

Beneficiary Payout Form for IRA Assets

Regular Mail:
Bridges Investment Fund
U.S. Bancorp Fund Services, LLC
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight Delivery:
Bridges Investment Fund
U.S. Bancorp Fund Services, LLC
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

Please contact your local state tax department for inheritance tax waiver filing requirements prior to completing this form.

1 Deceased Shareholder Account Information

		XXX-XX-
NAME (AS IT APPEARS ON ACCOUNT)		SOCIAL SECURITY / TAX ID NUMBER
DATE OF BIRTH (MM/DD/YYYY)	DATE OF DEATH (MM/DD/YYYY)	STATE OF RESIDENCE

Please indicate all accounts:

FUND NAME	FUND NUMBER	ACCOUNT NUMBER
FUND NAME	FUND NUMBER	ACCOUNT NUMBER
FUND NAME	FUND NUMBER	ACCOUNT NUMBER

2 Information of Beneficiary Claiming the Assets

Residential Address or Principal Place of Business - Foreign addresses and P.O. Boxes are not allowed.

NAME OF BENEFICIARY / TRUST / ESTATE		
SOCIAL SECURITY / TAX ID NUMBER	DATE OF BIRTH (MM/DD/YYYY)	
STREET	APT / SUITE	
CITY	STATE	ZIP CODE
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER	
E-MAIL ADDRESS		
DRIVER'S LICENSE OR STATE I.D. NUMBER / STATE OF ISSUE		

Mailing Address* (if different from Permanent Address)
If completed, this address will be used as the Address of Record for all statements, checks and required mailings. Foreign addresses are not allowed.

STREET		APT / SUITE
CITY	STATE	ZIP CODE

** A P.O. Box may be used as the mailing address.*

3 Distribution Options

Please select one of the following distribution options and proceed to Section 4 to select a payout method.

- Option 1 - Lump sum distribution**
- Option 2 - Distributions over your life expectancy** (If a non-spouse beneficiary - non recalculated. If a spouse beneficiary - recalculated.)
Distributions must begin by December 31 of the year following the account owner's date of death.
Payments must continue until the account(s) reaches a zero balance.
A completed and signed IRA Application is required.
- Option 3 - Distributions over a 5 year period**
Only available for a Roth IRA or if the account owner passed away prior to their required beginning date.*
The account(s) must be at a zero balance by December 31 of the fifth year following the account owner's date of death.
A completed and signed IRA Application is required.
- Option 4 - Surviving Spouse Only - Transfer to an IRA in your name**
Existing IRA number _____.
If you do not have an existing IRA, a completed and signed IRA Application is required.

*Required beginning date is April 1 following the year the account owner would have reached the age of 70 ½.

Note: If a beneficiary has not been designated and/or the assets are payable to the deceased account owner's Estate, the Estate, as beneficiary, has ONLY the following three distribution options: (1) Lump sum distribution, (2) Distributions over a 5 year period, or (3) Distributions over the life expectancy of the decedent - non-recalculated. Note that for options (2) and (3), the Estate must remain OPEN until the account has a zero balance.

If a trust is the beneficiary and the surviving spouse is the sole beneficiary of the trust, the spouse may transfer their portion of the assets into an IRA in their name. If there are one or more non-spouse beneficiaries of the trust, distributions may be taken over the life expectancy of the oldest beneficiary of the trust.

4 Payout Options (select one)

Based on the distribution option I selected in Section 3, please payout the assets using the following method:

- Check(s) to the address of record on the account.
 - Regular Mail
 - Overnight Mail: A \$15 fee will apply
- Deposit distribution(s) directly to my existing Non-IRA account # _____ OR open a new Non-IRA for the distribution(s).
A New Account Application is required for new accounts.
- Wire Redemption. Please attach a pre-printed, voided check or a pre-printed deposit slip in Section 6 (A \$15 wire fee will apply).
- Automated Clearing House (ACH). Please attach a pre-printed, voided check or a pre-printed deposit slip in Section 6 (ACH transfers take 2-3 days).
- Alternate payee and/or address other than address of record.

PAYEE NAME

PAYEE ADDRESS

5 Systematic Distributions* (select one)

If you selected Distribution Option 2 or 3 in Section 3, please indicate the frequency with which you would like distributions to be made. If you do not indicate a Start Month and Start Day, distributions will begin on or about the 5th day of the current month. If you do not indicate a frequency, distributions will be made annually on December 5.

- Annually
START MONTH START DAY
- Semi-Annually
START MONTH START DAY
- Quarterly
START MONTH START DAY
- Monthly
START MONTH START DAY

* Systematic distributions cannot be made between December 29 - December 31.

6 Bank Information (optional)

- Add Bank Information - Please attach a pre-printed voided check or pre-printed deposit slip if you selected to receive your distribution(s) via wire or ACH in Section 4.

John Doe
Jane Doe
123 Main St.
Anytown, USA 12345 53289

Pay to the order of _____ \$ _____
_____ DOLLARS

Memo _____ Signed _____

⑆ 1 2 3 4 5 6 7 8 9 ⑆ ⑆ 1 2 3 4 5 6 7 8 9 5 6 7 8 9 ⑆

VOID

Account Type:

- Checking
 Savings

* We are unable to credit your account via ACH if it is a mutual fund or pass-through ("further credit to") account.

