

# IRA Application

## Instructions

Use this form to open a traditional IRA or Roth IRA. You can also open an IRA online by visiting the Funds' website at [dodgeandcox.com](http://dodgeandcox.com) and clicking on "Invest With Us" (with the exception of Inherited IRAs at this time).

NOTE: For your protection, following the addition of a new bank account or following any change to an automatic trade using an existing bank instruction you must wait 15 days before you can have proceeds from a redemption settled to that bank account.

## USA Patriot Act Notice

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. To invest in the Funds we require information that will allow us to identify you.

## Mailing Address

**Regular Mail:**

Dodge & Cox Funds  
P.O. Box 219502  
Kansas City, MO 64121-9502

**Express, Certified, or Registered Mail:**

Dodge & Cox Funds  
430 W 7th Street, Suite 219502  
Kansas City, MO 64105-1407

## Part 1 Shareholder Information

\_\_\_\_\_  
Prefix      First Name      Middle Initial      Last Name

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number      Date of Birth

Mailing Address (A.P.O., F.P.O., or P.O. Box are also acceptable)

\_\_\_\_\_  
City      State      Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Contact Phone Number      Extension      Email Address

If mailing address above is a P.O. Box, a street address is also required by the USA PATRIOT Act.

Street Address (if different than Mailing Address above)

\_\_\_\_\_  
City      State      Zip Code

Shares of the Dodge & Cox Funds are **registered for sale to U.S. residents only**. You must provide your valid U.S. address when opening an account.

## IRA Application

### Part 2 IRA Election

#### A. Traditional IRA

**INSTRUCTIONS: To establish a traditional IRA, complete Part A. To establish a Roth IRA, complete Part B.** This IRA Application may be used to establish only one traditional IRA or one Roth IRA; separate IRA Applications must be completed if you want to establish multiple traditional or Roth IRAs. Refer to the IRA Disclosure Statement for additional information.

Check one of boxes 1-6 and, if applicable, also check one of boxes 7-8 to indicate the type of traditional IRA you are establishing.

**1. Annual Contribution**

Check enclosed for \$ \_\_\_\_\_ for tax year \_\_\_\_\_

**Check must be payable to Dodge & Cox Funds. The Funds do not accept third party checks, travelers checks, or money orders.** This contribution may not exceed the maximum permitted amount as determined by the IRS.

NOTE: If no tax year is indicated, the contribution will be applied to the current year.

**2. Transfer\***

Transfer of existing traditional IRA directly from current custodian/trustee. Enclose a completed IRA Transfer of Assets Form. Dodge & Cox Funds will contact your existing traditional IRA custodian to arrange the asset transfer.

**3. Indirect Rollover\***

Check enclosed for \$ \_\_\_\_\_

**Check must be payable to Dodge & Cox Funds. The Funds do not accept third party checks, travelers checks, or money orders.**

**4. Direct Rollover\***

Enclose a completed IRA Transfer of Assets Form if you would like Dodge & Cox Funds to facilitate the asset transfer from the sponsor of your employer's qualified retirement plan (e.g. 401k plan, 457 plan).

**5. Transfer due to death**

Check here if you will be receiving assets from a decedent IRA and indicate below the type of IRA you are establishing. If applicable, the Required Minimum Distribution for the decedent's IRA must be satisfied prior to distribution into the beneficiary's IRA. Distribution requirements for each type of IRA are discussed in the IRS Publication 590-B. **Complete Part 3 below. Please complete an IRA RMD Election Form, if applicable.**

Spousal IRA      Decedent's Date of Death \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Inherited IRA      Decedent's Date of Death \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**6. Transfer due to Divorce or Settlement**

Check here if you will be receiving retirement assets from a divorce or settlement.

(if applicable)

**7. Recharacterization**

Recharacterization of a previous IRA conversion or contribution to a traditional IRA. Enclose a completed IRA Recharacterization Form.

