

**DESIGNATED BENEFICIARY**

Name \_\_\_\_\_  
 Account Number \_\_\_\_\_ Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

**RESPONSIBLE INDIVIDUAL**

Complete unless the Designated Beneficiary is the Responsible Individual. If so, check here:

Name \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

**REASON FOR DISTRIBUTION**

I request a distribution from the Fund(s) specified below for the reason indicated.

- To pay qualified education expenses of the Designated Beneficiary.
- Removal of excess contribution plus earnings before deadline. In which tax year was the contribution made? \_\_\_\_\_
- Removal of excess contribution after deadline. In which tax year was the contribution made? \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

Please indicate the Funds(s) you would like to take distribution from. See Fund information sheet @ [www.forwardfunds.com](http://www.forwardfunds.com) for a list of Fund Names and Fund Codes.

FUND CODE	FUND NAME	\$ AMOUNT OR PERCENT
TOTAL DOLLAR (\$) AMOUNT		

**PAYMENT INFORMATION**

Signature must be guaranteed if recipient is not the Account Holder, if the distribution address is not the Address of Record or if you are setting up new or revised banking instructions.

- Federal Funds Wire**  
 Bank Name \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Bank ABA# \_\_\_\_\_  
 Account Name \_\_\_\_\_ Account Number \_\_\_\_\_  
 For further credit to \_\_\_\_\_  
 Name \_\_\_\_\_ Account Number \_\_\_\_\_
- Check**  
 Payable to: \_\_\_\_\_  
 Mail to: \_\_\_\_\_

**ELECTRONIC TRANSFER INFORMATION**

**Your bank, savings and loan, or credit union must be a member of the Automated Clearing House (ACH) Network.** Please attach a voided, pre-printed check or savings slip for this bank account – this service cannot be established without it.

Account Type:       Checking       Savings

Account Number \_\_\_\_\_

ABA/Transit Routing Number \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Name(s) on Bank Account \_\_\_\_\_

*(At least one name must be in common with name on the Forward Funds account.)*

<b>YOUR NAME</b>		5551
567 Main Street		_____ Date
Anytown, USA		
Pay to the	_____	
order of	_____	\$ <input type="text"/>
<b>NATIONAL BANK NAME</b>		
For _____		
⑆ 321070010 0000126456789 5550 ⑆		

ABA/Transit  
Routing Number

Account Number

**RESPONSIBLE INDIVIDUAL SIGNATURE**

Responsible Individual Signature: \_\_\_\_\_ Date \_\_\_\_\_

**MEDALLION GUARANTEE**

If required, signatures must be medallion guaranteed by a bank, savings association, credit union, a member firm of a domestic stock exchange or the National Association of Securities Dealers, Inc., that is an eligible guarantor institution. A notary public is NOT an acceptable guarantor. The guarantee must be in the form of a stamp or a typewritten guarantee that is accompanied by a raised corporate seal.

Signature must be guaranteed if recipient is not the Account Holder, if the distribution address is not the Address of Record or if you are setting up new or revised banking instructions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Affix signature guarantee stamp below.

Medallion Signature Guarantee Stamp