

**Regular mail:**  
NexPoint Funds  
PO Box 219424  
Kansas City, MO 64121-9424  
Telephone: 877-665-1287

**Overnight mail:**  
NexPoint Funds  
430 W 7th Street, Suite 219424  
Kansas City, MO 64105-1407

## Required Minimum Distribution Election Form

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Please print your full name as it appears on your Account)

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Type of Account:

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> SEP-IRA   |
| <input type="checkbox"/> SIMPLE IRA      | <input type="checkbox"/> 403(b)(7) |
| <input type="checkbox"/> Beneficiary IRA |                                    |

### Distribution Election

Account Number: \_\_\_\_\_ (RMD mounts are calculated on the entire account balance including all of the underlying investments in your IRA or your 403(b) account)

Distribute my RMD from:

Fund Name: \_\_\_\_\_ or  across all funds proportionately (rounding may occur)

### Calculation Method

#### Beneficiary IRAs

Required Minimum Distribution

If the Decedent attained the Required Beginning Date (defined as April 1 following the year in which the IRA owner attained age 70 ½) a Required Minimum Distribution (RMD) must be taken before a distribution to a beneficiary occurs.

- Process the Required Minimum Distribution at the time of the death distribution.  
 Not applicable (RMD already taken or decedent did not attain age 70 ½).

*\*(Please leave the below section blank if this is a Beneficiary IRA)*

The required minimum distribution (RMD) amount is determined by Internal Revenue Service (IRS) regulations. These regulations are explained in IRS Publication 590, Individual Retirement Arrangements (IRAs) IRS Publication 560 ("Retirement Plans for the Self Employed") and IRS Publication 575 ("Pension and Annuity Income") which incorporate updated Life Expectancy Tables. Each RMD will be calculated based on the Uniform Lifetime Table, unless the following exception applies to you and you have indicated so by checking the box below.

- My sole primary beneficiary is my spouse who is more than 10 years younger than I am. I elect to calculate the RMD based on the life expectancy from the Joint and Last Survivor Table. Beneficiary's date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Before making any decision regarding your RMD, we urge you to consult your tax advisor or tax attorney.**

### Distribution Type

- Current Year Distribution Only: Calculate and distribute my **current** year required minimum distribution **immediately** upon receipt of this form. I understand that I am responsible for contacting the fund to request any future year RMD amounts.
- Systematic Distribution: Calculate and distribute the required minimum distribution amount for **this year and all subsequent years**. If you elect this option we will continue to calculate and distribute your RMD amount for subsequent years until such time that you notify us to discontinue the payments. Begin systematic distributions on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YY

Frequency (choose one):

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Monthly       | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Semi-Annually | <input type="checkbox"/> Annually  |

Note: If a frequency is not selected, your RMD will be distributed annually.

\* See note on next page

- If you are turning 70 ½ and this is your first RMD, it may be distributed either in the year you turn 70 ½ or by **April 1<sup>st</sup>** of the following year (**this request must be received between January and April 1<sup>st</sup>**). Please **calculate and distribute my prior year** deferred required minimum distribution amount immediately. If you elect this option we will calculate and distribute your prior year requirement distribution amount upon receipt. **We will also calculate and distribute your current year amount and all subsequent years** until such time that you notify us to discontinue payments.

Distribute my current and future year RMD amount by systematic distributions beginning on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*

MM      DD      YY

Frequency (choose one):

- Monthly       Quarterly  
 Semi-Annually       Annually

Note: If a frequency is not selected, your RMD will be distributed annually

- Distribute a **one time fixed amount** (must be equal to or greater than calculated RMD amount): \$ \_\_\_\_\_ **immediately** upon receipt of this form. I understand that I am responsible for contacting the fund to request any future year RMD amounts.

*\*Note: The withdrawal may be made between the 3rd and the 25th only, and will occur on the 15th if no selection is made. Exact date may vary one or two days. If no date is chosen, the payment will run on the 15th of the month based on payment frequency. If a scheduled payment date falls on a non-pricing day, the payment will be processed on the next pricing day.*

Select a day of the month, between the 3<sup>rd</sup> and 25<sup>th</sup>, that you want the Automatic RMD payment to be made: \_\_\_\_\_

### Payment Method

**Based on your selected distribution method, a Medallion Signature Guarantee Stamp may be required. Please refer to your prospectus or call us at the number listed at the top of this form for specific requirements.**

- Mail check to my address of record currently on file.  
 Purchase funds into my existing non-retirement mutual fund account:  
 A one-time purchase into account number \_\_\_\_\_  
 Purchase funds into a NEW non-retirement mutual fund account (please attach a completed application).