7 Tax Withholding Election

Federal taxes will automatically be withheld from distributions at a rate of 10%, unless you check one of the boxes below (state withholding may apply).

- Do not withhold taxes. I understand that I am responsible for payment of any federal or state taxes on my distribution(s).
- Please withhold _____% (minimum 10%) from my distribution(s) (state withholding may also apply).

For systematic distributions, your withholding election indicated above will remain in effect until you revoke or change your withholding election, which you may do at any time.

- Residents of Arkansas and California only: Please check if you wish to opt out of state withholding.

8 Required Minimum Distribution (RMD)

If the deceased account owner was over the age of 70 ½ and had elected to have their annual RMD paid out on a systematic basis, any remaining RMD payments scheduled for the year of their passing will be paid out from the Inherited IRA as a death distribution. This applies to all beneficiary types. If the RMD was not being paid out on a systematic basis, please select the appropriate box below (*does not apply to Roth IRAs*).

- Please pay out the deceased account owner's final RMD from the account(s) as a death distribution using the distribution method I selected in Section 4.
- Please pay out the deceased account owner's final RMD from the account(s) as a death distribution using the following distribution method:
 - Check to the address provided in Section 2.
 - Regular Mail** **Overnight Mail: A \$15 fee will apply**
 - Deposit distribution(s) directly to my existing Non-IRA account # _____ OR open a new Non-IRA for the distribution(s). A New Account Application is required for new accounts.
 - Wire Redemption. Please attach a pre-printed, voided check or a pre-printed deposit slip in Section 6 (A \$15 wire fee will apply).
 - Automated Clearing House (ACH). Please attach a pre-printed, voided check or a pre-printed deposit slip in Section 6 (ACH transfers take 2-3 days).
 - Alternate payee and/or address other than address of record.

PAYEE NAME

PAYEE ADDRESS

- Do not pay out the deceased account owner's final RMD from the account(s) as a separate death distribution.

Note: If an RMD option is not selected above, and a systematic plan did not exist on the deceased account owner's account, U.S. Bancorp Fund Services, LLC will not pay out the deceased account owner's final RMD. You will be responsible for ensuring that the final RMD requirement is met.

If the RMD is missed or not taken for any year, for any reason, the Internal Revenue Service will impose a 50% penalty over and above the amount that should have been distributed.

9 Tax Identification Number (TIN) Verification (*Estate Beneficiary Only*)

For an Estate beneficiary: Please indicate below if a TIN was issued for the Estate of the deceased account owner.

- I/We confirm that a TIN was not issued for the Estate.
- A TIN was issued for the Estate of _____. The TIN is _____.

10 Beneficiary Designation

All beneficiaries must be named, as the Custodian cannot properly determine beneficiaries such as "children" or "spouse".

I hereby revoke all prior designations of beneficiary(ies) and designate the following as my beneficiary(ies) of my Retirement Account(s) (IRA) upon my death:

Primary (If you need more space, please continue on the back of the form.)

<input type="text"/>	<input type="checkbox"/> Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	<input type="checkbox"/> Non Spouse	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
<input type="text"/>	<input type="checkbox"/> Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	<input type="checkbox"/> Non Spouse	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%

Secondary (If you need more space, please continue on the back of the form.)

<input type="text"/>	<input type="checkbox"/> Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	<input type="checkbox"/> Non Spouse	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
<input type="text"/>	<input type="checkbox"/> Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	<input type="checkbox"/> Non Spouse	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

<input checked="" type="checkbox"/>	<input type="text"/>
SIGNATURE OF SPOUSE	DATE

11 Signature and Medallion Signature Guarantee

I have received and understand the prospectus for my mutual fund. I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have legal capacity to initiate requests on the selected accounts.

I understand that my mutual fund account may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my state's abandoned property laws.

I, the undersigned, authorize and request that U.S. Bancorp Fund Services, LLC, make the above distribution(s) from the account(s) listed in Section 1. I certify that all information in this distribution request is accurate, and I agree to hold the Fund, its advisor, and U.S. Bancorp Fund Services, LLC, any affiliate, and/or directors, trustees, employees, and agents harmless for any actions taken as a result of the information that I have provided. The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the distribution(s) herein specified. I have been advised to consult my tax advisor regarding any questions about this distribution request.

Under penalty of perjury, I certify that (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest and dividends, or the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). (Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to failure to report all interest and dividends).

The IRS does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

Please select the appropriate box to confirm your relationship to the account.

- Beneficiary Executor / Personal Representative / Administrator of the Estate Trustee of the Trust
 Other _____

<input checked="" type="checkbox"/>	<input type="text"/>
SIGNATURE*	DATE SIGNED

- Beneficiary Executor / Personal Representative / Administrator of the Estate Trustee of the Trust
 Other _____

<input checked="" type="checkbox"/>	<input type="text"/>
SIGNATURE*	DATE SIGNED

Note to Financial Institution:

Please verify that the surety limit of your Medallion Signature Guarantee is equal to or greater than the value of this transaction request.

MEDALLION SIGNATURE GUARANTEE

DATE (MM/DD/YYYY)

*All signatures must be Medallion Signature Guaranteed. A Medallion Signature Guarantee can be obtained from a bank, savings association, credit union, a member firm of a domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. A notary public is NOT an acceptable guarantor.