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2010 REQUIRED MINIMUM DISTRIBUTION (RMD)

A ACCOUNT INFORMATION

Account Owner's Name:

Millennium Account No.:

Social Security No.:

Daytime Phone No.:

Date of Birth:

Address:

City:

State:

Zip:

E-mail Address:

Please complete and return this form if you wish to employ Millennium Trust Company, LLC to compute and distribute your 2010 Required Minimum Distribution (RMD). The fee for calculating the RMD is \$25. Normal fees will apply for other services provided. Please be aware that you may be assessed a 50% penalty by the Internal Revenue Service if your RMD is not taken by December 31, 2010. If 2010 is the first year in which you are required to take an RMD, you have until April 1, 2011 to take your distribution.

B AMOUNT OF RMD AND METHOD OF DISTRIBUTION

Please indicate how you would prefer to calculate your RMD:

- Please calculate my RMD amount.
- I have calculated my own RMD amount. \$

Note: If you do not have sufficient liquid funds in your Retirement Account ("Account") to cover the minimum distribution amount required, please indicate which asset(s) you would like us to sell or re-register to you In-Kind (in order of priority) below:

1. List: (e.g. asset name, number of shares, Investment Account # (Futures, Forex, Brokerage, etc.), indicate if the asset should be sold or re-registered.)

- Check this box if you have personally requested a liquidation directly from your Futures, Forex or Brokerage Account. If this box is checked; then Millennium Trust will **not** request a liquidation.

Please note: Cash sweep vehicle will be automatically liquidated.

Asset Name	No. Shares/ Dollar Amt/All	Investment Account #	Sell or Re-Register

If additional space is needed, please attach a separate page.

Please continue to page two.



B AMOUNT OF RMD AND METHOD OF DISTRIBUTION CONTINUED

2. Select the method that funds should be sent to Millennium Trust from assets sold. If no delivery method is selected, funds will be requested via check.

- Check (Upon receipt of funds, a 5 business day hold is required before funds are disbursed.)
- Wire Transfer (Additional fees may apply.)

Millennium Trust Company, LLC is not responsible if the fund policy has its own required delivery method.

C PAYMENT DELIVERY

Checks will be sent via U. S. Mail unless overnight delivery is requested.

- Mail a check to the home address of record. Overnight Delivery
- Mail a check to the following address (Medallion Signature Guarantee Required—See Page 3) Overnight Delivery

Payee:

Address:

City:

State:

Zip:

- Wire funds (Medallion Signature Guarantee Required—See Page 3)

Banking Information:

Bank Name:

Bank Address:

City:

State:

Zip:

ABA Routing No.:

Bank Account No.:

Name on Bank Account:

(To expedite the wire funds request, you must attach a voided check with this form.)

D TAX WITHHOLDING ELECTION**Federal Withholding Election**

Internal Revenue Service ("IRS") regulations require this notice to be given to you each time you request a distribution from your Account.

The distribution(s) you receive from your Account are subject to Federal Income Tax withholding, unless you elect not to have withholding apply. You may be liable for payment of any Federal Income Tax due on distribution(s) from your Account, regardless of whether or not you elect to have taxes withheld. In addition, if your payments of estimated tax and withholding, if any, are not adequate, you may be subject to tax penalties under estimated tax payment rules.

You are urged to consult your tax advisor with respect to your election of Federal Income Tax withholding. If you do not want Federal Income Tax withheld from your distribution(s), please complete the first item in Section D.

(Please select one. If no selection is made, taxes will automatically be withheld from the distribution(s) at a rate of 10%)

- I **DO NOT** want Federal Income Tax withheld from my distribution(s).
- Withhold 10% for Federal Income Taxes from my distribution(s).
- Withhold _____ % (minimum 10%).
- Withhold \$ _____ for Federal Income Taxes from my distribution(s).

Please continue to page three.

D TAX WITHHOLDING ELECTION CONTINUED**State Withholding Election**

If you are a resident of CA, DE, IA, KS, ME, MA, NC, NE, OK, OR or VT you need to complete the state withholding election below.

For residents of the states listed above we are required to withhold state taxes from your Account when you have federal taxes withheld, unless otherwise elected. In addition, residents may voluntarily elect to have state taxes withheld, but opt out of federal withholding.

If you do not make an election, we will withhold state taxes from your distribution(s).

Please select one.

- I **DO NOT** want state income tax withheld from my distribution(s).
- Withhold my state's minimum requirement.
- Withhold this amount: _____ % or \$
We will withhold at least your state's minimum requirement.

E IMPORTANT INFORMATION

Return this form no later than **December 1st or March 1st as applicable**. In order to ensure that liquid funds are available by December 1st or March 1st, please review the liquidation terms of your investment(s) and submit this form early enough to Millennium Trust in order to allow adequate time for processing liquidation requests.

If you do not allow sufficient time for Millennium Trust to liquidate your investment(s), receive and distribute the proceeds to you by December 31st (or the following April 1st for the first time RMDs) you will miss the IRS deadline for RMDs and you may incur serious tax consequences.

F ACCOUNT OWNER'S ACKNOWLEDGEMENT AND SIGNATURE

To avoid delays in the processing of your request, please ensure that there is sufficient cash in the account to cover the requested distribution and any applicable fees. These or other fees are payable in accordance with the custodial agreements and will be deducted from the account unless you remit the amount due.

RMD Calculation	\$25	Re-Registration/Liquidation, per asset	\$50
Wire/Check	\$25/\$15	Overnight Deliveries	\$25

Please note that a minimum of \$500 of cash deposits must be kept in your account at all times.

Please make the above requested distribution(s). I have consulted my tax advisor concerning the taxable effect of the requested distribution(s) and agree to be fully responsible for the same.

[Medallion Signature Guarantee Stamp Here]

Account Owner's Signature

Date:

An **original** medallion signature guarantee is required if funds will be sent to an address other than the address of record, OR if the proceeds will be sent to a beneficiary due to death. Forms received without the required signature guarantee will be returned.

A Medallion Signature Guarantee may be obtained from an authorized officer at a brokerage firm, bank or other financial institution.

G PLAN ADMINISTRATOR/TRUSTEE AUTHORIZATION AND SIGNATURE

For Distributions from an Account that is **NOT** an IRA:

As the Plan Administrator and/or Trustee, I authorize Millennium Trust Company, LLC to make the RMD as requested. I understand that it is my responsibility to ensure that the plan meets the Required Minimum Distribution requirements of the Internal Revenue Code.

Plan Administrator and/or Trustee Signature: _____

Print Name of Plan Administrator and/or Trustee:

Date: