

## IRA Distribution Election Form

For assistance call: 1-800-535-2726 [www.nomurapartnersfunds.com](http://www.nomurapartnersfunds.com)

**Please return this application to:**

Nomura Partners Funds  
P.O. Box 55760  
Boston, MA 02205-8005

Applicants must complete sections 1 – 7.

**GENERAL INFORMATION**

This form should be used to request periodic withdrawals from your IRA or SEP-IRA, including required minimum distributions at age 70½ or dividend distributions. Please complete all sections and mail form to:

Nomura Partners Funds  
P.O. Box 55760  
Boston, MA 02205-8005

If you have any questions, please call 1-800-535-2726.

Please print clearly or type all items except signature.

### 1. IRA Registration

NAME: FIRST	MIDDLE	LAST
STREET ADDRESS		
CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	DAYTIME TELEPHONE	EMAIL ADDRESS
DATE OF BIRTH	EXISTING NOMURA PARTNERS FUNDS ACCOUNT NUMBER	

### 2. Type of Distribution

**1.  Normal distribution**

- I am between ages 59½ and 70½.
- I am 70½ or older.
- Disability: I am under age 59½ and disabled. (Please attach physician's determination.)
- Death: Attach a certified copy of the death certificate.

**BENEFICIARY ELECTIONS**

Beneficiaries of IRAs may elect how to receive the proceeds. Find the section that describes the timing of the death of the IRA holder (before or after the required beginning date, 70½). Then find the section that describes the type of beneficiary you are (nonspouse or spouse) and select one of the available options by checking the applicable box.

**Death before required beginning date (RBD) (70½)**

**NONSPOUSE BENEFICIARY**

- Five-year payments — I elect to deplete the IRA balance by December 31 of the year containing the fifth anniversary of the IRA holder's death.
- Life expectancy payments — I elect to deplete the IRA balance by taking payments over my own life expectancy.\*
- Total distribution — I elect to receive the entire IRA plan balance in a single sum.

**SPOUSE BENEFICIARY**

- Five-year payments — I elect to deplete the IRA balance by December 31 of the year containing the fifth anniversary of the IRA holder's death.
- Life expectancy payments — I elect to deplete the IRA balance by taking payments over my own life expectancy.\*
- Total distribution — I elect to receive the entire IRA plan balance in a single sum.
- Rollover or transfer — I elect to roll over or transfer the IRA balance into my own IRA. (Available only to spouse beneficiary.)

**Death on or after RBD**

**NONSPOUSE BENEFICIARY**

- Continue distributions — I elect to continue to receive the required minimum distribution under the applicable distribution period.\*
- Total distribution — I elect to receive the entire IRA plan balance in a single sum.
- Life expectancy payments — I elect to deplete the IRA balance by taking payments over my own life expectancy.\*

\*(Additional amounts may be withdrawn)

**SPOUSE BENEFICIARY**

- Continue distributions — I elect to continue to receive the required minimum distribution under the applicable distribution period.
- Rollover or transfer — I elect to roll over or transfer the IRA balance into my own IRA. (Available only to spouse beneficiary.)
- Total distribution — I elect to receive the entire IRA balance in a single sum.
- Life expectancy payments — I elect to deplete the IRA balance by taking payments over my own life expectancy.\*



## 2. Type of Distribution (continued)

2.  **Premature distribution**—I understand that if I am under age 59½ and taking a premature distribution, I may be subject to an early withdrawal penalty.

3.  **Required minimum distribution**

BENEFICIARY NAME

DATE OF BIRTH

Spouse  Nonspouse

4.  **Substantial Equal Periodic Payments (SEPP)**

## 3. Account Information

List only the account(s) from which you would like the distributions taken. This is not to be completed if you are requesting dividend distributions under Section 5.

	Class A	Account Number	Percentage of Distribution	Class C	Account Number	Percentage of Distribution
The Japan Fund	2409 \$			2418 \$		
Asia Pacific ex Japan Fund	2401 \$			2410 \$		
India Fund	2402 \$			2411 \$		
Greater China Fund	2403 \$			2412 \$		
Global Equity Income Fund	2404 \$			2413 \$		
Global Emerging Markets Fund	2405 \$			2414 \$		
International Growth Equity Fund	2407 \$			2416 \$		
International Equity Fund	2408 \$			2417 \$		
			TOTAL 100%			TOTAL 100%

## 4. Withholding Instructions

The law requires that federal income tax be withheld from your IRA distributions at a rate of 10% unless you elect not to have withholding apply. If you do not check a box, taxes will be withheld.

I elect to have taxes withheld from my IRA distribution (10% withholding; not available on dividend distributions).

