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2010 REQUIRED MINIMUM DISTRIBUTION (RMD)

(For Advisor Services Clients Only)

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, indicate if the asset should be sold or re-registered.)

Please note: Cash sweep vehicle will be automatically liquidated.

Asset Name	No. Shares/ Dollar Amt/All	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 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.