**8. SEP Provision**

Check here if you intend to use this account in connection with a SEP plan or grandfathered SARSEP plan established by your employer. By checking the box, you certify that the employer is using IRS Form 5305-SEP.

\* Since it is your responsibility to keep track of after-tax contributions and non-deductible contributions, it may be in your best interest to keep these amounts in separate accounts. Separate IRA Applications must be completed if you want to establish multiple traditional IRAs.

## IRA Application

### B. Roth IRA

Check one of boxes 1-6 and, if applicable, also check one of boxes 7-9 to indicate the type of Roth IRA you are establishing.

**1. Annual Contribution**

Check enclosed for \$ \_\_\_\_\_ for tax year \_\_\_\_\_

**Check must be payable to Dodge & Cox Funds. The Funds do not accept third party checks, travelers checks, or money orders.** This contribution may not exceed the maximum permitted amount as determined by the IRS.

NOTE: If no tax year is indicated, the contribution will be applied to the current year.

**2. Transfer**

Transfer of existing Roth IRA directly from your current custodian/trustee. Enclose a completed IRA Transfer of Assets Form. Dodge & Cox Funds will contact your existing Roth IRA custodian to facilitate the asset transfer.

Indicate the year the Roth IRA was originally established: \_\_\_\_\_

**3. Indirect Rollover**

Check enclosed for \$ \_\_\_\_\_

**Check must be payable to Dodge & Cox Funds. The Funds do not accept third party checks, travelers checks, or money orders.**

**4. Direct Rollover**

- Conversion from a qualified retirement plan
- Rollover from a qualified Roth retirement plan

**5. Transfer due to death**

Check here if you will be receiving assets from a decedent IRA and indicate below the type of IRA you are establishing. Distribution requirements for each type of IRA are discussed in the IRS Publication 590-B.

**Complete Part 3 below. Please complete an IRA RMD Election Form, if applicable.**

- Spousal IRA      Decedent's Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_
- Inherited IRA      Decedent's Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_

**6. Transfer due to Divorce Or Settlement**

Check here if you will be receiving retirement assets from a divorce or settlement.

(if applicable)

**7. Conversion of an existing Dodge & Cox Funds traditional IRA to a Roth IRA**

Enclose a completed IRA Conversion Form.

**8. Conversion of a non-Dodge & Cox Funds traditional IRA to a Roth IRA**

- Transfer
- Rollover

**9. Recharacterization**

Recharacterization of a previous IRA contribution to a Roth IRA contribution. Enclose a completed IRA Recharacterization Form.

## IRA Application

**Part 3**  
**IRA Beneficiary**  
**Relationship**  
(Inherited IRA only)

If this IRA is an inherited IRA, please complete this section. Otherwise, please skip to Part 4. Select only **one** beneficiary relationship type below. The distribution rules for inherited IRAs are complex. If you need further guidance, contact your tax advisor. The responsibility to ensure appropriate distribution within compliance of IRS rules lies solely with the IRA owner. If you wish to make a distribution from your IRA, please complete an "IRA Distribution Form" or contact a customer service representative at 800-621-3979.

NOTE: A "Designated Beneficiary" is generally an IRA beneficiary who is an individual (not an estate, trust, or charity). An "Eligible Designated Beneficiary" is a Designated Beneficiary who is the surviving spouse of the IRA owner; a child of the IRA owner who has not attained the age of majority; certain disabled and chronically ill individuals; and any other person who is not more than 10 years younger than the IRA owner.

**A. Prior IRA**  
**Owner Information**

Provide the original owner's name, date of birth and date of death. If inheriting from a beneficiary ("Prior Inheritor"), add all previous IRA account owners of this inherited IRA account.

