HAMLIN
CAPITAL MANAGEMENT, LLC

Please return this application to:
Hamlin High Dividend Equity Fund
c/o SS&C GIDS, Inc.
P.O. Box 219009
Kansas City, MO 64121-9009

IRA Distribution Election Form — Hamlin High Dividend Equity Fund **For Assistance Call: 1-855-HHD-FUND**

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:
Hamlin High Dividend Equity Fund
c/o SS&C GIDS, Inc.
P.O. Box 219009
Kansas City, MO 64121-9009

If you have any questions, please call 1-855-HHD-FUND.

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

DATE OF BIRTH EXISTING HAMLIN HIGH DIVIDEND EQUITY FUND ACCOUNT NUMBER

2 TYPE OF DISTRIBUTION

1. ☐ Normal Distribution

☐ I am between ages 59½ and 70½, or

☐ I am 70½ and 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 (non-spouse or spouse) and select one of the available options by checking the applicable box.

Death Before Required Beginning Date (RBD) (70½)

Nonspouse Beneficiary

☐ 5-Year Payments — I elect to deplete the IRA balance by December 31 of the year containing the 5th 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

☐ 5-Year Payments — I elect to deplete the IRA balance by December 31 of the year containing the 5th 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.

Spouse Beneficiary

☐ Continue Distributions — I elect to continue to receive the required distributions 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.

** (Additional amounts may be withdrawn)*

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 ☐ Non-Spouse

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.

Fund Name	Account Number	Percent of Distribution
		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 5th of the month. Allow 30 days to establish).

Select the frequency and method of calculation for Systematic Distributions *(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

☐ Invest my distributions into my existing non-retirement Hamlin High Dividend Equity Fund account(s).

Fund Name	Account Number	Percent of Distribution
		Total 100%

☐ 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.

BANK'S NAME ACCOUNT NUMBER

NAME ON ACCOUNT

ABA NUMBER

7 PARTICIPANT/BENEFICIARY 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.*