

# IRA Systematic Distribution Form

PO Box 219109 • Kansas City, MO 64121-9109 • 800-525-1093

Janus Henderson  
INVESTORS

Use this form to establish systematic distributions from your IRA.

**Do not use this form for a one-time distribution.**

- Print in capital letters using black ink.
- Questions? Call 800-525-1093.

## 1. What name is on your retirement account at Janus Henderson?

First Name	Middle Initial	Last Name
Social Security Number	Date of Birth	
Street Number	Street Name	Apartment Number
City	State	Zip Code
Phone Number (required)	Additional Phone Number (optional)	
Fund Name or Number	Account Number	

## 2. What distribution option would you like? (check A or B)

- Option A:** Please redeem a total of \$ \_\_\_\_\_ per payment. **(continue to Section 3B)**
- Option B:** Please calculate my Required Minimum Distribution (RMD) or Series of Substantially Equal Periodic Payments from my retirement account.

**Note:** If no box is checked above, Option B will be used.

### Required Beneficiary Information

**Non-trust beneficiary:** Please provide your spouse's date of birth if your sole primary beneficiary is your spouse who is more than 10 years younger than you.

Spouse's Date of Birth	Name of Spouse Beneficiary
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**Trust beneficiary:** If the beneficiary of your account is a trust, please provide the date of birth of the oldest primary beneficiary of the trust.

Trust Beneficiary's Date of Birth	Name of Trust Beneficiary
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- Check if the trust beneficiary is the spouse and is the sole primary beneficiary.

**Required information:** Please provide us with the prior year-end account value of any previous retirement accounts that were transferred or rolled over to Janus Henderson during the current year: \_\_\_\_\_.

**3. From which funds(s) would you like the distribution taken?** (check A or B)

- A. From all funds proportionate to each fund's prior year-end balance \_\_\_\_\_ Account Number
- B. From the following funds (allocate as a % or amount of distribution for each fund listed):

Fund Name or Number	Account Number	% or \$ Amount

**Notes:**

- If you have elected to have Janus Henderson calculate your RMD in Section 2 and selected Option B in Section 3, then each year you will need to contact a Janus Henderson representative to have your RMD manually re-calculated. Failure to do so may result in a distribution amount different than expected.
- If no box is checked, Option A will be used.

**4. How often would you like to take your distribution?** (check one)

Unless otherwise requested, quarterly means March, June, September and December; semiannually means June and December; and annually means December.

- Monthly     Quarterly     Semiannually     Annually – specify month \_\_\_\_\_

Date of distribution \_\_\_\_\_ (If no date is specified, the distributions will be made on or about the 24th. If frequency is not specified, the distributions will be made annually.)

In what year should these distributions begin? \_\_\_\_\_ (If no year is specified, distributions will be established immediately and paid as selected above.)

**5. What type of distribution is this?** (check one)

- Normal Distribution** - I am age 59½ or older.
- Premature Distribution** - I am under age 59½.
- Premature Distribution with Exception** - I am under age 59½, however, these distributions constitute a Series of Substantially Equal Periodic Payments and are not subject to the 10% penalty tax for early distributions.
- Disability**
- Death** - Please call 800-525-1093 for specific distribution instructions.

**6. Do you want income tax withheld?** (check one)

**If this section is not completed, IRS regulations require federal income tax to be withheld at a rate of 10% from your distributions. Any applicable mandatory state income tax will also be withheld at your state's required minimum rate.**

Form W-4P/OMB NO. 1545-0074

**Important Notice:** Any distributions from your IRA are subject to federal income tax withholding unless you elect not to have withholding apply. Since the distributions may be included in your income that is subject to federal income tax, the withholding will apply to all distributions. Qualified distributions from a Roth IRA are nontaxable and therefore not subject to withholding. Your withholding selection will stay in effect until you change or revoke it. You may make changes to the withholding amount of your distributions by completing this form or contacting Janus Henderson at 800-525-1093.

- I do not want any federal income tax withheld on my distributions. I understand that I will be responsible for paying the income tax (if any) which may be due as a result of these distributions. If required by my state, mandatory withholding for state income tax will be taken at my state's required minimum rate.
- Please withhold federal income tax on my distributions at the rate of \_\_\_\_\_ % (10% is the minimum withholding rate). I understand that Janus Henderson will remit any income tax which has been withheld to the Internal Revenue Service on my behalf. If required by my state, mandatory withholding for state income tax will be taken at my state's required minimum rate.

**Notes:**

- If no box is selected, federal income tax will be taken at a default rate of 10% along with any mandatory state income tax for Traditional, SEP & SAR-SEP IRAs; Roth IRAs will default to no withholding.
- Any amounts withheld cannot be reimbursed by Janus Henderson.
- If you elect not to have withholding apply to your distributions, or if you do not have enough federal income tax withheld from your 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. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portions of your distributions. Whether or not you elect to have withholding apply, you are responsible for any federal income taxes, state and local taxes, and any penalties that may apply to your distributions.
- These distributions will be reported to the IRS and the state of your residence, if applicable, as taxable income. The address on the account registration at the time of each distribution will determine the state of residence for state withholding purposes.

