

IRA DISTRIBUTION REQUEST FORM

Please complete this form to request a distribution from your Segall Bryant & Hamill Funds IRA.

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ACCOUNT INFORMATION

Please provide us with your current Segall Bryant & Hamill Funds IRA information.

Segall Bryant & Hamill Funds Account Number

Owner's Name (First, Middle Initial, Last)

Social Security Number

Date of Birth

Account Mailing Address

City

State

Zip Code

Email Address (optional)

Telephone Number

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DISTRIBUTION INSTRUCTIONS

Segall Bryant & Hamill Funds, as Trustee of my Individual Retirement Account, is requested to make payment(s) to me as follows:

A. Payment Amount(s)

Check one and complete applicable blanks:

- 1.** I wish to withdraw \$ _____ from my IRA.
(Fill in a dollar amount or write in "total amount," or "number of shares of Segall Bryant & Hamill Funds," etc.). If the withdrawal amount you are requesting is intended to satisfy the Required Minimum Distribution from your IRA, please complete section C(7) on the back of this form.

Check One:

- a.** Payment to be made in cash.
 b. Distribute (re-register) shares of the following assets into my personal name to make up the requested amount.

Number of Shares	Name of Segall Bryant & Hamill Funds
_____	_____
_____	_____
_____	_____

- 2.** I wish to receive regular cash payments from my IRA. Please distribute \$ _____ to me:

Check One:

- annually semi-annually quarterly monthly

Payments are to begin on ____/____/____ (date) and will continue until I send in a new request form, until my account is paid out, or until I reach 70½, at which time payments will be subject to IRS minimum distribution requirements.

I agree to ensure that enough cash is available to make each payment due.

B. Payment Delivery

Check one:

- 1.** Transfer the above distribution(s) to my personal Segall Bryant & Hamill Funds account number _____.
- 2.** Send cash distribution(s)* to:

Name (First, Middle Initial, Last)

Mailing Address

City

State

Zip Code

* A signature guarantee, as described in Section 4, is required to send distributions to an address other than the account address of record.

- 3.** Deposit the distribution(s) directly into my bank checking or savings account.
Complete Bank Information in Section 3. A signature guarantee, as described in Section 4 is required to add or change bank information.

C. Reason for Distribution*Check one:*

1. I am over the age 59½.
2. This is a withdrawal of excess contributions made for the year _____. I have indicated the amount of the excess contribution under Section 2 of this form. My application tax filing deadline (plus extensions) for that year is ____/____/____. The excess contribution was made to my IRA on or about ____/____/____.
I understand that any earnings on the excess will be distributed with the excess contribution returned before my tax filing deadline and may be included in my gross income, and may be subject to a 10% penalty tax on premature distributions. Excess contributions returned after my tax filing date will not include earnings but may be subject to a 6% IRA penalty tax and 10% penalty on premature distributions.
- (Check if desired) Please deposit the above withdrawal of excess contributions (minus the earnings) as an IRA contribution for the year _____. I understand that I will be issued a check for the earnings amount, if any, and a tax form showing the full amount of the withdrawal.
3. This is a withdrawal of an unwanted IRA contribution, either deductible or nondeductible, which is not otherwise an excess contribution.

The contribution was made for the year _____, and was made to the IRA on our about ____/____/____.

I understand that I may only request this withdrawal before my tax filing deadline (plus extensions) for the year the contribution was intended. My applicable tax filing deadline (plus extensions) is ____/____/____. I understand that any earnings on the contribution will be distributed with the contribution, the earnings may be included in my gross income and may be subject to a 10% penalty tax on premature distributions.
4. I have become disabled as defined in Section 72(m)(7) of the Internal Revenue Code. I have attached an acknowledgment of Disability Form.
5. I am under the age 59½. I understand the IRS 10% premature distribution penalty tax may be imposed on this payment.
6. This distribution is intended to qualify as a "substantially equal" payment under Section 72(t) of the Internal Revenue Code.
7. Required Minimum Distribution Instructions (for IRA owners age 70½ and over):
- I have calculated the amount of my required distributions from all of my traditional IRAs and request a distribution of \$_____ or _____% of my balance per year.
- I wish to take systematic distributions based on my age, account balance, and the applicable life expectancy divisor using the IRS Uniform Table. Please pay as indicated above in 2(B).
- My beneficiary is my spouse who is more than ten (10) years younger than I am. Please use the Joint Life Expectancy Table to calculate my minimum distribution using our joint ages and pay as indicated above in 2(B).
- I wish to receive a distribution of my entire IRA account balance.
- I am taking the required minimum distribution from another IRA. Please do not distribute from this IRA.

