



POLARIS

GLOBAL VALUE FUND

IRA Distribution Form

1. INVESTOR INFORMATION

Your Name	Your Account Number	Birth Date	Social Security Number
Your Mailing Address	City	State	Zip Code
Telephone (day)	Telephone (evening)	E-mail Address	

2. DISTRIBUTION TYPE

Please **complete only one of the below sections (A, B, C or D)**, which will be used for IRS reporting purposes.

A. Required Minimum Distribution from my Traditional IRA or SEP IRA

The Internal Revenue Service (IRS) requires that you begin receiving distributions from your Individual Retirement Account (IRA) by your required beginning date, April 1, following the year in which you become age 73 and December 31 each year thereafter. The amount of the distribution is based on calculated life expectancies determined from predefined tables. Please note that the IRS may apply substantial penalty taxes should your minimum distribution not be made in time to comply with governmental regulations. Consult your tax advisor for assistance.

Please calculate my RMD based upon the following table in IRS Publication 590 Appendix C (Check only one. If no box is checked Table III will be used to calculate your RMD):

- Uniform Lifetime Table III:** For use by single and married owners whose spouses are not more than 10 years younger.
- Single Life Expectancy Table I:** For use by beneficiaries.
- Joint Life Expectancy and Last Survivor Expectancy Table II:** For use by owners whose spouses are more than 10 years younger and are the sole beneficiaries of their IRAs.

Please provide spousal beneficiary information*

Name

Social Security Number (SSN)

Date of Birth

* By providing spousal beneficiary information above and signing on the reverse, I hereby revoke any prior designation of beneficiary to my IRA in the Fund that I may have made.

B. Distribution from my Traditional IRA or SEP IRA

- Normal Distribution (taxpayer is age 59 ½ or older)
- Distribution, no known exception applies (taxpayer has not reached the age of 59 ½ and is subject to a 10% early withdrawal penalty)
- Early Distribution, exception applies (taxpayer has not reached the age of 59 ½ and is **not** subject to a 10% early withdrawal penalty, based on one of the following reasons)
 - Substantially Equal Period Payments under Internal Revenue Code 72(t)
 - Disability in compliance with Internal Revenue Code 72(m)(7)
 - Distribution proceeds used for medical expenses in excess of 7.5% of adjusted gross income
 - Distribution proceeds used to pay medical insurance premiums during a period of unemployment
 - Distribution proceeds used for first time home purchase (\$10,000 lifetime limit)
- Inherited IRA Distribution

C. Distribution from my Roth IRA

- Normal Distribution (taxpayer is age 59 ½ or older)
- Early Distribution, no known exception (taxpayer has not reached the age of 59 ½ and may be subject to a 10% early withdrawal penalty)
- Early Distribution, exception applies (taxpayer has not reached the age of 59 ½ and is **not** subject to a 10% early withdrawal penalty, based on one of the following reasons)
 - Substantially Equal Period Payments under Internal Revenue Code 72(t)
 - Disability in compliance with Internal Revenue Code 72(m)(7)
 - Distribution proceeds used for medical expenses in excess of 7.5% of adjusted gross income
 - Distribution proceeds used to pay medical insurance premiums during a period of unemployment
 - Distribution proceeds used for first time home purchase (\$10,000 lifetime limit)
- Inherited IRA Distribution

D. Withdrawal of Excess Contribution

- Please withdraw \$_____ for tax year _____ and all earnings on this amount. I have not filed my tax return for the contribution year.
- Please withdraw \$_____ for tax year _____ I have already filed my tax return for the contribution year.

3. DISTRIBUTION AMOUNT & FREQUENCY

Please indicate the amount and frequency of your distribution. Amounts of \$100,000 or greater require a Medallion Signature Guarantee.

- One-Time Distribution
 - Distribute the entire account; or Distribute only the RMD amount
 - \$_____
- Systematic Distribution (For RMD's, please check this box if you would like for your Systematic Distribution to recalculate each year.)

Amount \$_____

 - Establish a Monthly Systematic Withdrawal Plan, to be paid on the _____ day of each month
 - Establish a Quarterly Systematic Withdrawal Plan, beginning on the _____ day in the month of _____
 - Establish an Annual Systematic Withdrawal Plan, beginning on the _____ day in the month of _____

4. DISTRIBUTION PAYMENT METHOD

Please indicate how you would like the proceeds delivered to you.

- Check mailed to my address of record
- Check mailed to an alternate address (requires a Medallion Signature Guarantee)

Name	Street Address	City	State	ZIP Code
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- Electronic Funds Transfer to the banking instructions currently listed on my account
- Electronic Funds Transfer to new banking instructions (requires a Medallion Signature Guarantee)

Check type of account: Savings Account Checking Account

Name of Bank	ABA Routing Number	Account Number
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Bank Address	City	State	ZIP Code
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Registration on Bank Account

If you are adding new banking instructions, please attach a voided check

5. TAX WITHHOLDING ELECTION

Federal Income Tax Withholding: Withdrawals from Traditional, Rollover, SEP and SIMPLE IRA's (including inherited IRA's) will have 10% federal income tax withholding withheld from your distribution along with applicable state income tax. The law requires that federal and, in certain states, state income tax be withheld from your IRA distribution, unless you elect that withholding does not apply or elect an alternate amount by completing IRS form W-4R in its entirety and submitting it with your withdrawal request. If you elect not to have withholding apply to your distribution, you may be responsible for the payment of estimated taxes.

Note: You may wish to consult your tax advisor before waiving withholding as you may incur penalties for not paying enough tax during the year.

State Income Tax Withholding Election (Not Available For All States)

- I do not want State Income Tax withheld from my distribution proceeds
- I would like State Income Tax withheld from my distribution proceeds
 - Withhold using my state's standard tax rate
 - Withhold ____% (must be a whole number and at least your state's minimum tax rate)

6. SHAREHOLDER SIGNATURE

Please distribute the proceeds from my IRA as instructed above.

Signature of Account Holder

Print Name

Date (mm/dd/yyyy)

Medallion Signature Guarantee (if applicable)

***A Medallion Signature Guarantee is required if:**

- (1) You request that a distribution be sent to an address other than the address of record,
- (2) The check is not made payable to registered owner,
- (3) A new checking account is being used for your proceeds, and/or
- (4) The amount is for \$100,000 or more.

A Medallion Signature Guarantee may be obtained from a bank, credit union, or financial broker.

A Notary Public's stamp cannot be accepted.

6. MAILING INSTRUCTIONS

Please send the completed form to:

Regular Mail Delivery

Polaris Global Value Fund
PO Box 588
Portland, ME 04112

Overnight Mail Delivery

Polaris Global Value Fund
c/o Apex Fund Services
190 Middle Street, Suite 101
Portland, ME 04101

Contact us toll-free at: (888) 263-5594