_____	____/____/____	____/____/____
Name of Original IRA Owner	Date of Birth	Date of Death
_____	____/____/____	____/____/____
Name of Prior Inheritor(s)	Date of Birth	Date of Death

## IRA Application

B. Beneficiary  
Relationship Type  
(continued -  
Inherited IRA only)

Select a beneficiary type from 1-5 below. Within the applicable type, also indicate whether you are inheriting the IRA directly from the Original Owner (1st Gen) or from a Prior Inheritor (2nd or Succeeding Gen).

**1. Spouse as Eligible Designated Beneficiary (EDB-Spouse)**

A spouse who is the Eligible Designated Beneficiary of the original IRA account owner inheriting directly from the Original Owner (1st Gen) **and**

I wish to treat the Original Owner's IRA as my own (**available only if the spouse is the sole beneficiary**).

I understand a new IRA will be established and registered to me unless I provide my existing IRA account number of the same type.

Transfer into my existing Dodge & Cox IRA, account number: \_\_\_\_\_

**OR**

I **am not** electing to treat the Original Owner's IRA account as my own IRA and wish to establish an Inherited IRA.

Inheriting from a beneficiary who was an EDB-Spouse of the Original Owner. Do **not** select this option if you inherited the account from a spouse who treated the IRA as his/her own. (2nd or Succeeding Gen)

**2. Minor Child Eligible Designated Beneficiary of Deceased Owner (EDB-Minor)**

A minor (under the age of majority), who is a son or daughter of the deceased account owner inheriting directly from the Original Owner. (1st Gen)

Inheriting from a beneficiary who was an EDB-Minor of the Original Owner. (2nd or Succeeding Gen)

**3. Other Eligible Designated Beneficiary (EDB-Other)**

A chronically ill beneficiary, disabled beneficiary, or any other person who is not more than 10 years younger than original account owner and inheriting directly from the Original Owner. Do **not** select this option if you are an EDB-spouse or EDB-minor of the Original Owner. (1st Gen)

Inheriting from a beneficiary who was an EDB-Other of the Original Owner. (2nd or Succeeding Gen)

**4. Other Designated Beneficiary (Non-EDB)**

An individual who is not an Eligible Designated Beneficiary (for example, sibling of deceased, grandchild of deceased, child over the age of majority) and inheriting directly from the Original Owner. (1st Gen)

Inheriting from a beneficiary who was a Non-EDB of the Original Owner. (2nd or Succeeding Gen)

**5. Non-Designated Beneficiary (NDB)**

Select this option if the inherited IRA is being transferred to an entity beneficiary (estate, charity, trust). (1st Gen)

## IRA Application

### Part 4 Initial Investment

**Investment Amount** – Minimum \$1,000 for each Fund established.

If this is a direct rollover, inheritance, transfer, or conversion, you may enter a percentage allocation in the spaces at far right. If this is a recharacterization, leave this section blank.

<input type="checkbox"/> <u>Stock Fund - Class I (145)</u>	\$ _____	or	_____ %
<input type="checkbox"/> <u>Global Stock Fund - Class I (1049)</u>	\$ _____	or	_____ %
<input type="checkbox"/> <u>International Stock Fund - Class I (1048)</u>	\$ _____	or	_____ %
<input type="checkbox"/> <u>Emerging Markets Stock Fund (1051)</u>	\$ _____	or	_____ %
<input type="checkbox"/> <u>Balanced Fund - Class I (146)</u>	\$ _____	or	_____ %
<input type="checkbox"/> <u>Income Fund - Class I (147)</u>	\$ _____	or	_____ %
<input type="checkbox"/> <u>Global Bond Fund - Class I (1050)</u>	\$ _____	or	_____ %
<b>TOTAL:</b>	<b>\$ _____</b>	<b>or</b>	<b>_____ 100%</b>

- Check enclosed. Checks must be payable to: Dodge & Cox Funds. The Funds do not accept third party checks, traveler's checks, or money orders.
- Invest by wire transfer. Call 800-621-3979 prior to wiring funds; see the prospectus for full instructions.

