

2020 RMD Waiver Form

Regular Mail:
U.S. Bank Global Fund Services
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight Delivery:
U.S. Bank Global Fund Services
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

Account Information

If this box is checked, I give the Fund authorization to update the address of record to the address listed on this form if it is different than the Fund's records.

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NAME OF TAXABLE OWNER

SOCIAL SECURITY / TAX ID NUMBER

PHONE NUMBER

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STREET ADDRESS

CITY / STATE / ZIP

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MUTUAL FUND FAMILY NAME

2020 RMD Waive and Defer Request

Please check the box, sign, and date the below section to waive and defer your 2020 IRA Required Minimum Distribution (RMD).

Please waive and defer any IRA RMD systematic withdrawals under my Social Security Number scheduled to run for the remainder of calendar year 2020. Any IRA RMD systematic withdrawals waived and deferred in 2020 will continue to run in future years in accordance with my prior instruction.

Signature

I understand and agree that neither U.S. Bank, N.A. nor any of its affiliates (collectively the "Custodian") have made any determination or recommendation regarding my eligibility to waive and defer my 2020 RMD, and that I am responsible for consulting with my own legal, tax, and other advisors to determine my eligibility. I agree to indemnify and hold Custodian harmless from and against any and all losses or liabilities resulting from my waiver and deferral of my 2020 RMD.

X	
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SIGNATURE OF OWNER

DATE (MM/DD/YYYY)