**7. Where would you like your distribution sent?** (check one)

- My new or existing non-retirement account at Janus Henderson. **(Signature guarantee may be required. See section 11.)**
- Please send my distributions to the address of record.
- Please send my distributions to the bank of record. **(Bank must have been on file longer than 15 days with redemption option.)**
- Please send my distributions to the bank account indicated in Section 9. **(Signature guarantee may be required. See section 11.)**
- Please send my distributions to the following address. **(Signature guarantee may be required. See section 11.)**

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Name of Third Party (Custodian or Bank)

Account Number

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Address

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City

State

Zip Code

**8. What Janus Henderson funds would you like to own?** (Complete this section to set up a new non-retirement account or to allocate to an existing non-retirement account.)\*

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Fund Name or Number	Existing Account Number or "New"	% or \$ Amount
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Fund Name or Number	Existing Account Number or "New"	% or \$ Amount
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Fund Name or Number	Existing Account Number or "New"	% or \$ Amount
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Fund Name or Number	Existing Account Number or "New"	% or \$ Amount
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\*Signature guarantee may be required if distribution is being paid to an account with any name(s) which is different from, or in addition to, the name of record on the Janus Henderson retirement account **(See section 11)**. Please call 800-525-1093 for specific instructions.

## 9. What bank will you be using?

Please attach a preprinted voided check (or deposit slip for a savings account) below to provide us with the relevant bank and account information to establish your electronic options.

This is a:  Checking Account  Savings Account

**JOHN DOE** 8005  
**JANE DOE**  
567 MAIN STREET  
ANYWHERE, USA

Pay to the Order of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

**National Bank**

⑈:321070010: 809325278011 8005

**Please attach a preprinted voided item**

Need an alternative to a voided item? Please contact a Janus Henderson representative at 800-525-1093.

Signature(s) of bank account owner(s), if different from all Janus Henderson account owner(s), are required for this option. Additionally, the Janus Henderson account owner must have their signature guaranteed in Section 11.

## 10. Please read and sign.

By signing:

- **I agree that the information provided is accurate. The required minimum distribution is my responsibility. Furthermore, if due to my redemption or exchange activity the systematic distribution requested herein cannot be processed, I agree to contact Janus Henderson to adjust my systematic distribution options. Janus Henderson will not be held liable for any failure to distribute. Due to the important tax consequences associated with retirement plan distributions, I have been advised to consult with a tax professional.**

*Note: The terms identified below will apply to any new accounts established using this form. Your signature is required to process this form and to open your new account.*

- I certify that I have received and read the current prospectus of the Fund(s) in which I am investing. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence.
- I agree to read the prospectus for any Janus Henderson fund(s) into which I may request an exchange in the future. I understand that the terms, representations and conditions in this application and the prospectus, as amended from time to time, will apply to this account and any account established at a later date. Access [janushenderson.com](http://janushenderson.com) or call Janus Henderson at 800-525-1093 to obtain a prospectus.
- I authorize the Fund and its agents to act upon instructions (by phone, in writing, online or by other means) believed to be genuine and in accordance with procedures described in the prospectus for this account or any account into which exchanges are made. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions communicated are genuine. I understand it is my responsibility to review account statements and inform Janus Henderson of errors posted to my account. I understand Janus Henderson reserves the right not to correct errors not brought to the company's attention within a reasonable time period. I understand that anyone who can properly identify my account(s) may be able to make telephone transactions on my behalf.
- I authorize the Fund and its agents to issue credits to and make debits from the bank account information set forth on this form. I agree that Janus Henderson shall be fully protected in honoring any such transaction. I also agree that Janus Henderson may make additional attempts to debit/credit my account if the initial attempt fails and that I will be liable for any associated costs. I agree that if I submit bank information that is for a bank that does not participate in the Automated Clearing House (ACH) or provide information for a nonbank account, Janus Henderson will price my purchase at the net asset value next determined after Janus Henderson receives good funds. All account options will become part of the terms, representations and conditions of my account.
- I authorize the Fund and its agents to establish telephone and online redemption and purchase privileges on my account. I also authorize the Fund and its agents to reinvest all income dividends and capital gains distributions in the distributing fund. I authorize the Fund and its agents to establish redemption privilege by electronic transfer to the bank account set forth on this application.
- I consent to the 'householded' delivery of any fund prospectuses, shareholder reports or other documents (except transaction confirmations and account statements) that I am required, by law, to receive. This means Janus Henderson will generally deliver a single copy of the most recent annual and semiannual reports, prospectuses, and newsletters to investors who share an address, even if the accounts are registered under different names. My participation in this program will continue indefinitely unless I contact Janus Henderson.

