



Beneficiary Payout Form for IRA Assets

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Please contact your local state tax department for inheritance tax waiver filing requirements prior to completing this form. For additional information, please contact us at (800) 341-8900 or visit www.permanentportfoliofunds.com.

Mail To: Permanent Portfolio Family of Funds
c/o U.S. Bank Global Fund Services
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: Permanent Portfolio Family of Funds
c/o U.S. Bank Global Fund Services
615 E. Michigan Street, FL3
Milwaukee, WI 53202-5207

1. Deceased Shareholder Account Information

NAME (AS IT APPEARS ON ACCOUNT) _____ XXX-XX- _____
SOCIAL SECURITY/TAX I.D. NUMBER

DATE OF BIRTH (MM/DD/YYYY) _____ DATE OF DEATH (MM/DD/YYYY) _____ STATE OF RESIDENCE _____

Please indicate all accounts:

FUND NAME _____ ACCOUNT NUMBER _____

FUND NAME _____ ACCOUNT NUMBER _____

FUND NAME _____ ACCOUNT NUMBER _____

2. Beneficiary Information

NAME OF BENEFICIARY/TRUST/ESTATE _____ SOCIAL SECURITY/TAX I.D. NUMBER _____ DATE OF BIRTH (MM/DD/YYYY) _____

STREET ADDRESS _____ PHONE NUMBER _____

CITY/STATE/ZIP CODE _____

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.) Available for non-spouse beneficiary with account owner's date of death prior to 2020 and spouse beneficiary regardless of date of death. 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 10 year period** Available for non-spouse beneficiary with account owner's date of death after 2019. The account(s) must be at a zero balance by December 31 of the tenth year following the account owner's date of death. If account owner has passed prior to required begin date* or Roth IRA and beneficiary is a non-qualified trust, 5 year period applies. 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.

3. Distribution Options (continued)

*Required beginning date is April 1 following the year the account owner would have reached RMD age

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. For options (2) and (3), the Estate must remain **OPEN** until the account has a zero balance.

Exceptions to the 10 year rule may apply where a non-spouse beneficiary is a minor child, disabled or chronically ill, or is not more than 10 years younger than the deceased.

If there are one or more non-spouse beneficiaries of the qualified trust, distributions may be taken over the life expectancy of the oldest beneficiary of the trust as long as eligibility requirements have been met.

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 ⑆ ⑆ 1 2 3 4 5 6 7 8 5 6 7 8 ⑆	

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

Please consult IRS Form W-4R available from www.irs.gov/pub/irs-pdf/fw4r.pdf. You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. Review the "Suggestion for determining withholding" section of the instructions to help determine the rate of withholding appropriate to your tax situation.

Federal withholding will automatically be deducted from distributions at the rate of 10% for IRAs (20% for Qualified Plans), unless you check one of the boxes below. Certain Roth IRA distributions may not be subject to withholding. Withholding from a Qualified Plan generally must be at least 20% unless the distribution is to satisfy a Required Minimum Distribution (RMD).

You may elect a withholding rate from 0 to 100%. If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. Please be advised that withholding will be taken from the proceeds of your distribution. Should you wish to receive a specific net amount, you may want to consider increasing the amount of your distribution in the Distribution Instructions section. For systematic distributions, your withholding election will remain in effect until you revoke or change it, which you may do at any time.

Some states require withholding regardless of your federal withholding election. Furthermore, state withholding is not available for certain states.

Specifying a rate other than the default, 10% for IRAs or 20% for Qualified Plans, affirms that you have consulted IRS Form W-4R, and the Marginal Rate Tables within, to determine your withholding percentage.

- Do not take federal withholding. I understand that I am responsible for payment of any federal or state taxes on my distribution(s).
- Please take federal withholding at a rate of _____ % from my distribution(s). State withholding may also apply (refer to your state's guidelines for further information).
- Do not take state withholding.

8. Required Minimum Distribution (RMD)

If the deceased account owner was over the age of 70 1/2 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.
- Do not pay out the deceased account owner's final RMD from the account(s) as a separate death distribution.

If an RMD option is not selected above and a systematic plan does not exist, U.S. Bank Global Fund Services will not pay out the deceased account owner's final RMD. 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. Signature

I have received and understand the Prospectus for Permanent Portfolio Family of Funds, a Delaware statutory trust ("Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the Prospectus relating to investments in the Fund. I understand and agree that I have no rights, privileges, claims or remedies under any contract or agreement entered into by the Fund with the custodian, transfer agent, other service provider, agent or contractor, including without limitation, third party beneficiary rights. These contractual arrangements are not intended to, nor do they, create in any individual shareholder or group of shareholders any right, either directly or on behalf of the Fund, to either: (a) enforce such contracts against the service providers; or (b) seek any remedy under such contracts against the service providers. The Prospectus provides information concerning the Fund that I should consider in determining whether to purchase Fund shares. I understand and agree that neither the Prospectus, statement of additional information, nor this account application is intended, or should be read, to be or give rise to an agreement or contract between me and the Fund, or to give rise to any rights in any shareholder or other person other than any rights under federal or state law that may not be waived. 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. Bank Global Fund Services, 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 c/o U.S. Bank Global Fund Services, 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 _____

X _____
SIGNATURE* DATE SIGNED (MM/DD/YYYY)

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

SIGNATURE* DATE SIGNED (MM/DD/YYYY)

MEDALLION SIGNATURE GUARANTEE DATE SIGNED (MM/DD/YYYY)

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.

***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.**