*Before investing in any Dodge & Cox Fund, you should carefully consider the Fund's investment objectives, risks, and charges and expenses. To obtain a Fund's prospectus and summary prospectus, which contain this and other important information, visit [dodgeandcox.com](http://dodgeandcox.com) or call 800-621-3979. Please read the prospectus and summary prospectus carefully before investing.*

### Part 5 Account Options

#### A. Consent for Electronic Delivery

Indicate if you would like to receive your statements and other important documents online. You will receive a notification to the email address provided informing you that the documents are available for viewing on the Funds' website. You can change this election at any time. Confidential account information will not be sent via email.

\_\_\_\_\_  
Email Address (please print clearly)

All Documents

OR Select Document Type:

- Account Statements
- Confirmation Statements
- Fund Reports, Prospectus, and Proxies
- Tax Forms

## IRA Application

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**Part 5**  
**Account Options**  
(continued)

**B. Distribution Options**  
(59 1/2 years of age  
or older only)

If you are 59 1/2 or older, you can complete this section to indicate if you would like distributions reinvested or paid in cash. If no boxes are checked, all dividends and capital gains will be reinvested.

Cash Distributions of \$10 or more from an IRA will be reported on Form 1099-R and may be taxable income for you. By making this election, you agree that Dodge & Cox Funds will NOT apply any state or federal tax withholding to dividend and/or capital gains amounts paid out to you in cash. You are responsible for the payment of any federal and state tax due. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If you require specific information concerning your individual tax situation, please consult with a tax advisor or refer to the IRS and state instructions for preparing income tax returns.

**Substitute Withholding Certificate:**

Your withholding rate is determined by the type of payment you will receive. For non-periodic payments on taxable accounts, the default withholding rate is 10%. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions. You can also go to Form W-4R, found online at <https://www.irs.gov/pub/irs-pdf/fw4r.pdf>, for further instructions and a rate table that helps you choose a rate that is appropriate for your tax situation. By electing to have income dividends or capital gains distributed in cash on your taxable IRA, the withholding rate shall be: **10%**. You can choose to have a different rate by electing to reinvest capital gains and dividend distributions and processing a distribution from your IRA using an IRA Distribution Request Form and completing the withholding election on that Form. Non-taxable IRA accounts (Such as Roth IRA), the withholding rate shall be: **0%**.

Income Dividends:     Reinvest     Cash

Capital Gains:         Reinvest     Cash

If any distributions are to be paid in cash, specify payment method:

Deposit to bank account (**Complete Part 5F, Bank Information**)

Send check to mailing address in Part 1

**C. Telephone and Internet  
Capabilities**

Telephone and Internet transactions and maintenance for your account are automatically established unless you check the box below:

I DO **NOT** WANT:     Telephone and Internet Capabilities

## IRA Application

**Part 5**  
**Account Options**  
(continued)

**D. Trusted Contacts**  
(optional)

A Trusted Contact must be 18 years of age or older. By providing the information below, you authorize Dodge & Cox Funds to contact the designated Trusted Contact to discuss information about your account(s) to prevent the presumption of abandonment of your account(s), address possible financial exploitation concerns, confirm your current contact information, confirm the identity of any legal guardian, executor, trustee, or holder of a power of attorney, or as otherwise permitted by federal or state law. A Trusted Contact does not have authority to transact on your account(s).

**NOTE: We will also treat Trusted Contact 1 as your designated Escheatment Notice Representative as defined by certain states.**

**Trusted Contact 1**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

**Trusted Contact 2**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

**E. Automatic Investment Plan (AIP)** (optional)

Establish automatic investments in your IRA through deductions from your bank account. **Complete Part 5F, Bank Account Information.**

