDING

Generally, IRA distributions are subject to 10% withholding unless you elect to have an additional amount withheld or elect to have no withholding. You may make a withholding election by selecting one of the options below. Your election will remain in effect for any subsequent distributions unless you change or revoke it by providing us with a new election. Please select one of the following:

- I elect not to have federal income tax withheld from this conversion distribution from my IRA.
- I elect to have 10% federal income tax withheld from this distribution from my IRA.
- I elect to have % federal income tax withheld from distribution from my IRA.

Caution: Even if you elect not to have Federal Income Tax withheld, you are liable for payment of Federal Income Tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rule if your payments of estimated tax and withholding, if any, are not adequate.

RETURN INSTRUCTIONS

When completed, please return the signed form to:

First Class Mail:

Van Wagoner Funds
P.O. Box 9682
Providence, RI 02940

Overnight Mail:

Van Wagoner Funds
101 Sabin Street
Pawtucket, RI 02860

1-800-228-2121

SIGNATURE

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that no tax or legal advice has been given to me by the Custodian, Mutual Fund, or any agent of either of them, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, Mutual Fund, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form. This form may only be used for one account. If you have another account from which you wish to take distributions, please fill out a separate form.

Signature of IRA Participant (required) _____

Date _____

Medallion Signature Guarantee Stamp and Signature _____

The Medallion Signature Guarantee may be executed by banks, broker dealers, credit unions, national securities exchanges and savings associations which participate in STAMP, SEMP or NYSE-MSP. A notary public is not a substitute for a Medallion Signature Guarantee. The Medallion Signature Guarantee stamp must include the words "SIGNATURE GUARANTEED, MEDALLION GUARANTEED" and otherwise comply with the medallion program requirements. Please check your fund prospectus or with your fund as to whether a signature guarantee is required.