

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 1-877-832-6952.

PART I: HSA OWNER INFORMATION (*DENOTES REQUIRED INFORMATION)

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

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

Daytime Phone* _____ HSA Account/Plan Number* _____

PART II: DISTRIBUTION INFORMATION

Person/Entity Requesting Distribution:	Distribution Reason:
<input type="checkbox"/> HSA Owner	<input type="checkbox"/> Normal
<input type="checkbox"/> Authorized Signer: _____	<input type="checkbox"/> Disability
<input type="checkbox"/> Beneficiary: _____	<input type="checkbox"/> Death
Tax ID Number: : _____	<input type="checkbox"/> Prohibited Transaction
DO B: _____	<input type="checkbox"/> Transfer
Address: _____	<input type="checkbox"/> to another HSA of owner <input type="checkbox"/> to HSA of ex-spouse
Relationship to HSA Owner: <input type="checkbox"/> Spouse Beneficiary <input type="checkbox"/> Nonspouse <input type="checkbox"/> Estate	<input type="checkbox"/> Return of Excess Contribution In what year was the contribution made?: <input type="checkbox"/> Current <input type="checkbox"/> Prior Year
Year of Death: _____	Excess Contribution Amount: \$ _____ Earnings Attributable to Excess: \$ _____

PART III: DISTRIBUTION INSTRUCTIONS

Amount: \$ _____ Entire HSA
Frequency: Single Distribution Monthly Quarterly Semi-Annual Annual Beginning Date: _____

Name of Investment	Withdrawal Amount or %
1. TEAM Asset Strategy Fund	\$ _____ or _____ %

PART IV: PAYMENT INSTRUCTIONS

** Denotes that a **New Technology Medallion Signature Guarantee Stamp** 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)* _____ Apartment # _____ 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 **OR** Bank Account Information below **

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

John and Jane Doe 1003
 123 Any Street
 Anytown, USA 12345 Date _____

PAY TO THE ORDER OF _____ Tape your voided check or preprinted deposit slip here. \$

_____ Please do not use staples. _____ DOLLARS

BANK NAME
 BANK ADDRESS

MEMO _____

PART V: PAYMENT METHOD-CONTINUED

Enter your checking or savings account information:

Name: _____

Name of Bank: _____

Bank's Phone Number: _____

Bank Address: _____

ABA Routing Number: _____

City: _____

State: _____

Zip Code: _____

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 VI: ACKNOWLEDGEMENT AND NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE

By signing this *HSA Distribution Request Form*, I certify that the information I have provided is true and correct. I understand that I am solely responsible for ensuring I am eligible to authorize this distribution, and I assume all responsibilities for any consequences as a result of my actions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee/Custodian. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my instructions, 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 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.



MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery
TEAM Asset Strategy Fund
P.O. Box 6110
Indianapolis, IN 46206-6110

Overnight Delivery
TEAM Asset Strategy Fund
2960 N. Meridian Street Suite 300
Indianapolis, IN 46208