Frequency:  Monthly  Quarterly  Semi-annually  Annually

_____	_____	____/____/____	_____
Fund	Amount (\$100 minimum)	Start Date	Day(s) of Month
_____	_____	____/____/____	_____
Fund	Amount (\$100 minimum)	Start Date	Day(s) of Month
_____	_____	____/____/____	_____
Fund	Amount (\$100 minimum)	Start Date	Day(s) of Month
_____	_____	____/____/____	_____
Fund	Amount (\$100 minimum)	Start Date	Day(s) of Month
_____	_____	____/____/____	_____
Fund	Amount (\$100 minimum)	Start Date	Day(s) of Month
_____	_____	____/____/____	_____
Fund	Amount (\$100 minimum)	Start Date	Day(s) of Month

**IMPORTANT NOTES:**

- Contributions will be credited for current calendar year or prior year until April 15 only.
- It is your responsibility to ensure that investments do not exceed your annual contribution limit. If you over contribute, the IRS may charge you a substantial penalty.
- An AIP normally becomes active 15 days after this form is processed.
- If no day or frequency is chosen, investments will be made on or about the 5th business day of every month.
- If no start date is provided, the AIP will begin as soon as the option is established in accordance with the instructions provided.



## IRA Application

### F. Bank Account Information (if applicable)

To link a bank account to your IRA, attach a voided check (checking account), preprinted deposit slip (savings account), or separate instructions (brokerage account). Your bank must be a member of the Automated Clearing House (ACH) system to use any options that require the completion of this section. If you are including a preprinted deposit slip the bank routing number is usually NOT located on your slip. Please call your bank for the routing number. **Money market accounts cannot be linked to your IRA.**

Bank Account Type:  Checking Account  Savings Account  Brokerage Account

NOTE: For Brokerage Accounts – The bank information (bank name, bank account number, ABA) may be different for ACH versus wire. If the bank information is different, provide the information on a separate sheet and attach it to this IRA Application. Please call your brokerage firm if you are unsure.

Attach a voided check (checking account), preprinted deposit slip (savings account) or provide bank account information

The Dodge & Cox Funds account and bank account provided must have at least one common owner.

Bank Name \_\_\_\_\_

Bank Account Registration \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Bank Routing (ABA) Number \_\_\_\_\_

### Part 6 Beneficiary Designation

#### Primary Beneficiary(ies)

**I hereby make the following Beneficiary Designation in accordance with the Dodge & Cox Funds – UMB Bank, n.a. IRA Disclosure Statement and Custodial Agreement.**

In the event of my death, transfer ownership of my account(s) to the following primary beneficiary(ies) who survive(s) me. Make payment in the percentages specified below (or in equal percentages (totaling 100%) if no allocations are specified). Indicate the inheritance method you would like to utilize for your beneficiaries below by selecting either per capita, or per stirpes. If no selection is made, the per capita method will be utilized.

If you wish to name more primary or alternate beneficiaries, please list all the requested information on a separate sheet and attach it to this form.

- Per capita  
A beneficiary's share will be divided among the remaining beneficiaries in the event he/she pre-deceases you.
- Per stirpes  
A beneficiary's heirs will receive his/her share of the distribution in the event he/she pre-deceases you.

_____	_____	_____ %
Person / Entity	Relationship	
_____	____/____/____	
Social Security Number or Taxpayer Identification Number	Date of Birth/Trust Date	
_____	_____	_____ %
Person / Entity	Relationship	
_____	____/____/____	
Social Security Number or Taxpayer Identification Number	Date of Birth/Trust Date	
_____	_____	_____ %
Person / Entity	Relationship	
_____	____/____/____	
Social Security Number or Taxpayer Identification Number	Date of Birth/Trust Date	<b>100%</b>

## IRA Application

### Alternate Beneficiary(ies)

If none of the primary beneficiary(ies) survives me, transfer ownership of my account(s) to the following alternate beneficiary(ies) who survive(s) me. Make payment in the percentages specified below (or in equal percentages (totaling 100%) if no allocations are specified). Indicate the inheritance method you would like to utilize for your beneficiaries below by selecting either per capita, or per stirpes. If no selection is made, the per capita method will be utilized.

