



## 5 METHOD OF DISTRIBUTION

- A.  Fixed amount of \$\_\_\_\_\_.
- B.  Systematic Distributions (Liquidations for systematic distribution will be made on the 5th of the month. Allow 30 days to establish).

Select the frequency and method of calculation for Systematic Distributions (choose one):

- Monthly
- Quarterly \_\_\_\_\_ (Beginning month)
- Annually \_\_\_\_\_ (Month)

## 6 METHOD OF PAYMENT

- Send my distribution checks to my address of record.
- Send my distribution checks to an address other than my address of record.\*

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

- Invest my distributions into my existing non-retirement KraneShares account(s).

Fund Name	Account Number	Percent of Distribution
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<b>Total 100%</b>

- Deposit my distribution checks directly into my checking account via ACH. In order for us to make ACH deposits into your checking account, you must attach a voided check or pre-encoded deposit slip.

BANK'S NAME \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

NAME ON ACCOUNT \_\_\_\_\_

ABA NUMBER \_\_\_\_\_

## 7 PARTICIPANT/BENEFICIARY AUTHORIZATION

The Participant/Beneficiary hereby authorizes the distributions from the IRA to the undersigned and certifies that it is in accordance with the provisions of the IRA plan. If I am over 70½, I accept full responsibility for withdrawing from my IRA the required minimum distribution.

In the case of a distribution due to death, I certify that I am the eligible beneficiary authorized to make these elections. I understand these elections are irrevocable. The Trustee or Custodian, or any future Trustee or Custodian, can rely on these elections. I certify that the Trustee or Custodian has given no tax advice to me and that all decisions regarding the election(s) are my own. I expressly assume responsibility for any adverse consequences that may arise from the election(s) and I agree that the Trustee or Custodian shall in no way be responsible for those consequences.

PARTICIPANT/BENEFICIARY SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Signature Guaranteed By:\***

NAME OF BANK OR FIRM \_\_\_\_\_

SIGNATURE OF OFFICER \_\_\_\_\_ TITLE \_\_\_\_\_

(Place Stamp Here)

\* A signature guarantee is required if 1) you request a distribution to 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.