MILES Capital FUNDS

INDIVIDUAL RETIREMENT ACCOUNT (IRA) REQUEST FOR DISTRIBUTIONS

IMPORTANT: In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account.

WHAT THIS MEANS FOR YOU: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. We will return your application if any of this information is missing. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this form, please call Shareholder Services at 1-844-838-2120.

Complete this form to request a one time or systematic distribution from your IRA.

PART I: INVESTOR INFORMATION (*DENOTES REQUIRED INFORMATION)

Owner's Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number* _____

Street Address (Physical Address)* _____ Apt # _____ City* _____ State* _____ Zip Code* _____

Daytime Phone* _____ Evening Phone _____

PART II: BENEFICIARY INFORMATION (*DENOTES REQUIRED INFORMATION) (COMPLETE ONLY IF REQUESTING A DEATH DISTRIBUTION)

Beneficiary's Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number* _____

Street Address (Physical Address)* _____ Apt # _____ City* _____ State* _____ Zip Code* _____

Daytime Phone* _____ Evening Phone _____

PART III: ACCOUNT INFORMATION

Name of Investment	Share Class	Total Investment Amount
Miles Capital Alternatives Advantage	I	$_____
		TOTAL: $_____

PART IV: DISTRIBUTION METHOD AND TYPE

Select either a **One Time** or **Systematic Distribution**. Provide details about the distribution(s) you are requesting to assist us in meeting federal regulations for tax reporting.

☐ **One Time Distribution**

Traditional (SEP) or SIMPLE IRA Distribution

☐ Please redeem the entire account OR ☐ Please redeem $ _____

I am: ☐ at least age 59½ and this is a normal distribution.

☐ under age 59½ and this is a premature distribution; I am aware of the IRS 10% penalty.

If distribution is from a SIMPLE IRA, have at least 2 years elapsed since establishment?

☐ Yes ☐ No

☐ Please redeem $_____. I am under age 59½; this premature distribution is exempt from the IRS 10% penalty because:

☐ it will be used to pay medical expenses in excess of 7.5% of my adjusted gross income.

☐ it will be used to pay medical insurance premiums during a period of unemployment.

☐ it will be used for qualified higher education expenses.

☐ it will be used for qualified first time home purchase expenses ($10,000 lifetime limit).

☐ it is part of a Substantially Equal Period Payment under Internal Revenue Code 72(t).

☐ it is a disability as defined under Internal Revenue Code Sec. 72(m)(7).

☐ it is a direct rollover to an Eligible Employer-Sponsored Plan (Code G).

☐ it is a death distribution.

***Note: See Part III for specified allocation.**

Required Minimum Distribution

☐ Please redeem $_____for my Required Minimum Distribution. I am at least 70½ years old.

☐ Please calculate my Required Minimum Distribution according to the new IRS distribution regulations and redeem that amount

☐ One Time or ☐ Annually in _____ of each year* or ☐ Monthly* or ☐ Quarterly*

**(Systematic Distributions are processed on the 25th of each month).*

☐ Spousal. Beneficiary is 10 years or younger (please provide information).

_____	_____	_____
Name* (First, M.I., Last)	Date of Birth*	Social Security Number*

Return of Excess Contribution Plus Earnings

In what year was the contribution made?

☐ Current Year ☐ Prior Year

Excess Contribution Amount: $ _____

Earnings Attributable to Excess: $ _____

PART IV: DISTRIBUTION METHOD AND TYPE-CONTINUED

Convert my Traditional IRA to a Roth IRA

Convert: ☐ All Shares ☐ Dollar Amount: $_____ ☐ Percentage: _____ %

To: ☐ A new Roth IRA *(Complete and enclose an IRA New Account Form)*

☐ My existing Roth IRA

***Note: See Part III for specified allocation.**

Roth IRA Distribution – *If this is not a qualified distribution, an IRS penalty applies to the earnings portion of your distribution.*

Has the 5-year holding period been met? ☐ Yes ☐ No/Don't Know

☐ Please redeem the entire account OR ☐ Please redeem $ _____

I am: ☐ at least age 59½ and this is a normal distribution.

