



Northeast Investors Trust
125 High Street, Suite 1802, Boston, MA 02110
Phone 800-225-6704 Fax 617-742-5666

UNIVERSAL IRA DISTRIBUTION REQUEST FORM

CURRENT REGISTRATION: All fields are required.

Name(s)

Account Number

Address

Social Security Number

City, State & Zip Code

Phone Number

Email Address

Date of Birth

Type of Withdrawal (Check One):

- NORMAL** Individual is over 59 ½.
- REQUIRED** Individual is age 70 ½ or older.
- DISABILITY** Individual must provide physician's statement certifying that the individual is unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment which can be expected to be of long, continued or indefinite duration or to result in death.
- PREMATURE** Individual is under 59 ½ and not disabled. The individual acknowledges that this distribution may involve a 10% IRS penalty tax on the amount distributed, in addition to the inclusion of the amount in regular income for the year the withdrawal is received. Consult with your tax advisor for additional information.
- DEATH** Each beneficiary of a deceased individual must complete this form, have his/her signature guaranteed, and enclose a certified copy of the death certificate. If the beneficiary is not a named individual, the legal representative must complete this form, have his/her signature guaranteed, and enclose a copy of his/her appointment and a certified copy of the death certificate.

PREMATURE/ LIFE EXPECTANCY

Individual is under age 59 ½ and elects to schedule substantially equal periodic payments over his/her single or joint life expectancy. If the individual changes the payment method prior to the latter of attaining age 59 ½ or five years from the date of the first payment, IRS may impose a 10% penalty on all payments received prior to age 59 ½.

QUALIFIED ROTH IRA

The account must be open for at least five years and distribution made at age 59 ½, or the distribution is for qualified first-time homebuyer expense, or the distribution follows the owners disability or death.

CONVERSION TO ROTH IRA

Convert my Traditional IRA to a Roth IRA. (Attach completed Roth IRA application)

RECHARACTERIZATION

Recharacterize my Roth IRA back to a Traditional IRA. (Attach completed Traditional IRA application)

OTHER

Type of Withdrawal (Check One):

Until I give Northeast Investors Trust written instructions to the contrary, I direct Northeast Investors Trust to distribute the amount requested as follows:

Total Withdrawal (Account Termination)

One Time Partial Withdrawal of \$ _____

Periodic Withdrawal of \$ _____ (indicate frequency below)

Required Minimum Distribution (RMD) over age 70 ½

Check this box to have your Required Minimum Distribution calculated for you without having to specify an exact amount. The RMD will be processed when the form is received in good order unless a frequency is specified below. If you are over age 70 ½, your spouse beneficiary is the sole beneficiary, and he/she is more than 10 years younger than you, please indicate his/her birthdate here: _____

Transfer of Required Minimum Distribution (RMD) to a non-retirement account

Check this box if you would like to transfer your RMD proceeds to a Northeast Investors Trust non-retirement account. If you already have an account established, please indicate your account number here _____. If you do not have an account number, one will be established for you and your dividends will be reinvested. The RMD transfer will be processed when the form is received in good order unless a frequency is specified below.

Annual Beneficiary IRA/Beneficiary Roth IRA Distribution

Check this box to have your annual beneficiary withdrawal calculated for you without having to specify an exact amount. The request will be processed when the form is received in good order. PLEASE NOTE THAT IN ORDER TO CHOOSE THIS OPTION PAYMENTS MUST BE INITIATED NO LATER THAN DECEMBER 31ST OF THE YEAR FOLLOWING THE ORIGINAL IRA OWNER'S YEAR OF DEATH.

FREQUENCY

Please indicate when you would like your withdrawal(s) made:

Monthly Quarterly Semi-Annually Annually

Start Date (mm/yyyy) _____

Withdrawal Date (day of the month you would like withdrawals made) _____

Method of Withdrawal (Check One):

- Check
- IN KIND (Shares of Northeast Investors Trust will be re-registered to you.)
For new accounts, please enclose a completed application.
For existing accounts, please include A/C # _____
- Electronic Funds Transfer (ACH) - To have funds electronically transferred please complete the information below. **Your bank must be an Automated Clearing House (ACH) member and you must attach a voided check.**
- Checking Account Savings Account

Bank Name _____

ABA Routing Number _____

Account Number _____

Withholding Election (Check One):

See the information on tax withholding below.

- I do **NOT** want to have a Federal Income Tax and applicable State Income Tax withheld from my distribution.
- I do want to have a Federal Income Tax (10%) and applicable State Income Tax withheld from my distribution
- Please withhold _____% (not less than 10%) from each distribution for Federal Income Tax.

Information on Tax Withholding:

Withdrawals from an IRA (other than direct transfers to another IRA custodian or withdrawals of nondeductible contribution amounts) are subject to federal income tax withholding, unless you elect no withholding when completing your withdrawal authorization form. Unless you elect no withholding, 10% of each distribution will be withheld as federal income taxes. In addition, there may be withholding of state income taxes depending on your state of residence. If you elect no withholding, your election will remain in effect until revoked. You may revoke your no withholding election in writing at any time. Please note that, if you elect no withholding or have an insufficient amount withheld from your distributions, you may have to pay estimated tax. Insufficient payments of estimated tax may result in penalties.

If you have a Massachusetts address and have federal withholding, we are required to withhold Massachusetts's income taxes also. Complete Massachusetts Form M-4P so that your Massachusetts income taxes may be calculated correctly. Depending on your number of exemptions and the amount of your IRA distributions, there may be no actual withholding. If your legal residence is not Massachusetts (even though you have a Massachusetts address), check the box in item 5 of the Form-4P to avoid Massachusetts income tax withholding.

Please contact Northeast Investors Trust if you wish to have us send you federal form W-4P or Massachusetts form M-4P.

Signature **

Date

****For all redemptions over \$25,000, signatures MUST be medallion guaranteed by a bank or trust company, credit union, or other financial institution. Notarization by a Notary Public is NOT acceptable.**

Please place medallion signature guarantee stamp here