



**INDIVIDUAL RETIREMENT ACCOUNT  
(IRA)  
REQUEST FOR DISTRIBUTIONS**

Complete the **IRA Request for Distributions Form** to request a one time or systematic distribution from your IRA. If you have any questions regarding this form, please call Shareholder Services at 1-888-484-5766.

**PART I: INVESTOR INFORMATION**

Name (First, M.I., Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ IRA Account Number \_\_\_\_\_

**PART II: DISTRIBUTION INSTRUCTIONS**

Complete check either **One Time** or **Systematic Withdrawal**, fill in the requested information, and then indicate the amount or percent to redeem from each fund.

**One Time Withdrawal**

I wish to redeem \$ \_\_\_\_\_ or \_\_\_\_\_ % of my account.

**Systematic Withdrawal**

I wish to set up systematic withdrawals\* in the amount of \$ \_\_\_\_\_ on a  Monthly  Quarterly  Semi-Annual  Annual basis.

Day of the month to process the systematic withdrawal:  15th  30<sup>th</sup>( last business day)  Other \_\_\_\_\_

**Fund Selection** (if no selection is made, the redemption will be processed pro rata across all funds)

- I wish to withdraw the requested amount on a pro rata basis across all funds.
- I wish to withdraw the requested amount from my funds as indicated in the chart below.

Name of Investment	Amount, Percentage, or Shares		
DCM/INNOVA High Dividend Income Innovation Fund	\$	%	Shares
Lebenthal Ultra Short Tax-Free Income Fund – Class A Shares	\$	%	Shares
Lebenthal Ultra Short Tax-Free Income Fund – Class I Shares	\$	%	Shares



**PART VII: WITHHOLDING NOTICE AND ELECTION**

Form W-4P OMB No. 1545-0415  
Dept. of Treasury, Internal Revenue Service

**Notice:** The distributions you receive from your IRA are subject to federal income tax withholding unless you waive withholding. Generally, federal income tax withholding applies to the taxable part of your IRA distribution. Thus, for example, there will be no withholding on the return of your own nondeductible contributions from your Traditional IRA. You may waive withholding on your IRA distribution by signing and dating the IRS Form W-4P, *Withholding Certificate for Pension or Annuity Payments*, or this substitute Form W-4P and returning it 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, ten percent will be withheld from your 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.

If no election is made, we are **REQUIRED** to withhold 10% Federal Income Tax.

- Do NOT withhold federal income tax from my distribution.
- Withhold as indicated below

\_\_\_\_\_ % (at least 10%) federal income tax

**PART VIII: ACKNOWLEDGEMENT AND NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE**

By signing this *IRA Distribution Request Form*, I certify that the information I have provided is true and correct, and I authorize the Trustee/Custodian to distribute my IRA as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this distribution and I assume all responsibility for any consequences as a result of my actions. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my instructions, including payments made in error. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Trustee/Custodian. I also understand that if this distribution involves a SIMPLE IRA, special rules apply, and I assume responsibility for my actions regarding those issues.

Signature of IRA Owner (or other authorized person): X \_\_\_\_\_ Date: \_\_\_\_\_

**If required, a New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.**

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program (“STAMP”)
- Commercial banks which are members of the Federal Deposit Insurance Corporation (“FDIC”)
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charter to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges
- Foreign branches of any of the above

**\*Note:** The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.



**MAILING INSTRUCTIONS**

Please send completed form to:

**Regular Mail Delivery**  
Centaur Mutual Funds Trust  
P.O. Box 46707  
Cincinnati, OH 45246-0707

**Overnight Delivery**  
Centaur Mutual Funds Trust  
C/o Ultimus Fund Solutions  
225 Pictoria Dr, Suite 450  
Cincinnati, OH 45246