**If there are no surviving alternate beneficiary(ies) and no per stirpes designation at the time of your death, the Funds will transfer ownership of your account(s) to your estate (unless otherwise required by the laws of your state of residence).**

Per capita

A beneficiary's share will be divided among the remaining beneficiaries in the event he/she pre-deceases you.

Per stirpes

A beneficiary's heirs will receive his/her share of the distribution in the event he/she pre-deceases you.

Person / Entity	Relationship	%
Social Security Number or Taxpayer Identification Number	____/____/____ Date of Birth/Trust Date	
Person / Entity	Relationship	%
Social Security Number or Taxpayer Identification Number	____/____/____ Date of Birth/Trust Date	
Person / Entity	Relationship	%
Social Security Number or Taxpayer Identification Number	____/____/____ Date of Birth/Trust Date	<b>100%</b>

### Spousal Consent

This section should be reviewed if you are married and designate a primary beneficiary other than your spouse. It is your responsibility to determine if this section applies. UMB Bank, n.a., Dodge & Cox, Dodge & Cox Funds, SS&C GIDS, Inc. (Transfer Agent), and any affiliate and/or any of their directors, trustees, employees, and agents are not liable for any consequences resulting from your failure to provide proper spousal consent.

**IMPORTANT:** This beneficiary designation may have important tax or estate planning effects. If you are married and reside in a community property or marital property state (e.g., Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin), you may need to obtain your spouse's consent if you have not designated him or her as primary beneficiary for at least half of your account. Consult legal counsel or a tax advisor for additional information and advice.

*I am the spouse of the IRA owner. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community or marital property interest in this IRA, I have been advised to consult legal counsel or a tax advisor.*

*I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian, the Transfer Agent, Dodge & Cox, or Dodge & Cox Funds.*



Name of Spouse	Signature of Spouse	____/____/____ Date
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## IRA Application

### Part 7 Certifications and Signatures

I have received, read, and agree to the Dodge & Cox Funds – UMB Bank, n.a. Individual Retirement Account Disclosure Statement and Custodial Agreement. **I acknowledge receipt of the IRA Disclosure Statement and Custodial Agreement at least seven days before the date inscribed below and acknowledge that I have no further right of revocation.**

If I have indicated an Indirect Rollover above, I certify that: if the distribution is from another IRA, that I have not made another rollover within the one-year period immediately preceding this rollover for any IRA; that such distribution was received within 60 days (unless an exception applied) of making the rollover to this IRA; and that no portion of the amount rolled over is a required minimum distribution under the required distribution rules.

I accept full responsibility for complying with all IRS requirements with respect to my Dodge & Cox Funds – UMB Bank, n.a. IRA, including, but not limited to, contribution limits, conversions, distributions, recharacterizations, minimum required distributions, and tax-filing and record keeping requirements. I understand that I am responsible for any tax consequences or penalties which may result from elections I make or any contributions, conversions, distributions, or recharacterizations which I initiate. I hereby indemnify Dodge & Cox, Dodge & Cox Funds, the Transfer Agent, UMB Bank, n.a., and any affiliate and/or any of their directors, trustees, employees, and agents if I fail to meet any such IRS requirements. I certify the accuracy of the information provided on this IRA Application.

I acknowledge and understand that the beneficiary(ies) I have named may be changed or revoked at any time by filing a new designation in writing with the Custodian.

I have received and read the Dodge & Cox Funds' prospectus and the summary prospectus (available at [dodgeandcox.com](http://dodgeandcox.com)) for each of the Funds in which I am investing and believe that the investment is suitable for me. I understand the investment objectives and policies of the Fund(s) and agree to be bound by the terms of the prospectus. I authorize Dodge & Cox Funds, its affiliates and agents, to act on any instructions believed to be genuine for any services authorized on this form, including telephone options. Neither Dodge & Cox Funds, Dodge & Cox, the Transfer Agent, UMB Bank, n.a., nor any affiliate and/or any of their directors, trustees, employees, and agents will be responsible for the authenticity of transaction instructions received by telephone, provided that reasonable security procedures (including shareholder identity verification) have been followed. I consent to the recording of any telephone conversation(s) when I call the Funds regarding my account(s). I will review all statements upon receipt, and will notify the Funds immediately if there is a discrepancy.