☐ under age 59½ and this is a premature distribution; I am aware of the IRS 10% penalty.

☐ Please redeem $_____ . I am under age 59½;

this premature distribution is exempt from the IRS 10% penalty because:

☐ it will be used to pay medical expenses in excess of 7.5% of my adjusted gross income.

☐ it will be used to pay medical insurance premiums during a period of unemployment.

☐ it will be used for qualified higher education expenses.

☐ it will be used for qualified first time home purchase expenses ($10,000 lifetime limit).

☐ it is part of a Substantially Equal Period Payment under Internal Revenue Code 72(t).

☐ it is a disability as defined under Internal Revenue Code Sec. 72(m)(7)

☐ it is a death distribution.

***Note: See Part III for specified allocation.**

Recharacterize my Contribution

Recharacterize my contribution of $_____ for tax year_____ from my Roth account.

To: ☐ A new Traditional IRA *(Complete and enclose an IRA New Account Form)*

☐ My existing Traditional IRA

***Note: See Part III for specified allocation.**

Recharacterize my Conversion

Recharacterize my Conversion for tax year _____

To: ☐ A new Traditional IRA *(Complete and enclose an IRA New Account Form)*

☐ My existing Traditional IRA

***Note: See Part III for specified allocation.**

All shares will be recharacterized unless you enter a specific dollar amount $ _____

Return of Excess Contribution Plus Earnings

In what year was the contribution made?

☐ Current Year ☐ Prior Year

Excess Contribution Amount: $ _____

Earnings Attributable to Excess: $ _____

PART V: DISTRIBUTION INSTRUCTIONS

☐ I wish to withdraw my entire account balance.

☐ I wish to make a one-time, partial withdrawal of $ _____ .

☐ I wish to withdraw the requested amount on a pro rata basis across all investments.

☐ I wish to withdraw the requested amount from my investments as indicated in the chart below.

(Indicate from which investments the withdrawal should be taken. Percentages must be in whole numbers, e.g., 33%, not 33⅓%.)

Whether you provide the amount of your distributions or choose to have the amount calculated, please complete the Frequency of Distributions section. Automatic Distributions continue indefinitely unless you request cancellation.

Set Up Automatic Withdrawal for the Amount I Have Determined

☐ I wish to set up Automatic withdrawals* in the amount of $ _____ on a ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual basis.

☐ I wish to withdraw the requested amount on a pro rata basis across all investments.

☐ I wish to withdraw the requested amount from my investments as indicated in the chart below.

(Indicate from which investments the withdrawal should be taken. Percentages must be in whole numbers, e.g., 33%, not 33⅓%.)

These are: ☐ Normal Distributions ☐ Distributions Due to Disability

☐ Substantially Equal Periodic Payments that are exempt from the IRS 10% penalty under RS Code 72(t).

Special Election Options for Those 70-½ or Older:

☐ I wish to make a one-time withdrawal of my required minimum distribution for (indicate year)_____.

☐ I wish to have my required minimum distribution for (indicate year)_____ calculated by the Trustee/Custodian and distributed to me in equal installments on a ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual basis.

(If Annual is selected, indicate the month in which you would like the distribution processed:_____.)

☐ I wish to have my required minimum distribution for (indicate year)_____ and all future years calculated by the Trustee/Custodian and distributed to me in equal installments on a ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual basis.

(If Annual is selected, indicate the month in which you would like the distribution processed:_____.)

