

THIRD AVENUE FUNDS - SIMPLE INDIVIDUAL RETIREMENT ACCOUNT (IRA) DISTRIBUTION REQUEST FORM



THIRD AVENUE
MANAGEMENT

This form is not intended for required minimum distributions, trustee to trustee transfers, or conversion requests.

I. PARTICIPANT INFORMATION – Please print

Name:	Cell Phone: ()
Address:	Alternate Telephone: ()
City:	State: Zip Code:
Social Security Number:	Date of Birth:
Account Number:	SIMPLE IRA – Year First Established*:

Complete the following if you are a beneficiary requesting a full liquidation of the inherited proceeds.

Beneficiary Name:	Daytime Telephone: ()
Social Security Number:	Date of Birth:

Note: For trustee to trustee transfers, please complete the appropriate receiving custodian's trustee to trustee transfer form. This form is not intended to facilitate a beneficiary/inherited IRA transfer due to death. For revocations, refer to the SIMPLE Individual Retirement Account (IRA) Disclosure Statement for instructions and information regarding your revocation rights. All required documentation must be received in good order before the distribution request can be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required. Please see the Participant Authorization Section for an explanation of the Medallion Signature Guarantee.

* A distribution received before you attain age 59½ is considered a premature distribution and is subject to a penalty tax equal to 10% of the distribution unless an exception applies (see "Early Distributions from a SIMPLE IRA" in your SIMPLE IRA Disclosure Statement). If the premature distribution is made prior to satisfying the required two year holding period (2 years from the date on which you first participated in a SIMPLE IRA maintained by your employer) and no exception applies, then the penalty tax is increased to 25%.

II. REASON FOR DISTRIBUTION

The distribution is being made for the following reason (check one):

- 1. Normal distribution - You are age 59½ or older.
- 2. Early (premature) distribution - You are under age 59½, including distributions due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, or other reasons.
- 3. Substantially equal periodic payments within the meaning of section 72(t) of the Internal Revenue Code.
- 4. Death/Beneficiary liquidation – The **Date of Death of the Owner of the account MM/DD/YYYY is required** ____/____/____, contact Shareholder Services regarding additional document requirements.
- 5. Permanent disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.*
- 6. Transfer incident due to divorce or legal separation - Contact Shareholder Services regarding additional document requirements.
- 7. Removal of excess - You must complete **Section III (Excess Contribution Election)** in its entirety.
- 8. Direct rollover to a Qualified Plan, 401(k), TSP or 403(b) - You are certifying that the receiving custodian will accept the IRA assets issued and that you have satisfied the required two-year holding period.
- 9. Qualified Reservist Distribution
- 10. Qualified Hurricane Distribution
- 11. Qualified Birth or Adoption Distribution as defined in section 72(t)(2) of the Internal Revenue Code

* For purposes of section 72(m)(7), an individual shall be considered to be disabled if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.

III. EXCESS CONTRIBUTION ELECTION

Instructions for the Participant: You must indicate how the return of excess should be distributed in

Section IV - DISTRIBUTION AMOUNT (subsection B). A check for the proceeds will be mailed to your address of record unless the amounts are attributable to employer contributions that are being returned to the employer with your authorization. Amounts returned as excess contributions are not eligible for rollover.

Important: Please consult with your employer to discuss the appropriate steps to correct excess contributions. Amounts deferred to your SIMPLE IRA in excess of the allowable limit may be subject to a non-deductible excise tax of 6% for each year until the excess is removed. The 6% excise tax on excess contributions will not apply if the excess contribution and earnings allocable to it are distributed by April 15th of the year following the annual deferral.

Earnings on Salary Deferral and Employer Contributions - For the purpose of the excess contribution, we will calculate the net income attributable ("NIA") to the contribution using the method provided for in the IRS Final Regulations for Earnings Calculation for Returned or Recharacterized Contributions. This method calculates the NIA based on the actual earnings and losses of the SIMPLE IRA during the time it held the excess contribution. Please note that a negative NIA is permitted and, if applicable, will be deducted from the amount of the excess contribution. The IRS may impose an early distribution penalty tax on the earnings if you are under age 59½. You must file IRS Form 5329 *Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts* to report any excise tax.

SALARY DEFERRAL CORRECTION

Excess Salary Deferral: \$ _____ Date Deposited: _____

Salary deferral excess is being corrected: (select either A, B, or C)

- A.** Within the same calendar year that the excess deferral was deposited. Earnings (if any) will be calculated through the date of correction.
- B.** Between January 1 and April 15th following the calendar year in which excess deferral was deposited. Earnings (if any) will be calculated based on the December 31st value for the deferral calendar year.
- C.** After April 15th following the calendar year in which the excess deferral was deposited. Earnings (if any) will be calculated through the date of correction.

EMPLOYER CONTRIBUTION CORRECTION – (Employer signature required)

Excess Employer Contribution: \$ _____ Date Deposited: _____

Important: The participant must complete Section IV - DISTRIBUTION AMOUNT (subsection B) and sign the Participant Authorization section to facilitate this request. Please indicate how we should distribute the proceeds:

Earnings (if any) will be calculated through the date of correction.