By completing Part 5F I hereby authorize the Fund to initiate credits and/or debits to my account indicated in Part 5F and for the bank to honor all entries to my account.

(required)

**Select one:**

- I am a U.S. citizen.    I am a resident alien.

I certify under penalties of perjury that: (1) the Social Security number provided above is correct; and (2) I am not subject to IRS backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholding; or (c) I have been notified by the IRS that I am no longer subject to backup withholding.

**OR**

- I am a non-resident alien and certify under penalties of perjury that I am not a U.S. citizen or resident alien. I am an "exempt foreign person" as defined under IRS regulations. I have attached a completed W-8BEN form and a copy of my government issued ID as proof of my foreign tax status.

## IRA Application

Part 7  
Certifications  
and Signatures  
(continued)

(required)



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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of IRA Owner Date

If the IRA owner is a minor under the laws of the IRA owner's state of residence, a parent or guardian must certify and submit the IRA Application here. Until the IRA owner reaches the age of majority, under the laws of the IRA owner's state of residence, the IRA owner's parent or guardian will exercise the powers and duties of the IRA owner.

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of Parent or Guardian Social Security Number Date of Birth



\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of  Parent or  Guardian Date

**CUSTODIAN ACCEPTANCE.** UMB Bank, n.a. will accept appointment as Custodian of the IRA owner's account. However, this Agreement is not binding upon the Custodian until the IRA owner has received a statement of the transaction. Receipt by the IRA owner of a confirmation of the purchase of the Fund shares indicated above will serve as notification of UMB Bank, n.a. acceptance of appointment as Custodian of the IRA owner's account.  
***(Retain a photocopy of the completed agreement for your records)***

# 2024 Substitute Form W-4R Instructions – Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

## General Instructions

Section references are to the Internal Revenue Code.

### Future developments

For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to [www.irs.gov/FormW4R](http://www.irs.gov/FormW4R).

### Purpose of form

Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular intervals

over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

### Caution

If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

## 2024 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 3 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
14,600	10%	29,200	10%	21,900	10%
26,200	12%	52,400	12%	38,450	12%
61,750	22%	123,500	22%	85,000	22%
115,125	24%	230,250	24%	122,400	24%
206,550	32%	413,100	32%	213,850	32%
258,325	35%	516,650	35%	265,600	35%
623,950*	37%	760,400	37%	631,250	37%

\* If married filing separately, use \$380,200 instead for this 37% rate.

## 2024 Substitute Form W-4R Instructions – Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

### General Instructions (continued)

#### Nonperiodic payments—10% withholding

Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

**NOTE:** If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

#### Eligible rollover distributions—20% withholding

Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than

20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Generally, distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also Nonperiodic payments—10% withholding above.

#### Payments to nonresident aliens and foreign estates

Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

#### Tax relief for victims of terrorist attacks

If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

## 2024 Substitute Form W-4R Instructions – Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

### Specific Instructions

#### Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for "Social security number."

#### Line 2

##### More withholding

If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

##### Less withholding (nonperiodic payments only)

If permitted, you may enter a lower rate on line 2 (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter "-0-".

##### Suggestion for determining withholding

Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See Example 1 below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and

(b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See Example 2 below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

#### Examples

Assume the following facts for Examples 1 and 2. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

**Example 1:** You expect your total income to be \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Because these two rates are the same, enter "22" on line 2.

**Example 2:** You expect your total income to be \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18,050 that is in the lower bracket). Multiply \$18,050 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter "13" on line 2.