D. Notice of Withholding on Distributions or Withdrawals from IRAs

This notice is required to be furnished to you by IRS regulations each time an IRA distribution is requested.

The distributions you receive from your retirement plan are subject to Federal Income Tax withholding. If you have provided Segall Bryant & Hamill Funds with your residence address within the United States, you may elect not to have withholding apply. Withholding will only apply to the portion of your distribution that is included in your income subject to Federal Income Tax. If you have not provided Segall Bryant & Hamill Funds with your residence address, or if you have provided a residence address outside of the United States, withholding generally is required. You cannot elect out of withholding.

If you are eligible (as explained above), you may elect not to have withholding apply to your distribution payments by signing and dating the election form and returning it by mail or personal delivery to your Segall Bryant & Hamill Funds representative.

If you elect not to have withholding apply to your distribution payments, or if you do not have enough Federal Income Tax withheld from your distribution, you may be responsible for payment of estimated tax.

If you intend to make a rollover deposit of the distribution you are receiving, you should consider the election not to have tax withheld.

If you do not return the election form within five days prior to the date for which your payment is requested, Federal Income Tax may be withheld from the taxable portion of your distribution.

E. Tax Withholding

Check one:

Please read the NOTICE OF WITHHOLDING before making your selection below.

- 1. I DO NOT want Federal Income Tax withheld from my distribution(s), and I have provided Segall Bryant & Hamill Funds with my residence address within the United States.
- 2. I DO want Federal Income Tax withheld from my distribution(s). Ten percent (10%) of the distribution will be withheld. If you want a percentage greater than 10% withheld, please indicate percentage: _____%.
- 3. I have not provided Segall Bryant & Hamill Funds with a residence address within the United States. I understand that Federal Income Tax will be withheld from my distribution(s).

The notice included in section 2(D) of this IRA Distribution Request explains the tax withholding election. Even if you elect not to have tax withheld, you are liable for payment of Federal Income Tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. This election will be honored for all future distributions unless you send written instructions to change it.

F. Account Information

Check one:

I do do not wish to close my account at this time.

Owner's Signature Date

Spouse's Signature* Date

** Required only if all or part of the retirement plan assets represent community property.*

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BANK INFORMATION

Please attach a voided check or savings deposit slip from your bank account and complete this section.

Account Type: Checking Savings

Name on Bank Account Name of Bank

ABA Routing Number (first nine digits at bottom left on check) Bank Account Number (include branch number)

Any co-owner of your bank account who is not a co-owner of your Segall Bryant & Hamill Funds account must authorize these services by signing here. **The signature must be guaranteed as discussed in Section 4.**

Co-Owner's Signature Date

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SIGNATURE GUARANTEE

- A signature guarantee is required for adding or changing the following: automatic investments, systematic withdrawals, bank information or wire information.
- To protect our shareholders against fraud Segall Bryant & Hamill Funds requires a “Medallion Signature Guarantee” which can be obtained from a bank or trust company, credit union, broker, dealer, securities exchange or association, clearing agency or savings association.
- Be sure to verify that the institution is an eligible Medallion Signature Guarantor prior to signing.
- Please note that a notarized signature from a Notary Public is **not** acceptable.

Name of Guarantor Institution

Signature of Officer	Title
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Stamp:

Mail to: Segall Bryant & Hamill Funds
 P.O. Box 44323
 Denver, Colorado 80201-4323
 Questions: (800) 392-2673



THANK YOU FOR YOUR INVESTMENT IN SEGALL BRYANT & HAMILL FUNDS.
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 (800) 392-2673 | www.sbhffunds.com