- I acknowledge, pursuant to the Emergency Economic Stabilization Act of 2008, Janus Henderson is required to track and report cost basis information on the sale (redemption or exchange) of Covered Shares (shares purchased on or after 1/1/2012) to the Internal Revenue Service (IRS). Reporting is not required for Uncovered Shares (shares purchased before 1/1/2012). Janus Henderson utilizes Average Cost as the default method for tracking and reporting cost basis. If you wish to elect a different method for your account, please cross out this statement and include signed written instructions indicating your desired cost basis method. Alternate elections will apply only to Covered Share purchases.

**Important Note:** To help the government deter money laundering and terrorism funding activities, all financial institutions are now required to obtain, verify and record information that identifies each person who opens an account. So that we may comply with these requirements, we ask you to please complete this form in its entirety when opening an account with Janus Henderson. The omission of information may result in the return of your application and investment. Please note that your ability to perform transactions in your account may also be affected or otherwise delayed if Janus Henderson cannot easily verify the accuracy of the required information on this form. If, after 30 days, Janus Henderson is still unable to verify the required information, your account may be closed and your shares redeemed at the next available NAV.

**Under penalty of perjury, I certify that:**

1. The Social Security Number indicated on this form is correct.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding. Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding.
3. I am a US citizen or a US Resident Alien residing in the United States or a US Territory.
4. I am exempt from reporting per the Foreign Account Tax Compliance Act (FATCA).

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Social Security Number **This information is required if you are opening a new non-retirement account.**

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

**Signed:**

(please read instructions below before signing)

**X**

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Signature of Account Owner

Date

**11. Do you need a signature guarantee?**

A signature guarantee is required if your distribution is one or more of the following:

- Amount is over \$250,000.
- Being mailed to a name or address other than the address of record.
- Being paid to an account that is different than the name on the Janus Henderson IRA. Please call 800-525-1093 for specific instructions.
- Being paid to a bank account other than the bank of record.

**SIGNATURE GUARANTEE STAMP  
(Including Medallion Guarantees)**



**PLACE GUARANTEE STAMP AND AUTHORIZED SIGNATURE INSIDE OF THE SPACE PROVIDED ABOVE. DO NOT OVERLAP ANY PART OF THE STAMP AND/OR SIGNATURE WITH OTHER TEXT IN THE APPLICATION.**

A signature guarantee assures a signature is genuine and protects you from unauthorized requests on your account. Financial institutions that may guarantee signatures include banks, savings and loans, trust companies, credit unions, broker/dealers and member firms of a national securities exchange. Contact the financial institution where you intend to obtain a signature guarantee for further information. **A notary public cannot provide a signature guarantee.**

## U.S. Equity

Contrarian Fund (61)  
Forty Fund (46)  
Growth & Income Fund (40)  
Large Cap Value Fund (35)  
Mid Cap Value Fund (67)  
Research Fund (48)  
Small Cap Value Fund (65)  
Small - Mid Cap Value Fund (85)  
U.S. Growth Opportunities Fund (72)  
U.S. Managed Volatility Fund (26)

## Fixed Income

Absolute Return Income Opportunities Fund (90)  
Developed World Bond Fund (71)  
Flexible Bond Fund (49)  
Global Bond Fund (80)  
High-Yield Fund (57)  
Multi-Sector Income Fund (89)  
Short-Term Bond Fund (52)

## Alternatives

Diversified Alternatives Fund (87)

## Money Market

Government Money Market Fund (38)  
Money Market Fund (37)\*

## Global/International Equity

Asia Equity Fund (83)  
Dividend & Income Builder Fund (33)  
Emerging Markets Fund (39)  
Emerging Markets Managed Volatility Fund (32)  
European Focus Fund (47)  
Global Equity Income Fund (53)  
Global Income Managed Volatility Fund (84)  
Global Life Sciences Fund (59)  
Global Real Estate Fund (31)  
Global Research Fund (41)  
Global Select Fund (62)  
Global Technology Fund (60)  
Global Value Fund (64)  
International Managed Volatility Fund (30)  
International Opportunities Fund (58)  
International Small Cap Fund (63)  
International Value Fund (88)  
Overseas Fund (54)

## Asset Allocation

Adaptive Global Allocation Fund (44)  
Balanced Fund (51)  
Global Allocation Fund - Conservative (78)  
Global Allocation Fund - Growth (76)  
Global Allocation Fund - Moderate (77)  
Value Plus Income Fund (36)

\*Positions in Money Market Fund other than those beneficially owned by natural persons may no longer be opened. If this fund is selected to open an account that is not beneficially owned by a natural person, the purchase will be deposited into Government Money Market Fund.