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CUSTODY ACCOUNT DISTRIBUTION REQUEST

To complete this form, you will need your:

- Millennium Account Number
- Date of Birth
- Method of Distribution
- Social Security/Tax ID Number
- E-mail address
- Banking Information (if funds are to be wired or sent by ACH)

Please print after completion. For assistance with this form, please contact a Client Service Specialist during regular business hours, Monday - Friday, 8:00 am to 4:30 pm Central time.

A Account Owner Information

All fields are required in section A.

Please supply the contact information we have on file for you in order for us to process this request without delays.

Please submit an Address Change Request form (#OPR-009) if box is checked.

Name:

Millennium Account No.:

Daytime Phone No.:

Address:

City:

E-mail Address:

Social Security/Tax ID No.:

Date of Birth:

State:

Zip:

- Check here if requesting a change of address with Millennium Trust Company ("Millennium"). To verify the current address on file, refer to your most recent Millennium statement or contact our client service department.

Note: If you have a distribution pending, your distribution may be subject to a 10 business day hold after Millennium Trust completes the processing of your Address Change Request.

Please continue to page two to complete this form.



B Amount And Method Of Distribution

If funds are invested in assets other than cash (or cash equivalents), the timing of liquidation will vary depending on where the funds are invested. **Millennium will request funds from liquidations be sent to Millennium by check unless otherwise indicated in Section B2.** Once received, the check is held 5 business days to clear before the distribution can be issued.

Please select one.

- ▶ Total distribution of my entire account and close account. **(All assets will be liquidated.)**
- Partial distribution of \$ _____ . *(Tell us what to sell in Section B1 if insufficient cash.)*
- Systematic Payment (Please complete Section C.)

1. List all assets to be liquidated or re-registered below. (Cash investments will be automatically liquidated.) **Note:** All liquidation requests are subject to processing times based on current volumes at the time this request is submitted. *Execution price is not guaranteed.* Due to market fluctuations, you may wish to execute your publicly traded security transaction(s) online to ensure desired execution timing. **A current asset valuation is required to process this request. Please attach a copy of your most recent sponsor-provided asset statement.**

Liquidation or Re-Registration fees may apply.	Liquidate* or	Re-Register	Asset Name/Description	Dollar Amt/All
▶	<input type="radio"/>	<input type="radio"/>		
	<input type="radio"/>	<input type="radio"/>		
	<input type="radio"/>	<input type="radio"/>		

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

***If any asset cannot be liquidated, we will inform you and then you can direct us as to what portion of the asset, if any, you want re-registered to you. Please contact your investment sponsor with questions about their inability to liquidate an asset for cash.**

2. Select the method that funds should be sent to Millennium Trust from assets sold.
- Check (Upon receipt of funds, a 5 business day hold is required before funds are disbursed.)
 - Wire Transfer (Additional fees may apply.)

MTC will request funds be sent by check unless otherwise indicated. ▶

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

C Systematic Payments

Only complete this section if you checked the "Systematic Payment" box in Section C. This distribution form needs to be received by the 1st of the month in which the first systematic payment is to begin. Please note that checks received are subject to a 5 day hold and may impact the availability of dollars to fund this recurring distribution. Systematic payments, will continue until Millennium receives written direction to cancel.

Note: Systematic payments with a set dollar amount will be discontinued if there are three consecutive failed attempts due to insufficient cash.

- New/Set Up
- Change of Instructions (Complete entire form.)

Amount of systematic payment: \$ _____

▶ Starting Month: _____ Day Preferred: 5th 15th
(If Day is not selected, Millennium will default to payments being issued on the 15th of the month.)

- Frequency of future payments: Monthly Quarterly

If cash funds are not available at the time of distribution, your check or ACH will not be issued as scheduled.

Please continue to page three to complete this form.

D Payment Delivery

Please select your delivery method from the following four options. If a check is selected, it will be sent to you via U.S. Mail

Any taxable distribution request over \$200,000 will be processed as a Direct Deposit to Bank (ACH) or Wire.

- Mail a check to the address of record.
- Mail a check to the following address. *(Notary Required - See below.)*

Payee:
 Address:
 City: State: Zip:

Standard NACHA Operating Rules apply.

- Direct Deposit to Bank (ACH) - Please submit a voided check (starter checks are not acceptable) and provide the financial institution's ACH instructions below. **Note: For accounts without checks, submit a preprinted deposit slip or a letter from the other financial institution, on letterhead and signed by an officer.** This documentation must include the account title, account number, ABA routing number and account type. *(Notary is required if funds are being sent to an account that is not registered in the name of the Account Owner.)*
- Wire funds - Not available for Systematic payments. *Additional fees may apply.*
Note: Account Owner may be contacted for further verification of the banking information provided. *(Notary is required if funds are being sent to an account that is not registered in the name of the Account Owner.)*

Please ensure the accuracy of your financial institution's ACH/wire instructions. An additional fee will be charged if a ACH/wire is rejected due to the incorrect instructions.

Banking Information - Complete if you selected Direct Deposit to Bank (ACH) or Wire funds above. *If banking information is entered but a selection is not made, funds will be sent via Direct Deposit (ACH).*

Bank Name:
 Bank Address:
 City: State: Zip:
 ABA Routing No.: Bank Account No.:
 Name on Bank Account:
 Type of Account: Checking Savings

E Fees

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. Please refer to your fee schedule for all applicable fees.

F Acknowledgement and Signature

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.

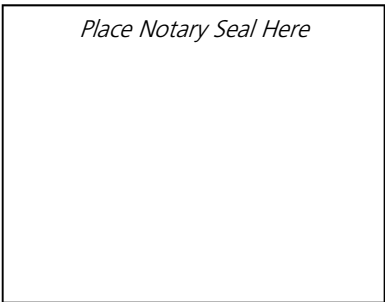
Please sign and date to authorize this distribution.

Account Owner's Signature: _____
 Date: _____

G Notary Public

A Notary Public is required if requesting funds over \$10,000 that will be sent to an address other than the account owner's current address of record, an account not held in the name of the account owner, or if the proceeds will be sent to an ex-spouse due to divorce. Forms received without the required Notary will be rejected.

Sworn to and subscribed before me on:
 _____, 20____.
 Notary Public: _____
 My Commission Expires: _____



All requests requiring a Notary or certified legal documentation must be received by mail unless uploaded to Millennium through a secured portal.