



# 2020 Required Minimum Distribution Waiver Form

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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](http://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. Account Information

If this box is checked, I give the Fund authorization to update the address of record to the address listed on this form if it is different than the Fund's records.

_____	XXX-XX-	_____
NAME OF TAXABLE OWNER	SOCIAL SECURITY/TAX I.D. NUMBER	PHONE NUMBER
_____	_____	
STREET ADDRESS	CITY/STATE/ZIP	
_____	_____	
MUTUAL FUND FAMILY NAME		

## 2. 2020 Required Minimum Distribution (RMD) Waive and Defer Request

Please check the box, sign, and date the below section to waive and defer your 2020 IRA RMD.

Please waive and defer any IRA RMD systematic withdrawals under my Social Security Number scheduled to run for the remainder of calendar year 2020. Any IRA RMD systematic withdrawals waived and deferred in 2020 will continue to run in future years in accordance with my prior instruction.

## 3. Signature

I understand and agree that neither U.S. Bank, N.A. nor any of its affiliates (collectively the "Custodian") have made any determination or recommendation regarding my eligibility to waive and defer my 2020 RMD, and that I am responsible for consulting with my own legal, tax, and other advisors to determine my eligibility. I agree to indemnify and hold Custodian harmless from and against any and all losses or liabilities resulting from my waiver and deferral of my 2020 RMD.

X \_\_\_\_\_

SIGNATURE OF OWNER DATE SIGNED (MM/DD/YYYY)