



Required Minimum Distribution Form

Contact Information:

PHONE: 1-800-442-3814
MONDAY – FRIDAY, 9:00AM – 5:00PM ET.

Regular Mail:

BARON CAPITAL®
P.O. BOX 219946,
KANSAS CITY, MO 64121-9946

Overnight Mail:

BARON CAPITAL®
801 PENNSYLVANIA AVE,
SUITE 219946,
KANSAS CITY, MO 64105-1307

Wire Instructions:

UMB BANK, N.A.
ABA NO. 1010-0069-5
FBO BARON FUNDS,
ACCOUNT NO. 98-7037-101-4
OWNER'S NAME, OWNER'S ACCOUNT
NO., SPECIFY FUND NAME

Website:

<https://www.baroncapitalgroup.com/>

This form may be used to request a Required Minimum Distribution (RMD) from your Baron Capital retirement account. If you are a beneficiary looking to take a distribution due to the death of an IRA account owner, you will need to complete the Inherited IRA Beneficiary Re-Registration Form. All other types of non-mandatory distributions may be completed with an IRA Distribution Form.

Please complete all sections and mail form to the address on the left.

1. Account Information (Please Print)

Name

Residential Address (If the address is not in the United States, please see section 7.)

Primary Phone Number

Date of Birth

Note: Baron Capital will calculate your distribution(s) for the fund/account(s) provided. If you wish to take distributions from all of your Baron Capital IRAs, please list each fund/account number below.

Fund Name/Number

Account Number

Percent Distribution
(see section 2 below)

2. Required Minimum Distributions

Required Minimum Distributions (RMDs) are minimum amounts that IRA account owners (excluding Roth IRAs) must withdraw annually starting in the year they reach age 73. The first RMD payment can be delayed until April 1 following the year in which the account owner turns 73. For all subsequent years, including the year of the original distribution, the account owner must take the RMD by December 31. IRA account owners are responsible for taking the correct amount of RMDs on time every year from their accounts and face potential penalties for failure to take RMDs. We encourage you to consult your accountant or tax adviser for additional information on RMD rules, penalties, and exceptions.

Please select one of the following:

- Based on my own RMD calculation, I authorize Baron Capital to distribute \$ _____ * or _____ % of my account balance, per year. (If the distribution is to be taken from multiple fund/accounts please indicate the amount/percentage for each in section 1 above.)
- I authorize Baron Capital to calculate my RMD for me*. I wish to set up distributions based on my age, year-end account balance, and the applicable life expectancy divisor using the Uniform Lifetime Table.
- I authorize Baron Capital to calculate my RMD for me based upon the Joint and Last Survivor Table*. (Your choice of beneficiary does not affect your RMD unless your sole beneficiary is your spouse and they are more than 10 years younger than you. If this applies to your beneficiary selection, please complete the information below.)

Spouse's Name _____ Date of Birth _____

Note: All selections will be one-time distributions unless you complete the Systematic Distributions option in section 4. If you take a one-time distribution, it is your responsibility to contact Baron Capital each year to request your RMD. Baron Capital is not responsible for the accuracy of your calculations.

* A Signature Guarantee is required in section 8 if you request a distribution for more than \$100,000.

3. Method of Payment

(Please select one of the following)

- Send my distribution check to my address of record.*
- Send my distribution check to an address other than my address of record.*

Payee Name _____

Street Address or P.O. Box _____

City _____

State _____

Zip _____

* A Signature Guarantee is required in section 8 if you request a distribution to be sent to an address other than the address of record, the check is not made payable to the registered owner, or the address of record has been changed within the last 30 days.

- Invest my distribution into my existing non-retirement account with Baron Capital:

Fund Name/Number _____

Account Number _____

Percent Distribution _____

TOTAL 100%

- Send my distribution proceeds to my bank. (Please complete section 5.)

4. Systematic Distributions

(Please choose the date(s) and frequency of the redemptions. Complete section 2 to determine the exact amount of the systematic distribution or if you wish for Baron Capital to calculate your RMD for you.)

Date of Distribution: 25th

Starting Month _____

Frequency of Withdrawal: Monthly Quarterly Annually

How would you like to receive your distributions? (Please select one.)

By Check to my address as outlined in section 3

By ACH to my bank (See section 5)

Note: The withdrawal program will start at least 15 days after the initial set-up.

5. Bank Instructions

(Please select one of the following methods of redemption. Please attach a pre-printed voided check below.)*

ACH (requires up to three business days, at no charge)

Fed Wire (next day, for an additional charge of \$10, deducted directly from the redemption proceeds. This option is for a one-time distribution, as wires are not available for systematic withdrawals.)

ATTACH VOIDED CHECK

Bank Name

Bank Routing Number

Checking or Savings

Name(s) on Bank Account

Bank Account Number

* A Signature Guarantee is required in section 8 if the above bank instructions are different than the bank of record.

6. Withholding Instructions

The law requires the federal income tax be withheld from your IRA distributions at a rate of 10% unless you elect otherwise. If you do not check a box, 10% will be withheld.

I elect to have taxes withheld from my IRA distribution

I elect to have _____% taxes withheld from any IRA distribution. (can not be less than 10%)

I elect not to have federal tax withheld from my distributions. I understand that I may be liable for payment of estimated tax. I may incur penalties under the estimated tax rule, if my withholding and tax payments are not sufficient.

7. Foreign Payment Instructions

Payments to an address outside the United States are subject to special rules. U.S. citizens receiving payments outside the United States may not waive withholding. Withholding for foreign citizens is subject to tax treaty rules. See IRS Publication 515 for more information.

Certification:

- I hereby certify that I am a United States citizen living abroad. I understand that payments sent to me abroad are subject to 10% tax withholding and cannot be waived.
- I hereby certify that I am a foreign citizen. I am attaching Form W-8BEN to certify my status and comply with IRS rules. I understand that withholding, if applicable, will be applied to my distribution payments based on my certification or lack thereof.

8. Authorization

I hereby authorize the distribution from the IRA to the undersigned and certify that it is in accordance with the provisions of the IRA plan. If I am over 73, I accept full responsibility for withdrawing from my IRA the minimum amount required. I indemnify the Custodian for Baron Capital, its agents, successors and affiliates from any and all claims the undersigned may have or hereafter claim to have with respect to the distribution or in the event I fail to meet the minimum distribution requirements.

A Signature Guarantee assures that a signature is genuine and protects investors from unauthorized requests. A Signature Guarantee may be obtained from an officer of a commercial bank or trust company, savings and loan or savings bank, or a member firm of a domestic stock exchange. Notarization by a notary public is not acceptable.

Account Owner's Signature and Date

Title (if acting on behalf of the Account Owner)

Affix Signature Guarantee Stamp.

Name of Bank or Firm

Signature of Officer

Title