**A voided check is required for the following:**

- Transfer funds electronically (ACH)      or       Mail check to  
Name of Financial Institution \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Routing and Account Number \_\_\_\_\_

Note: If a payment method is not selected, your RMD will be issued as a check payable to you and mailed to your address of record. Your payout method will remain in force until we receive written notice from you requesting a change.

### Spouse Beneficiary

- I elect to receive a distribution made payable by check and sent to my address.  
 I elect to deposit my distribution directly into my bank account.  
 I elect to directly roll over the assets in the decedent's account to an IRA under my name. (An IRA Application must accompany this form.)  
 I elect to directly roll over the assets in the decedent's account to an IRA under my name at another mutual fund company. (Please enclose the proper direct rollover paperwork from the IRA Custodian accepting the assets.)  
 I elect to keep the same account type of the account and receive payments over a 5-year period. (This option is only available if the decedent did not attain age 70 ½.)  
 I elect to keep the same account type of the account and receive Life Expectancy payments. (Payments will be recalculated annually based on the beneficiary's Single Life Expectancy.)

Please check one of the following options if you desire to receive your distribution into a mutual fund account.

- Establish a new non-retirement mutual fund account in my name. (A New Account Application must accompany this form.)
- Deposit my distribution into my existing non-retirement mutual fund account.

Fund Number and Account Number	\$ or %
Fund Number and Account Number	\$ or %
Fund Number and Account Number	\$ or %

**Non-Spouse Beneficiary (includes estates and trusts)**

*Note: For distributions to an estate or trust, you must enclose trust documentation indicating the trustee(s) or other court documentation appointing an Executor.*

- I elect to receive a distribution of the entire retirement account balance made payable by check and sent to my address.
- I elect to receive payments over a 5-year period. (This option is only available if the decedent did not attain age 70 ½.)
- I elect to receive Life Expectancy payments. (Payments will be recalculated annually based on the beneficiary's Single Life Expectancy.) *Note: This option is not applicable for Estate or Trust beneficiaries unless the IRA owner has attained age 70 ½.*
- Deposit my distribution directly into my bank account.
- Establish a new non-retirement mutual fund account in my name. (New Account Application must accompany this form.)
- Deposit my distribution into my existing non-retirement mutual fund account.
- Other (Please attach a letter of instruction.)

Fund Number and Account Number	\$ or %
Fund Number and Account Number	\$ or %
Fund Number and Account Number	\$ or %

**Withholding Election**

Distributions from IRA's and qualified retirement plans that are not eligible for rollover are subject to federal income tax withholding unless you affirmatively elect NOT to have withholding apply to such payments. Generally, such distributions are subject to 10% withholding unless you elect to have an additional amount withheld or elect to have no withholding. You may make a withholding election by selecting one of the options below. Your election will remain in effect for any subsequent distributions unless you change or revoke it by providing us with a new election. Please select one of the following:

- Do **NOT** withhold federal income tax
- Withhold **10%** federal income tax
- Withhold \_\_\_\_\_% federal income tax (must be greater than 10%).

Federal income tax WILL be withheld from any distribution subject to the IRS withholding rules if you do not complete and return the election form or if you have not previously elected out of withholding. Tax will be withheld on the gross amount of these payments even though you may be receiving amounts that are not subject to withholding because they are excluded from gross income. This withholding procedure may result in excess withholding on the payments.

If you elect to have no federal taxes withheld from your distribution payments, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

**State Withholding**

Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding will require state income tax to be withheld from payments if federal income taxes are withheld. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. Please consult with a tax advisor or your state's tax authority for additional information on your state requirements.

- I elect **TO NOT** have state income tax withheld from my retirement account distributions (only for residents of states that do not require mandatory state tax withholding).
- I elect **TO** have the following dollar amount or percentage from my retirement account distribution withheld for state income taxes (for residents of states that allow voluntary state tax withholding).

\$ \_\_\_\_\_ or \_\_\_\_\_ %

**Signature**

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that the Custodian, the Mutual Fund, or the agent of either of them has given no tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, the Mutual Fund, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form. **I have read and understand and agree to be legally bound by the terms of this form.** This form may only be used for **one account**. If you have another account from which you wish to take distributions, please fill out a separate form.

X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Participant's Signature MM DD YY

**Medallion Signature Guarantee Stamp\* (if required)**

\*The medallion signature guarantee may be executed by banks, broker dealers, credit unions, national securities exchanges and savings associations which participate in STAMP, SEMP or NYSE-MSP. A notary public is not a substitute for a Signature Guarantee. The medallion signature guarantee stamp must include the words **SIGNATURE GUARANTEED, MEDALLION GUARANTEED**, and otherwise comply with the medallion program requirements