

Neiman Funds Distribution Form



Traditional, Roth and Simple IRAs

Name: _____ Account Number: _____
Birth Date: _____ SSN: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____

Amount of Distribution: \$ _____

Fund Selection:

- Neiman Large Cap Value Fund - No Load
- Neiman Large Cap Value Fund - Class A
- Neiman Large Cap Value Fund - Class C
- Neiman Balanced Allocation Fund - Class A
- Neiman Balanced Allocation Fund - Class C
- Neiman Tactical Fund - Class A
- Neiman Tactical Fund - Class C

Reason for Distribution:

- Premature
- Disability
- Death
- Regular
- Required Minimum (RMD)

Select Payment Method:

- mail check to the address of record
- wire to bank*

(*wire information must be on account prior to distribution; which includes name of bank and town where bank is located, routing number, and account number)

Federal Withholding Election:

- I elect NOT to have Federal income tax withheld from my distribution
- I elect to have _____ (% or \$) Federal income tax withheld from my distribution

Signatures

I certify that I am the IRA owner, the beneficiary, or the individual legally authorized to complete this form. I certify the accuracy of the information set forth in this form, and I authorize this transaction. I understand that I am responsible for any consequences resulting from this distribution including taxes and penalties owed. I agree to indemnify and to hold the custodian harmless from any resulting liabilities. I acknowledge that the custodian cannot provide legal advice and I agree to consult with my own tax or legal professional for guidance.

Signature of IRA Owner/Beneficiary

Date

Signature of Custodian

Date

US Bank, N.A., as Custodian for
Neiman Funds
8000 Town Centre Drive, Suite 400

Return form to:
Neiman Funds c/o Mutual Shareholder Services
8000 Town Centre Drive, Suite 400
Broadview Heights, Ohio 44147