I elect to increase the withholding to \_\_\_\_\_ % (10%–100%) (not less than 10%).

I elect not to have federal tax withheld from my distributions. I understand that I may be liable for payment of estimated tax. I may incur penalties under the estimated tax rule, if my withholding and tax payments are not sufficient.

## 5. Method of Distribution

A.  **Fixed amount of \$**

B.  **Systematic distributions** (Liquidations for systematic distribution will be made on the fifth of the month. Allow 30 days to establish.)

Select the frequency and method of calculation for systematic distributions.

Frequency of payments (choose one):

Monthly  Quarterly (Beginning month)  Annually (month)

## 6. Method of Payment

- Send my distribution checks to my address of record.
- Send my distribution checks to an address other than my address of record.\*

STREET ADDRESS

CITY STATE ZIP

- Deposit my distribution checks directly into my checking account via ACH.  
In order for us to make ACH deposits into your checking account, you must attach a voided check or pre-encoded deposit slip.

NAME OF BANK ACCOUNT NUMBER

NAME ON ACCOUNT

ABA ROUTING NUMBER (The nine-digit number located in the lower left corner of your check)

## 7. Authorization

The participant/beneficiary hereby authorizes the distributions from the IRA to the undersigned and certifies that it is in accordance with the provisions of the IRA plan. If I am over 70½, I accept full responsibility for withdrawing from my IRA the required minimum distribution.

In the case of a distribution due to death, I certify that I am the eligible beneficiary authorized to make these elections. I understand these elections are irrevocable. The Trustee or Custodian, or any future Trustee or Custodian, can rely on these elections. I certify that the Trustee or Custodian has given no tax advice to me and that all decisions regarding the election(s) are my own. I expressly assume responsibility for any adverse consequences that may arise from the election(s), and I agree that the Trustee or Custodian shall in no way be responsible for those consequences.

PARTICIPANT/BENEFICIARY SIGNATURE DATE

Signature guaranteed by:\*

NAME OF BANK OR FIRM

SIGNATURE OF OFFICER TITLE

(PLACE STAMP HERE)

\* A signature guarantee is required if:

- 1) you request a distribution to be sent to an address other than the address of record
- 2) the check is not made payable to registered owner
- 3) a new checking account is being used for your proceeds

## **PRIVACY NOTICE - NOMURA PARTNERS FUNDS, INC.**

**THE JAPAN FUND  
ASIA PACIFIC EX JAPAN FUND  
INDIA FUND  
GREATER CHINA FUND**

**GLOBAL EQUITY INCOME FUND  
GLOBAL EMERGING MARKETS FUND  
INTERNATIONAL GROWTH EQUITY FUND  
INTERNATIONAL EQUITY FUND**

The Nomura Partners Funds, Inc., including each of its above noted series/funds, (the “Corporation”) recognizes and respects the privacy concerns of our customers. The Corporation collects nonpublic personal information about you in the course of doing business with shareholders and investors. “Nonpublic personal information” is personally identifiable financial information about you. For example, it includes information regarding your social security number, account balance, bank account information and purchase and redemption history.

### *INFORMATION WE COLLECT*

- Information we receive from you on applications or other forms;
- Information about your transactions with us and our service providers, or others;
- Information we receive from consumer reporting agencies (including credit bureaus).

### *INFORMATION WE SHARE*

The Corporation only discloses nonpublic personal information about shareholders as permitted by law. For example, the Corporation may disclose nonpublic personal information about shareholders:

- To government entities, in response to subpoenas or to comply with laws or regulations;
- When you, the customer, direct the Corporation to do so or consent to the disclosure;
- To companies that perform necessary services for the Corporation, such as shareholder servicing centers that the Corporation uses to process your transactions or maintain your account;
- To protect against fraud, or to collect unpaid debts.

If you decide to close your account(s) or become an inactive customer, we will adhere to the privacy policies and practices described in this notice.

### *INFORMATION SECURITY*

The Corporation conducts its business affairs through its directors, officers and third parties that provide services pursuant to agreements with the Corporation (for example, the service providers described earlier). We restrict access to your personal and account information to those persons who need to know it in order to provide services to you. The Corporation or its service providers maintain physical, electronic and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

In the event that you hold shares of the Corporation through a financial intermediary, including, but not limited to, a broker-dealer, bank or trust company, the privacy policy of your financial intermediary will govern how your nonpublic personal information will be shared with non-affiliated third parties by that entity.

**QUESTIONS:** Should you have any questions regarding the Corporation’s Privacy Policy, please call 1-800-53-JAPAN (1-800-535-2726).