Name of Investment	Share Class	Total Investment Amount
Miles Capital Alternatives Advantage	I	$_____

PART VI: PAYMENT INSTRUCTIONS

** Denotes that a **New Technology Medallion Signature Guarantee** is required.

☐ **By Mail**

☐ Mail check(s) to the address of record

☐ Make check(s) payable to someone other than the account owner (Indicate payee below)**

Make check payable to: _____

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

_____	_____	_____	_____	_____
Street Address (Physical Address)*	Apt #	City*	State*	Zip Code*

☐ **Send to My Bank**

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

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

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

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

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

Enter your checking or savings account information:

_____	_____
Bank Name	Bank's Phone Number
_____	_____
Bank Address	ABA Routing Number
_____	_____ _____
City	State Zip
_____	_____
Name(s) on Bank Account	Bank Account Number

*** Shareholder Services transfers your assets two business days before the date on which you want them credited to your bank account. On the first day, we initiate a withdrawal from your IRA account. On the second day, we instruct the Custodian to transfer the appropriate assets to the Automated Clearing House (ACH). The ACH then transfers the assets to your bank. On the third day, the assets are credited to your bank account.*

PART VII: WITHHOLDING NOTICE AND ELECTION

Form W-4P OMB No. 1545-0415
Dept. of Treasury, Internal Revenue Service

Notice: The distributions you receive from your IRA are subject to federal income tax withholding unless you waive withholding. Generally, federal income tax withholding applies to the taxable part of your IRA distribution. Thus, for example, there will be no withholding on the return of your own nondeductible contributions from your Traditional IRA. You may waive withholding on your IRA distribution by signing and dating the IRS Form W-4P, *Withholding Certificate for Pension or Annuity Payments,* or this substitute Form W-4P and returning it to your IRA Trustee or Custodian listed above. If you waive withholding on your IRA distribution, or if you do not have enough federal income tax withheld from your IRA distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You may waive state income tax withholding to the extent permitted by law. You are responsible for determining and paying all federal, and if applicable, state and local taxes on distributions from all IRAs you own. If you do not waive withholding, ten percent will be withheld from your IRA distribution. Your election is valid until you revoke it. You may change your withholding election by completing another Form W-4P or substitute. Also note, if you are a U.S. citizen or resident alien receiving an IRA distribution that is delivered outside the United States or its possessions, withholding is required. That is, you may not waive withholding. If you are a non-resident alien you may not use Form W-4P to withhold income tax or to waive withholding. A foreign person should refer to IRS Publication 515 and to Form W-8BEN.

Election: Unless a previous withholding election is in place, you indicate a different withholding amount below, or you waive withholding by indicating your election below, ten percent will be withheld from you IRA distribution.

Effective Date: _____

If no election is made, we are **REQUIRED** to withhold 10% Federal Income Tax.

☐ Do NOT withhold federal income tax from my distribution.

☐ Withhold as indicated below

_____ % (at least 10%) federal income tax, and _____ additional amount (if indicated).

IMPORTANT: If your address on record is a P.O. Box, we are required by law to withhold Federal Income Tax at the automatic rate unless we are provided with a residence address below:

Street Address (Physical Address)*	Apt #	City*	State*	Zip Code*
_____		_____	_____	_____

PART VIII: ACKNOWLEDGEMENT AND NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE

By signing this *IRA Distribution Request Form,* I certify that the information I have provided is true and correct, and I authorize the Trustee/Custodian to distribute my IRA as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this distribution and I assume all responsibility for any consequences as a result of my actions. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my instructions, including payments made in error. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Trustee/Custodian. I also understand that if this distribution involves a SIMPLE IRA, special rules apply, and I assume responsibility for my actions regarding those issues.

Signature of IRA Owner (or other authorized person):

X_____ Date: _____

***Note:** Please sign your name exactly how it appears in the registration.

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program ("STAMP")
- Commercial banks which are members of the Federal Deposit Insurance Corporation ("FDIC")
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges
- Foreign branches of any of the above

Note: The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.

NEW TECHNOLOGY MEDALLION
SIGNATURE GUARANTEE STAMP

MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery
Miles Capital Funds
P.O. Box 46707
Cincinnati, OH 45246

Overnight Delivery
Miles Capital Funds
c/o Ultimus Fund Solutions
225 Pictoria Dr., Suite 450
Cincinnati, OH 46246