## HSA DISTRIBUTION REQUEST FORM



Use the **HSA Distribution Request Form** for all requests for a distribution from the HSA. If you have any questions regarding this form, please call Shareholder Services at 1-888-711-2837.

Name* (First, M.I., Last)		Birth*	Social Security Number*		_	
Street Address (Physical Address)* Apartment #	City*		State*	Zip Code*	_	
Daytime Phone*	count/Plan Number*					
PART II: DISTRIBUTION INFORMATION		T				
Person/Entity Requesting Distribution:		Distribution	n Reason:			
HSA Owner		Normal				
Authorized Signer:		Disability	y			
Beneficiary:		Death				
Tax ID Number: :		Prohibite	ed Transaction			
DO B:		Transfer				
Address:		to and	other HSA of owner	to HSA of ex	x-spouse	
Relationship to HSA Owner: Spouse Beneficiary Nonspot Estate	ıse		f Excess Contribution year was the contribu		Current	Prior Year
Year of Death:		Excess C	Contribution Amount	: \$		

PART III: DISTRIBUTION INSTRUCTIONS								
Amount: Frequency:	\$ Single Distribution	Entire HSA Monthly	A Quarterly	Semi-Annual	Annual	Beginning Date	:	
	Name of Inves	tment			Withd	rawal Amount o	or %	
1. Auer Grov	wth Fund			9	<u> </u>	or	%	
PART IV:	PAYMENT INSTRU	CTIONS						
** Denotes that a <b>New Technology Medallion Signature Guarantee Stamp</b> is required.								
By Mail								
N	Mail check(s) to the addre	ss of record						
N	Make check(s) payable to someone other than the account owner (Indicate payee below)**							
	Make check payable	e to:						

## Send to My Bank

Street Address (Physical Address)\*

Send distributions to my bank by Automated Clearing House (ACH) based on the:

Apartment #

Mail check to an address other than the one on the account (Provide address below)\*\*

ACH instructions already established for my IRA **OR** Bank Account Information below \*\*

City\*

Wire transfer my One Time Distribution (not available for Systematic Distributions) to my bank based on the:

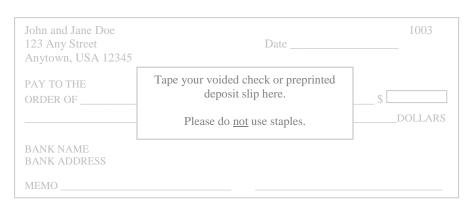
Bank instructions already established for my IRA OR Bank Account Information below \*\*

## **PART V: PAYMENT METHOD**

I authorize the Custodian to withdraw money from my mutual fund IRA and deposit to my bank account. I understand this privilege will be effective after the verification process.

## Attach a voided check for your bank account.

Account Type: Checking Savings



Zip Code\*

State\*

PART V: PAYMENT METHOD-CONTINUED		
Enter your checking or savings account information:		
Name:	-	
Name of Bank:	Bank's Phone Numbe	er:
Bank Address:	ABA Routing Number	er:
City:	State:	Zip Code:
Name(s) on Bank Account:	Bank Account Numbe	er:
** Shareholder Services transfers your assets two business days beforday, we initiate a withdrawal from your IRA account. On the second Automated Clearing House (ACH). The ACH then transfers the asset	day, we instruct the Cus	stodian to transfer the appropriate assets to the
PART VI: ACKNOWLEDGEMENT AND NEW TECH	NOLOGY MEDAL	LION SIGNATURE GUARANTEE
By signing this <i>HSA Distribution Request Form</i> , I certify that the info responsible for ensuring I am eligible to authorize this distribution, an have been advised to seek competent legal and tax advice and have no and hold the Trustee/Custodian harmless from any consequences related	d I assume all responsib of been provided any suc ted to executing my instr	bilities for any consequences as a result of my actions. ch advice from the Trustee/Custodian. I will indemnify ructions, including payments made in error.
Signature of HSA Owner (or authorized signer): X		Date:
Signature of HSA Trustee/Custodian Representative: X		Date:
A New Technology Medallion Signature Guarantee Stamp is designature following institutions are acceptable signature guarantors:  • Participants in good standing of the Securities Transfer Age • Commercial banks which are members of the Federal Depoil • Trust Companies • Firms which are members of a domestic stock exchange • Eligible guarantor institutions qualifying under Rule 17Adcharger to provide new technology medallion signature guaragencies and national securities exchanges • Foreign branches of any of the above  Note: The Transfer Agent cannot honor guarantees from notaries publications.	ents Medallion Program (sit Insurance Corporation)  15 of the Securities Exchange (e.g., creditation)	("STAMP") on ("FDIC") change Act of 1934, as amended, that are authorized by lit unions, securities dealers and brokers, clearing
-		
NEW TECHNOLO SIGNATURE GUA		
MAILING INSTRUCTIONS		

Auer Growth Fund HSA Distribution Request Form-47-01/15/13

Please send completed form to:

<u>Regular Mail Delivery</u> Auer Growth Fund

Cincinnati, OH 45246-0707

P.O. Box 46707

Overnight Delivery
Auer Growth Fund

225 Pictoria Dr, Suite 450

Cincinnati, OH 45246