FORWARDFUNDS

IRA and SEP IRA
Withdrawal Authorization and Distribution Instructions
Questions: (800) 999-6809

Please complete all applicable sections and make sure to sign and date. All fields with an asterisk (*) must be completed.

Mail to Forward Funds in the postage-paid envelope provided or mail to:
Regular mail: Forward Funds, P.O. Box 1345, Denver, CO 80201-9925
Overnight mail: Forward Funds, c/o ALPS Fund Services, Inc. 1290 Broadway, Suite 1100, Denver, CO 80203

1. Account Information

Owner's Name *(Last, First, Middle Initial - exactly as it appears on your IRA)**

Address - *P. O. Box is not accepted (Street, City, State, Zip Code)**

Mailing Address - *If different from above (P. O. Box or Street, City, State, Zip Code)*

E-mail Address

Owner's Social Security Number* Birth Date *(MM/DD/YY)**

Daytime Phone *(Including Area Code)*

2. Reason for Distribution

The proper documentation must be received or attached for each distribution type before the request will be processed. All legal documents must be a certified copy.

❑ Age 59 1/2 or older (Normal Distribution)

❑ Under Age 59 1/2 (Early Distribution)

❑ Divorce or Legal Separation

❑ Disability

❑ Death

❑ 72(t)

❑ Removal of excess contribution plus earnings before deadline
In which tax year was the contribution made? _____

❑ Removal of excess contribution after deadline
In which tax year was the contribution made? _____

3. Withholding Election

Generally, IRA 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%).

Caution: Even if you elect not to have Federal Income Tax withheld, you are liable for payment of Federal Income Tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

4. Distribution Instructions

If withdrawing from multiple funds, one form per Fund is required

Fund Name* Account Number*

❑ **I am withdrawing the total value of this Fund.**

❑ **I am making a partial withdrawal from this Fund.**

$ _____
Amount

Please select one of the following distribution options:
A Medallion Signature Guarantee is required to send assets to an address or bank other than the one listed on record.

❑ Mail to my address on record.

❑ Mail to:

Address *(Street, City, State, Zip Code)*

❑ Distribute to an existing, non-retirement mutual fund account:

Name of Fund Account Number

❑ New Account *(attach a completed application if opening a new Forward Funds Account)*

Name of Fund Account Number

❑ Wire proceeds to my bank account. *(complete Section 6)*

5. Systematic Withdrawal Plan

❑ I authorize a payment ($100 minimum per Fund) to be sent to my designated bank account. Your bank must be a member of the Automated Clearing House (ACH). (Complete Section 6)

❑ I authorize a payment to be mailed to my address of record.

The Fund must have a minimum account balance of $10,000 or more and have all Dividends and Capital Gains automatically reinvested. The withdrawal may occur on any day of the month (the default date is the 20th of the month or the next business day if the 20th is not a business day). (Complete Section 6.)

Please indicate the name of the Fund(s) and withdrawal amount(s).

Fund Name _____ **$**

Fund Name _____ **$** _____

Total Withdrawal *($100 per Fund minimum)* **$** _____

Frequency: ❑ Monthly ❑ Quarterly ❑ Annually

Preferred Processing Date *(Day of the Month):* _____

Please select the payment destination:

❑ Bank account designated in Section 6

❑ Address of record

6. Bank Account Information

Your bank account information is required if one of the following options have been selected:

❑ Wire proceeds to my bank (Section 4)
❑ Systematic Withdrawal Plan (Section 5)

A voided check from the listed account must be attached to this application and your bank must be a member of the Automated Clearing House.

Bank Name

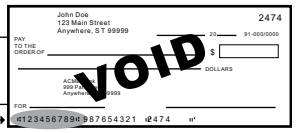
Bank Street Address

City, State and Zip Code

Name(s) on Account

Bank Account Number

Routing Number (*First 9 digits on the bottom of check*) →



7. Signature

I certify that I am the individual authorized to make these elections and that all information provided is true and accurate. I further certify that no tax or legal advice has been given to me by the Custodian, Forward Funds, or any agent of either of them, 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 the 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, Forward Funds, 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.

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.

Signature of Owner* Date* *(MM/DD/YY)*

Medallion Signature Guarantee - Medallion Stamp** *(If required by resigning trustee)*

**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. Please check the Fund prospectus or call us to see whether a Medallion Signature Guarantee is required.