

You should consult with your tax advisor regarding the tax consequences of making withdrawals from your IRA.

PARTICIPANT INFORMATION

Account Holder _____ Account Number _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Alternate Phone _____
 Social Security # _____ Birthdate _____

Recipient Information (if different from Account Holder, signature guarantee required)

Name _____

REASON FOR DISTRIBUTION

- Normal** Age 59 1/2 or older
- Early** I am under the age of 59 1/2 and not taking substantially equal payments. I understand I may be subject to a 10% penalty unless an IRC 72(t) exception applies or the distribution is rolled over within 60 days of receipt to another IRA or other eligible retirement account. For distributions from SIMPLE IRA plans, I understand that the penalty will increase to 25% if taken within the first two years of my participation in the plan.
- For SIMPLE IRAs, please answer the following:
 What was the date of the first contribution to your SIMPLE IRA? _____
- Note: Exceptions to the penalty include catastrophic medical expenses, health insurance premiums after unemployment, higher education expenses and first-home purchases (up to \$10,000).
- Early - Exception** I am under the age of 59 1/2, and substantially equal payments under the IRC 72(t) election will be made at least annually for 5 years or until I reach the age of 59 1/2.
- Disability** Date you first became disabled: _____
- Death** Each beneficiary of a deceased participant must complete this form and have his/her signature guaranteed. A certified copy of the death certificate must be included as well. If there is no designated beneficiary, the legal representative of the estate must complete this form and have his/her signature guaranteed and enclose a copy of the court appointment along with a certified copy of the death certificate.
- Removal of excess contributions plus earning before deadline.** In which tax year was this contribution made? _____
- Removal of excess contribution after deadline.** In which tax year was this contribution made? _____

METHOD OF DISTRIBUTION

- Total Distribution Close account upon liquidation? Yes No
 Partial Distribution in the amount of \$ _____
 Periodic Distributions in the amount of \$ _____
Frequency: Monthly Annually
 Commencing on (mmddyyyy) _____ Preferred Processing Date (Day of Month) _____

Life Expectancy Distribution. For life expectancy distributions, we recommend that you consult with your tax advisor to determine the required dollar amount of your distribution. Then submit a completed distribution form to us annually, at least 30 days prior to your selected distribution date.

Please indicate below the Fund(s) you would like to take distribution from. *See Fund Information page for a list of Fund codes and Fund names.*

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

NOTICE OF WITHHOLDING & WITHHOLDING INSTRUCTIONS

NOTE: Withholding does not apply to distributions from a Roth IRA.

If you do not complete the Withholding Election below, Federal income tax will be withheld from your distribution at a rate of 10%.

NON-PERIODIC DISTRIBUTIONS

Non-periodic distributions from your IRA are subject to income tax withholding at a rate of 10% unless you elect otherwise below. Withholding will apply to the entire amount of each distribution even if you have made nondeductible contributions that are not subject to income tax.

PERIODIC DISTRIBUTIONS

If you request a periodic distribution and you elect to NOT have Federal income tax withheld, this election will remain in effect until you revoke it in writing.

ALL DISTRIBUTIONS

You may elect to not have withholding apply to your IRA distributions and your election will remain in effect until you revoke it in writing. You may make and revoke elections regarding withholding as often as you wish by completing another Distribution Form.

If you elect to not have withholding apply, or do not have enough Federal income tax withheld from your IRA distributions, 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. You may also be responsible for state and local taxes. Please check with your tax advisor.

FEDERAL INCOME TAX WITHHOLDING ELECTION*

- NO. I do NOT want to have Federal income tax withheld from my IRA distribution(s).
 YES. I do want to have Federal income tax withheld _____ % (minimum rate is 10%).

*Forward Funds will not withhold state or local tax.

PAYMENT INFORMATION

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

Federal Funds Wire

Bank Name _____

Bank Address _____

Bank ABA/Transit Routing Number _____

Name(s) on Bank Account _____ Account Number _____
(at least one name must be in common with name on the Forward Funds account.)

For further credit to _____

Name _____ Account Number _____

Check

Payable to: Account owner(s)
 Other* _____

Mail to: Address on account
 Other* _____

**Requires signature guarantee.*

Electronic Transfer (May take up to 3 business days)

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

Account Type: Checking Savings

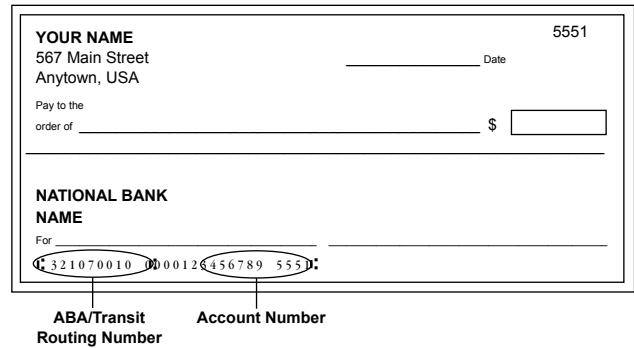
Account Number _____

Bank 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.)



ACCOUNT HOLDER SIGNATURE

Account Holder 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 medallion guaranteed if recipient is not the IRA Account Holder, if the distribution address is not the Address of Record, or if you are setting up new distribution instructions.

Signature _____ Date _____

Medallion Signature Guarantee Stamp