

JOHNSON MUTUAL FUNDS TRUST

**3777 WEST FORK ROAD
CINCINNATI, OHIO 45247
(513) 661-3100
(800) 541-0170
(513) 661-3160 FAX**



**JOHNSON
MUTUAL FUNDS**

For Internal Use

A/C#

IRA DISTRIBUTION FORM

Instructions:

Use this form to withdraw money from an Individual Retirement Account with Johnson Mutual Funds Trust to meet your minimum required distribution. Please provide the requested information.

1. Investor Information

_____	_____
Name	Social Security Number (Required)
_____	_____
Address (if changed)	Date of Birth
_____	(____) _____
City/State/Zip Code (if changed)	Home Phone Number (if changed)

2. Withdrawal Amounts

Please indicate your withdrawal amount by checking one of the following options. Please complete all corresponding information for the option you select.

Minimum Required Distribution Calculation Options.

Note: You must provide us with this information and the factor used unless you contact your representative to calculate these for you.

- A.** **Recalculation Method.** The life expectancy will be recalculated each year based on the then-current age(s) as defined by the IRS and IRS tables. Note: You can only recalculate your beneficiary's life expectancy if your beneficiary is your spouse.
- Elapsed Year Method** (Term Certain Method). The life expectancy used will be the initial life expectancy reduced by one for each year the withdrawal plan has been in effect.
- Hybrid Method.** The life expectancy of either the account owner or the spousal beneficiary will be recalculated each year and the other's life expectancy will be reduced by one for each year the withdrawal plan has been in effect. Note: The IRA owner's life expectancy must be the one that is recalculated if your beneficiary is not your spouse.
- Recalculate for: Account Owner Spouse

- B.** Whose life expectancy is the calculation based on?
- My withdrawal is based on my single life expectancy.
- My withdrawal is based on the joint life expectancy of my beneficiary and me. Note: Johnson Mutual Funds must have your beneficiary designation on file.

C. What factor was used for your calculation? _____

D. Please withdrawal \$ _____ from my Johnson Mutual Fund IRA to meet my minimum required distribution.

3. Withdrawal Instructions

Please withdraw my distribution from the fund(s) selected below:

<input type="checkbox"/> Johnson Growth Fund _____	<input type="checkbox"/> Johnson Municipal Income Fund _____
<input type="checkbox"/> Johnson Disciplined Mid-Cap Fund _____	<input type="checkbox"/> Johnson Disciplined Small-Cap Fund _____
<input type="checkbox"/> Johnson Realty Fund _____	<input type="checkbox"/> Johnson Equity Income Fund _____
<input type="checkbox"/> Johnson Fixed Income Fund _____	<input type="checkbox"/> Johnson International Fund _____

(OVER)

4. Tax Withholding Election

I elect **NOT** to have federal taxes withheld from my IRA distribution.

I **WANT** Johnson Mutual Funds to withhold federal taxes at the rate of _____%.

5. Beneficiary Review

Please verify that my primary beneficiary is/are:

Please contact me if this is not what your records reflect. I can be reached at (____)_____.

6. Acknowledgement

I hereby authorize and request the custodian for the Johnson Mutual Fund IRA, Johnson Trust Company (or their agents, affiliates or successor custodians) to make the above withdrawal from my IRA. I am over age 70½, I accept full responsibility for withdrawing from my IRA the Minimum Required Distribution required by Section 401(a)(9) of the Internal Revenue Code. I indemnify the Custodian for the Johnson Mutual Fund IRA, its agent(s), successors, affiliates, and employees from any liability in the event that I fail to meet the IRS requirements.

Signature

Date

7. Acceptance by Custodian

This application is hereby accepted by the custodian, Johnson Trust Company agent.

Authorized Signature

Date