The check will be made payable to the company and mailed to the following address.

Company Name: _____ Phone Number: () _____

Address: _____ City: _____ State: _____ Zip Code: _____

Employer's Signature (required): _____ Date: _____

Employer's Printed Name (required): _____

IV. DISTRIBUTION AMOUNT – Complete sections A and B

A. Choose one:

- Liquidate Entire Account
- One-Time Partial Distribution of \$ _____
- Periodic Distributions - In the amount of \$ _____ Monthly Quarterly Semi-Annual Annual Installments
- Substantially Equal Periodic Payments (Section 72(t) of the Internal Revenue Code) - In the amount of \$ _____ **(or)**

Calculate under the RMD method using Uniform Lifetime Table Single Life Table Joint and Last Survivor Table*

*Beneficiary's Name: _____ Date of Birth: _____

Distribute in a series of Monthly Quarterly Semi-Annual Annual Installments

B. Choose one:

- Distribute proportionately across all funds, **(or)**
- Distribute as indicated below:

Fund: _____ Amount: \$ _____ or Percentage: _____%

Fund: _____ Amount: \$ _____ or Percentage: _____%

Fund: _____ Amount: \$ _____ or Percentage: _____%

Total Amount: \$ _____ Total 100%

RESTRICTION ON INDIRECT (60-DAY) ROLLOVERS

An IRA participant is allowed only one rollover from one IRA to another (or the same IRA) across all IRAs (Traditional, Rollover, Roth, SEP, SARSEP and SIMPLE) in aggregate that a taxpayer owns in any 12-month or 365-day period. As an alternative, a participant can make an unlimited number of trustee-to-trustee transfers where the proceeds are delivered directly to the receiving financial institution, successor custodian or trustee. You must contact the receiving institution to initiate a trustee-to-trustee transfer. For more information please visit the Internal Revenue Service's web site www.irs.gov using the search term "IRA One-Rollover-Per-Year Rule".

V. MAILING INSTRUCTIONS – (excluding employer excess contribution corrections)

Mail to my address of record - (if you elected a Direct Rollover to a qualified plan or 403(b) you must provide the receiving custodian information below*)

***Qualified Plan, 401(k), TSP or 403(b) Direct Rollover Deposit** – Check will be made payable to the receiving custodian.

Type of plan receiving IRA assets: 401(k) 403(b) TSP 457 plan other employer sponsored qualified plan

*Receiving Custodian: _____ Account Number: _____

Street: _____ City: _____ State: _____ Zip: _____

***Transfer funds electronically via ACH (voided check required, if not on file)** **(or)** ***Mail check to:**

Name of Institution: _____

Address: _____

Routing and Account Number: _____

*A Medallion Signature Guarantee ("MSG") Stamp is required if the banking instructions are not already on file. An MSG may be obtained at your local bank or trust company, securities broker/dealer, clearing agency or savings association. The bank account must include your name in the account registration.

Purchase into my non-retirement account:

- Application attached with investment instructions **(or)**
- Existing Account Number: _____ as indicated below:
Investment Fund(s): _____

VI. TAX WITHHOLDING ELECTION**A. Federal Withholding**

Federal income tax will be withheld at the rate of 10% from any distribution, subject to the IRS withholding rules, unless you elect or have previously elected out of withholding. Tax will be withheld on the gross amount of the payment even though you may be receiving amounts that are not subject to withholding because they are excluded from gross income. This withholding procedure may result in excess withholding on the payments. If you elect to have no federal taxes withheld from your distribution, or if you do not have enough federal income tax withheld from your 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. If you are completing this form, your below election will remain in effect until such time as you make a different election in writing to the Custodian.

Please select one of the following:

- Do not withhold federal income tax. (This option is only available for accounts registered with an address in the United States.)
- Withhold 10% federal income tax
- Withhold _____% federal income tax (must be more than 10%)

B. State Withholding

Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal income taxes are withheld or may mandate a fixed amount regardless of your federal tax election. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. Please consult with a tax advisor or your state's tax authority for additional information on your state requirements.

- I elect **NOT TO** have state income tax withheld from my retirement account distributions (only for residents of states that do not require mandatory state tax withholding).
- I elect **TO** have the following dollar amount or percentage withheld from my retirement account distribution for state income taxes (for residents of states that allow voluntary state tax withholding). \$ _____ or _____ %

VII. PARTICIPANT AUTHORIZATION

I certify that I am the individual authorized to make these elections and that all information provided is true and accurate. I further certify that the Custodian, the Third Avenue Funds, or any agent of either of them has given no tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, Third Avenue Funds, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

Participant's Signature*: _____

Date: _____

* Beneficiary's signature for inheritance liquidations.

Please review the Third Avenue Funds prospectus for Medallion Signature Guarantee stamp requirements.

Medallion Signature Guarantee Stamp and Signature: An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

Medallion Signature Guarantee Stamp

Mail to the following:

First Class Mail:

Third Avenue Funds
P.O. Box 9802
Providence, RI 02940-5215

Overnight Mail:

Third Avenue Funds
4400 Computer Drive
Westborough, MA 01581

Customer Service:

1-800-443-1021